

CHANGE FORM

USE TO UPDATE ACCOUNT INFORMATION OR TO CANCEL A TAX LIABILITY

MAIL THE COMPLETED CHANGE FORM TO:

CITY OF PHILADELPHIA, DEPARTMENT OF REVENUE, P.O. BOX 1410, PHILADELPHIA, PA, 19105-1410
OR FAX TO: 215-686-6635

PHONE: 215-686-6600

E-MAIL: revenue@phila.gov

INTERNET: www.phila.gov/revenue

Businesses complete *Sections 1* and *2* to add a tax, request payment coupons or to close a business account. *For a change of entity you must cancel your account and apply for a new Tax Account Number and Commercial Activity License.* Contact the department to obtain an application or to register on-line visit our web site. For property subject to Use and Occupancy Tax complete *Section 3*. Individuals complete *Section 4* for School Income Tax or *Section 5* for Employee Earnings Tax. ***Section 6 must be completed for all requests including the signature of the preparer of this form.***

Section 1 - Business Tax Registration Information.

Currently Registered Business Name and Address

City Account Number Employer Identification Number
 -

Social Security Number
 - -

Spouse's Social Security Number
 - -

Corrected Business Name and Address

City Account Number Employer Identification Number
 -

Social Security Number
 - -

Spouse's Social Security Number
 - -

Section 2 - Add a tax, request payment coupons or to cancel an account.

If your business has closed, enter the last day of business:

- -

To add a new tax type, enter the start date:

- -

If your business never materialized, check here:

	<u>ADD</u>	<u>CANCEL</u>	<u>COUPONS</u>		<u>ADD</u>	<u>CANCEL</u>	<u>COUPONS</u>
AMUSEMENT TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PARKING TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BEVERAGE TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TOBACCO TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BUSINESS INCOME & RECEIPTS TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	USE & OCCUPANCY TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOTEL TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VALET PARKING TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NET PROFITS TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VEHICLE RENTAL TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTDOOR ADVERTISING TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	WAGE TAX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3 - For property subject to Use and Occupancy Tax.

Property Address

Use and Occupancy Tax Mailing Address (If different from Property Address)

Business U&O Tax Account Number

-

Property Account Number

Cancellation Date

- -

Date of Purchase

- -

Check Reason for Cancellation:

- Sold Residential
 Vacant Other (Explain in Section 6)

Name of New Property Owner

Section 4

SCHOOL INCOME TAX

If the preprinted information listed on your tax return is incorrect, use this form to make the necessary corrections. For example, if your spouse is deceased and you filed jointly with your spouse, use the Change Form to indicate your name and Social Security number.

Currently Registered Taxpayer Name and Address

Corrected Taxpayer Name and Address

Social Security Number
[] [] [] - [] [] - [] [] [] []

Spouse's Social Security Number
[] [] [] - [] [] - [] [] [] []

Corrected Social Security Number
[] [] [] - [] [] - [] [] [] []

Corrected Spouse's Social Security Number
[] [] [] - [] [] - [] [] [] []

Reason for Cancellation
 Moved out of Philadelphia
 Deceased. Enter date of death _____

Spouse Filing Separately
 No taxable Income

Cancellation Date
[] [] - [] [] - [] [] [] []

Section 5

EMPLOYEE EARNINGS TAX

Currently Registered Taxpayer Name and Address

Corrected Taxpayer Name and Address

Social Security Number
[] [] [] - [] [] - [] [] [] []

Corrected Social Security Number
[] [] [] - [] [] - [] [] [] []

Reason for Cancellation
Moved out of Philadelphia
Deceased

Employer now withholding tax
No longer employed

Cancellation Date
[] [] - [] [] - [] [] [] []

Section 6

State the reason for submitting this change form:

[]
[]
[]
[]
[]
[]
[]

Contact information must be completed for all change requests.

Form Completed By (print name): []

Date []

Signature: []

Telephone # []

E-mail Address []

Fax # []