

NOTICE OF BUSINESS CHANGE

ACCOUNT NO. (Example: SR KHE XXX-XXXXXX) (ACCOUNT NUMBER REQUIRED)

BUSINESS NAME

OLD BUSINESS LOCATION (street, city, state, zip code)

Please complete the applicable sections of this form and mail to: **California Department of Tax and Fee Administration, ATTN: LRAU/Registration Team, MIC:27, P.O. Box 942879, Sacramento, CA 94279-0027.** Use the bottom section if you need more space. **Be sure to sign, include daytime phone number, and date.**

SECTION I: ADDRESS CHANGES

NEW BUSINESS LOCATION (street, city, state, zip code) (do not use a PO Box)

DATE MOVED

ADDING NEW SUBLOCATION (street, city, state, zip code)

START DATE

DAYTIME PHONE NUMBER

FAX NUMBER

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NEW MAILING ADDRESS (street, city, state, zip code)

OLD MAILING ADDRESS (street, city, state, zip code)

SECTION II: OWNERSHIP/DBA CHANGES

NEW OWNER'S NAME

DAYTIME PHONE NUMBER

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HAS BUSINESS NAME (DBA) CHANGED?

 Yes No If yes, new business name or DBA

CORPORATION NAME

CORPORATE ID NUMBER

STATE INCORPORATED

 Check here if Partner or LLC Member Added

NAME

DATE ADDED

 Check here if Partner or LLC Member Dropped

NAME

DATE DROPPED

SIGNATURE (owner, corporate officer, member, partner)

TITLE

TODAY'S DATE

PRINT NAME

BUSINESS EMAIL ADDRESS

ADDITIONAL INFORMATION

Please use the space below to provide additional information to update your account. You should also complete form CDTFA-65, *Notice of Closeout*, if any of the following statements apply to your situation.

- If you sold your business, please give us the name and account number of the purchaser. Also, please list your daytime phone number and address below so that we can send you information. Please include the name of the escrow company, if applicable.
- If you added or dropped more than one partner (or LLC member), provide additional names, dates, and phone numbers below.
- If you closed your business, please provide your current daytime phone number and address.
- If an account has been issued, and you have determined that no actual operation of the business took place (did not operate), the account will be closed with a closeout date identical to the starting date shown on the registration record.

For more information regarding the closing of your account, please visit our website and refer to publication 74, *Closing Out Your Account* at www.cdtfa.ca.gov/formspubs.

If extra space is needed, you may attach additional pages. **Contact your local office if you have any questions, or if you want to add or delete a business location (suboutlet).** We recommend you retain proof of mailing this form. We will contact you if we need more information. If you have general tax 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, or visit our website at www.cdtfa.ca.gov.

Additional Information: