

Employer Account Change Form

If you need to change any legal entity please report to the authority directly with a new application.

Section I : Identify your tax account. In order to make necessary changes on the particular account, please provide complete information.

Account Holder's Name:	Account Number:
Mailing Address:	Tax Certificate Number:
Phone number:	Type of Account:

Section I : Identify your tax account. In order to make necessary changes on the particular account, please provide complete information.

<input type="checkbox"/> sales and Use Tax	<input type="checkbox"/> Gross Receipt Tax	<input type="checkbox"/> Tax on Income
<input type="checkbox"/> Communication Service Tax	<input type="checkbox"/> Corporate Income Tax	<input type="checkbox"/> Documentary Stamp Tax

Section 3: Account Status Change. Tick the type of action which you want to activate for this account.

Requested Action (choose any one)

Inactivate - As resigning from the current business, so wish to stop account's activity temporarily

Reactivate- retaining back the account activity.

Cancel- To stop all future activity permanently

<https://www.buysampleforms.com>

