

OWNERSHIP CHANGE FORM



Name of business _____ EIN _____

Please complete the following information so that your customer profile can be maintained with the most current information possible. If more space is needed, you may copy this form. If the business fails to report or pay appropriate state taxes, any individual who is responsible for the tax authorizes the Secretary of Revenue to research the credit history of the business or that individual.

Check the appropriate box: Adding a name Removing a name

Printed full proper name of Owner, Partner, or Corporate Officer _____ Signature of Owner, Partner, or Corporate Officer _____

SSN/FEIN (Circle One) _____ Title _____

Home Address _____
(Street Address) (City) (State) (Zip Code)

Home Telephone: _____ Email Address: _____ Percent of Ownership: ____%

Do or did you have control or authority over how business funds or assets are spent? Yes No

Date that you became the owner, partner, corporate officer or LLC member, or the effective date to remove your name as the owner partner, corporate officer, or LLC member of this business. Month _____ Day ____ Year _____

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