

**NOTICE OF BUSINESS CHANGE  
SPECIAL TAXES AND FEES ACCOUNTS**

SPECIAL TAXES AND FEES ACCOUNT NUMBER	REGISTERED BUSINESS NAME
REGISTERED BUSINESS LOCATION <i>(street, city, state, zip code)</i>	

Please complete the applicable sections of this form and mail to: **California Department of Tax and Fee Administration, ATTN: Registration and Licensing, MIC:88, PO Box 942879, Sacramento, CA 94279-0088.** Use additional sheets if necessary. **PLEASE COMPLETE SECTION IV.**

**SECTION I: BUSINESS SOLD/CLOSED**

SPECIAL TAXES AND FEES ACCOUNT NUMBER	TITLE	DATE SOLD/CLOSED
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**SECTION II: ADDRESS CHANGES**

NEW BUSINESS LOCATION <i>(street, city, state, zip code) (do not use a PO Box)</i>		DATE MOVED
ADDED NEW SUBLOCATION <i>(street, city, state, zip code)</i>	OLD/CLOSED SUBLOCATION <i>(street, city, state, zip code)</i>	ADDED/SOLD/CLOSED DATE
DAYTIME PHONE NUMBER (    )	FAX NUMBER (    )	
NEW MAILING ADDRESS <i>(street, city, state, zip code)</i>		
OLD MAILING ADDRESS <i>(street, city, state, zip code)</i>		

**SECTION III: OWNERSHIP/DBA CHANGES**

NEW OWNER'S NAME	DAYTIME PHONE NUMBER (    )	
HAS BUSINESS NAME (DBA) CHANGED? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, new business name or DBA)</i>		
CORPORATION NAME	CORPORATE ID NUMBER	STATE OF INCORPORATION
<input type="checkbox"/> Check here if partner or LLC member added		<input type="checkbox"/> Check here if partner or LLC member dropped
NAME	DATE ADDED	NAME
		DATE DROPPED

**SECTION IV: SIGNATURE**

SIGNATURE <i>(owner, corporate officer, member, partner)</i>	TITLE	DATE
PRINT NAME	BUSINESS EMAIL ADDRESS	
CURRENT MAILING ADDRESS <i>(street, city, state, zip code)</i>		CURRENT PHONE NUMBER (    )

We recommend you retain proof of mailing this form. We will contact you if we need more information. If you have general questions, please contact our Customer Service Center at 1-800-400-7115 (TTY: 711). Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays. You may also visit our website at [www.cdtfa.ca.gov](http://www.cdtfa.ca.gov).

**ADDITIONAL INFORMATION**

Please provide additional information for updating your account if:

- You added or dropped more than one partner (or LLC member), provide additional names, dates, and phone numbers.
- You added or deleted more than one sublocation, provide the location address (street, city, state, zip) and the date added, sold, or closed.
- You closed your business, please provide your current daytime phone number and mailing address.
- Your changes apply to more than one Special Taxes and Fees Account, please enter the account number of the additional account(s) to be changed below.
- Each Special Taxes and Fees account(s) is owned by a different entity. Please file a separate CDTFA-345-SP for each entity.

**LIST ADDITIONAL SPECIAL TAXES AND FEES ACCOUNTS TO BE CHANGED**