

Department of Taxation and Finance

## **Business Tax Account Update**

For office use only

If you are only reporting an address change, the fastest and easiest way is online (not available for all tax types). Visit our website and select the option to change your address. See Need help? in Form DTF-95-I, Instructions for Form DTF-95. Use this form to update your business name, identification number, telephone number, address, owner/officer/partner/member/director/controlling person/responsible person/affiliated person information and business activity.
 Attach additional sheets if necessary.

You may not use the	is form t	o request	an entity chang	e. See <i>Legal i</i>	restrictior	<i>is</i> in the instructions b	efore cor	mpleting this	s form.					
<b>Step 1</b> Select tax type(s)		All bus	siness tax types with NYS Tax D	Dept. W	/ithholdin CTMT	g/ Petroleum business (		Lim Limi	ited lial ted liab	bility com ility partn	pany (Ll ership (	LC) oi LLP)	r	
to be updated.		Corporation												
		_						Tax type			nt numbe	er		
		_ Sales	and use		ighway u	se products								
Step 2	tems)	Step 3	ange	d items)	-									
Identify your			er (with suffix, if ar	<u></u>	Enter updated *New identification number (with suffix, if any) information.						_		-	
business. Legal name (see instructio	ns)				*New legal name (see	irements)								
Trade name (DBA)						New trade name (DBA)								
Business telephone num ( )	ber		Business fax nu	mber		New business telepho	one numbe	r	New (	business fa	ax numb	er		
Email address						New email address						-		
Physical address (numbe	er and str	reet)				Mark an <b>X</b> he	ere if upda	ating addres	s inforr	mation in	Section	А.		_
City		County		State ZIP of	code	Your reason(s) for u	update(s)	:						_
Country if not U.S. (see in	nstr.)	-	orations - Year of i	ncorp.:		* The new information you report here will be effective for all tax types on file.								
		State of	incorporation:			All other changes w								
Step 4a		Add Name of owner/officer/partner/member/direct			lirector/contro		S	Social Security number						
Enter owner/officer/ partner/member/		Remove	Title			Teleph (	E	Effective date						
director/controlling person/responsible		Revise	Home address (number and street) City, village, or post office State ZIP c							ZIP co	de			
person information and mark an <b>X</b> in th	e	Add	Name of owner/office	er/partner/member/d	lirector/contro	olling person/responsible perso	S	Social Security number						
appropriate boxes. See instructions for		Remove	Title Telephone number						E	Effective date				
legal restrictions.		Revise	Home address (r	number and stree	et)	City, village,		State ZIP code						
Step 4b		7	Name of affiliated	d person					S	SN for indi	vidual or	EIN fo	or busines	s*
Enter affiliated person		Add	Ownership (%)	Effective date	e	Teleph	one numb	er	E	Email				_
(AP) information for purposes of cigarette	and	Remove	Address (home a	ddress for indivi	iduals)	( City, village,	) or post off	îce		State	ZIP co	de		
tobacco tax only. Mark an <b>X</b> in the appropriate	e 🖵	Revise	Name of affiliated	d person					S	SSN for indi	vidual or	EIN fo	or busines	s*
boxes. Ownership (%) must be 5% or less to remove an AP. See in		Add	Ownership (%) Effective date			Telephone number			E	Email			_	
Attach additional shee		Remove	Address (home a	Iddress for indivi	iduals)	( City, village,	) or post off	ice		State	ZIP co	de		
if necessary.		Revise												
Step 5			n <b>X</b> here if you s tion below	old your busin	ess, and	enter the		your new b NAICS bus						r
Report sale of business or chang		morma					below if I	known (see i	instructio	ons):			. ,	
of business activity		Name of buyer												
	Address of buyer													
	Buy	/er's EIN				Date of sale	NAICS			NAICS				
		mportar				your account. In most						LI		_
1			corporations	must complet	re a disso	olution process. See (	insing a	nusiness in	the ins	Tructions				

the tax types you marked in

Step 1.

Step 6	(A)	I certify to the best of my knowledge and belief and complete, and that I am authorized to repo	For office use only Previous doc loc number		
Sign and mail your update. For where to file see instructions.	Sign here	Signature Title	Date		
		Print contact name Email address of contact person	Contact's day ( )	ytime telephone number	

## Address changes for business tax accounts

City

If not doing so online, you may report an address change for businesses on Form DTF-96, *Report of Address Change for Business Tax Accounts.* To prevent you from having to complete two forms when you need to change your address and other business information at the same time, we have included the address change information on this form. You should be able to report all your changes on Form DTF-95.

**Note:** If you want to update the information or change the address for more than one tax type, and the information is different for each tax type, you must either attach another Form DTF-95 or Form DTF-96 for each additional tax type or, using the same format, create and attach a separate listing that contains all the address information, indicates the tax type(s) for that address, and your identification number.

**Important:** Complete steps 1, 2, and 6 before continuing below. Mail the completed form to the address listed in Step 6 of the instructions.

Section A							
List your <b>new</b> address(es); enter only if different from current information.	New <b>physical</b> address		ysical address for petroleum business, alcoho abis, and cigarette tax types, see <i>Legal restric</i>	Effective date of this address change			
		Physical location of bus	siness (number and street) - <b>Do not enter a P</b>	New telephone number			
		City	County	State	ZIP code		Country if not U.S. (see instr.)
<b>Note:</b> The address(es)	New	Business or firm name	to which NYS Tax Department mailings are to	be sent		Effective	date of this address change
you list in Section A will	mailing address	Name of person to who	m NYS Tax Department mailings are to be se	Now cont	act telephone number		

State

ZIP code

Country if not U.S. (see instr.)

County