

**QUALIFIED PURCHASER - REGISTRATION UPDATE**

CDTFA  
USE

OWNERSHIP NAME	ACCOUNT NUMBER (example: SU KH xxx-xxxxx)	TIN #
BUSINESS TRADE NAME [DBA] (if any)	BUSINESS TYPE	
CORPORATE, LLC, LLP, OR LP NUMBER (if applicable)	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (if applicable)	

**SECTION I: TYPE OF OWNERSHIP (check one)**

Limited Partnership (LP)       Unincorporated Business Trust (registered to practice law, accounting, or architecture)  
 Registered Domestic Partnership       Married Co-Ownership       General Partnership       Sole Owner  
 Limited Liability Company (LLC)       Limited Liability Partnership (LLP)       Corporation       Other (describe)

**SECTION II: UPDATE NAME, ADD A PARTNER/CO-OWNER, DROP A PARTNER/CO-OWNER**  
Use additional sheets to include information for more than three individuals.

Check one  UPDATE  ADD  DROP

FULL NAME (first, middle, last)	TITLE
SOCIAL SECURITY NUMBER (corporate officers excluded)	DRIVER LICENSE NUMBER
STATE	EMAIL
HOME ADDRESS (street, city, state, ZIP code)	HOME TELEPHONE NUMBER (     )

Check one  UPDATE  ADD  DROP

FULL NAME (first, middle, last)	TITLE
SOCIAL SECURITY NUMBER (corporate officers excluded)	DRIVER LICENSE NUMBER
STATE	EMAIL
HOME ADDRESS (street, city, state, ZIP code)	HOME TELEPHONE NUMBER (     )

Check one  UPDATE  ADD  DROP

FULL NAME (first, middle, last)	TITLE
SOCIAL SECURITY NUMBER (corporate officers excluded)	DRIVER LICENSE NUMBER
STATE	EMAIL
HOME ADDRESS (street, city, state, ZIP code)	HOME TELEPHONE NUMBER (     )

**SECTION III: ADDRESS CHANGES AND CONTACT INFORMATION**

NEW CALIFORNIA BUSINESS ADDRESS (street, city, state, zip code) (do not list PO Box or mailing service)	BUSINESS TELEPHONE NUMBER (     )
NEW MAILING ADDRESS (street, city, state, ZIP code)	BUSINESS FAX NUMBER (     )
NAME OF PRIMARY CONTACT (include title)	CONTACT TELEPHONE NUMBER (     )
BUSINESS EMAIL (to receive email reminders to file online)	BUSINESS WEB ADDRESS

**SECTION IV: SELL/CLOSE OUT**

DATE CLOSED	WAS THE BUSINESS SOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BUYER'S NAME AND TELEPHONE NUMBER
-------------	--	---

**SECTION V: COMPLETED BY**

PRINTED NAME	TITLE	TELEPHONE NUMBER (     )
SIGNATURE	EMAIL	DATE

**Mail to:** Your nearest CDTFA office.  
A listing of CDTFA offices is located on our website at [www.cdtfa.ca.gov](http://www.cdtfa.ca.gov).