

**City of Huntsville  
Finance Department**

308 Fountain Circle P.O. Box 308 Huntsville, Alabama 35804  
Phone (256) 427-5070 Fax (256) 427-5064

<b>For Department Use Only</b> Date Received: _____ System Updated: _____ TP Confirmation: _____ CT Office: _____
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**CHANGE OF TAX ACCOUNT INFORMATION**

**Confidential**

Use this form to report changes in your Huntsville Tax Account. Return completed form to the Finance Department for processing. For changes to Huntsville Location Address or Business Structure, you must complete a new business license application.

**CURRENT INFORMATION**

Provide information as it currently appears on your City of Huntsville taxpayer account.

Taxpayer Account Number: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_ Trade Name (d/b/a): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Previous Legal Name: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_ Secretary of State Entity ID: \_\_\_\_\_

**NEW INFORMATION**

**Effective Date of Change:** \_\_\_\_\_

Please indicate changes you would like to make by completing applicable sections below.

**Change of Business Status**

The business referenced above has closed or discontinued operations in Huntsville.

Date Business Closed: \_\_\_\_\_

If business was sold, provide the following information:

Name of Purchaser: \_\_\_\_\_

Address of New Owner/Purchaser: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Date Business Sold: \_\_\_\_\_

**Change of Address**

The mailing address for applicable tax forms has changed. The new address to which forms should be mailed is as follows:

Mailing Address \_\_\_\_\_ Location Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

**Change of Contact Information**

Authorized Tax Representative: \_\_\_\_\_

(Person, Officer or Member responsible for reporting and/or receiving confidential tax information)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Change Tax Return Filing Status**

**Filing Frequency**

Monthly  Annual

Quarterly

**Tax Type**

Sales  Rental

Consumer's Use  Seller's Use  Lodging<sup>1</sup>

Gasoline<sup>1</sup>  Tobacco<sup>1</sup>  Liquor<sup>1</sup>

**AUTHORIZATION TO REQUEST CHANGE OF TAXPAYER INFORMATION**

\_\_\_\_\_  
Date Printed Name Signature Title

<sup>1</sup>Monthly ONLY