



NOTICE OF CHANGE OR DISCONTINUANCE OF BUSINESS

FEIN:	CHANGE EFFECTIVE AS OF:
CURRENT BUSINESS NAME:	NAME CHANGED TO:
D.B.A.:	D.B.A. CHANGED TO:
CURRENT BUSINESS ADDRESS:	BUSINESS ADDRESS CHANGED TO:
MAILING ADDRESS:	MAILING ADDRESS CHANGED TO:

Instructions Place an 'X' in all boxes that apply. Complete all information for the change. Write any comments or explanations on the back of this form.

- 1 . IRS has assigned use a federal identification number: _____
- 2 . Our federal employer identification number is wrong.
The correct number is: _____
- 3 . a. We have incorporated. Our Corporate name is: _____
b. Our corporate federal employer identification number is: _____
- 4 . Discontinue our withholding tax registration. We no longer have business activity in Springfield.
We closed our business on: _____
We sold our entire business on: _____ or we sold part of our business on: _____
To: _____
Their FEIN is: _____
- 5 . Address and phone number where we may contact you following discontinuance of your business:

- 6 . Give name, address and phone number of person who will have custody of your books and records of the discontinued business: _____

- 7 . Change in ownership (Please explain on the back of this form).
- 8 . Effective _____, we have changed our fiscal year ending form: _____ to: _____
- 9 . Other changes (Please explain on back of this form).

x

SIGNATURE OF PREPARER

PRINT NAME & TITLE

DATE

PHONE NUMBER

MAIL THIS FORM TO: SPRINGFIELD INCOME TAX DEPARTMENT, 601 AVENUE A, SPRINGFIELD, MI 49037-7774