



# BUSINESS TAX ACCOUNT CHANGE FORM

YOU MUST COMPLETE ITEM 1, EITHER ITEM 2 OR ITEM 3 AS APPLICABLE, AND ITEM 4. ENTER INFORMATION IN ITEMS 5 THROUGH 16 IF CHANGES HAVE OCCURRED. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED MUNICIPAL BUSINESS TAX REPRESENTATIVE.

1. Effective Date of Changes:	2. FEIN/SSN:	3. Local Business Tax Account No:	4. State Business Tax Account No:
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<b>5a. PREVIOUS ACCOUNT NAME</b>	<b>5b. NEW ACCOUNT NAME</b>
BUSINESS NAME	BUSINESS NAME
LEGAL NAME, IF DIFFERENT	LEGAL NAME, IF DIFFERENT

<b>6a. PREVIOUS EXACT LOCATION ADDRESS</b>	<b>6b. NEW EXACT LOCATION ADDRESS</b>
STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)	STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)
APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)	APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

<b>7a. PREVIOUS MAILING ADDRESS</b>	<b>7b. NEW MAILING ADDRESS</b>
P.O. BOX, STREET, ROUTE, OR HIGHWAY	P.O. BOX, STREET, ROUTE, OR HIGHWAY
APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)	APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

<b>8. COUNTY IN WHICH BUSINESS IS LOCATED</b>	<b>9. IS BUSINESS LOCATED INSIDE A TENNESSEE CITY LIMITS?</b>
	<input type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, Name of City)

<b>10a. PREVIOUS BUSINESS TAX CLASSIFICATION</b>	<b>10b. NEW BUSINESS TAX CLASSIFICATION</b>	<b>11a. IF CLOSING BUSINESS, INDICATE BELOW</b>	<b>11b. EFFECTIVE DATE OF CLOSURE</b>
		<input type="checkbox"/> CLOSING BUSINESS	

<b>12. BUSINESS TELEPHONE NUMBER</b>	<b>13. BUSINESS FAX NUMBER</b>	<b>14. BUSINESS E-MAIL ADDRESS</b>
( ) _____	( ) _____	_____

<b>15a. PREVIOUS OWNERSHIP TYPE (SELECT ONE):</b>	<b>15b. NEW OWNERSHIP TYPE</b>
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> HUSBAND/WIFE OWNERSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY	_____

**16. IDENTIFY CHANGES IN OWNERS, OFFICERS, PARTNERS, OR CONTACT PERSON**

(1) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY # <input type="checkbox"/> FEDERAL EIN 
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE

Member     Owner     Officer     Partner     Contact Person     Add     Remove

(2) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY # <input type="checkbox"/> FEDERAL EIN 
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE

Member     Owner     Officer     Partner     Contact Person     Add     Remove

17. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 16.)

SIGN HERE: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)