CITY OF HAMTRAMCK INCOME TAX UNIT

NOTICE OF CHANGE OR DISCONTINUANCE

ACCOUNT NUMBER (FEIN)	CHANGES EFF	ECTIVE ON (Date)	
CURRENT LEGAL NAME	CHANCELECA	L NAME TO:	<u></u>
CURRENT LEGAL NAME	CHANGE LEGA	L NAME TO:	
DBA	CHANGE DBA	ГО:	
CURRENT LEGAL BUSINESS ADDRESS	CHANGE LEGA	L BUSINESS ADDRESS TO):
MAILING ADDRESS	CHANGE MAIL	NG ADDRESS TO:	
	all boxes that apply. Complete all or explanations on back of form.	information for th	at change.
☐ 1. The Internal Revenue Service a	assigned us Federal Employer Identific	cation Number:	
2. Our Federal Employer Identifica	ation Number is wrong. The correct nu	ımber is:	
3. We have incorporated. Our corp	porate name is:		
4. Our new corporate Federal Em	ployer Identification Number is:		
☐ 5. Discontinue our withholding tax	registration:		
☐ We no longer have any but	siness activity in the City of Hamtr	amck.	
☐ We closed our business or	n:		
we dioded our badiirieds of			_
■ We sold our entire business on:			_
We sold our business to:			_
☐ We sold part of our busine	ss on:		_
Their FEIN is:			
☐ 6. Address and phone number	where we may be reached followi	ng discontinuanc	e of business:
a c. / ladi oco dila priorio ridirisor	whole we may be reached follow		
CONTACT PERSON STREET ADDRE	SS CITY STATE 7IP CODE PHONE	_ PII	
☐ 7. Change in ownership. (Plea	ase explain on back)		
8. Effective, we c	hanged our fiscal year ending fror		ΓΗ/YEAR – MONTH/YEAR
SIGNATURE OF PREPARER	PRINTED NAME OF PREPARER	DATE PREPARED	PREPARER'S PHONE NUMBER
9. Other changes. (Please exp	plain on back)		

Mail to: Hamtramck Income Tax Unit, Attn: Withholding, PO Box 209, Eaton Rapids MI 48827 Fax to: (517) 441-9701 – Cover page – Hamtramck Income Tax Attn: Withholding

Questions? Call Ph. (313) 870-9366