



# 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 Web site (see *Need help?* in Form DTF-95-1, *Instructions for Form DTF-95*) and select the option to change your address. Use this form to update your business name, identification number, telephone number, address, owner/officer/responsible person information and business activity.
- You may **not** use this form to request an entity change. See *Legal restrictions* in the instructions before completing this form.

<b>Step 1</b> Select tax type(s) to be updated.	<input type="checkbox"/> All business tax types on file with NYS Tax Dept.	<input type="checkbox"/> Withholding/MCTMT	<input type="checkbox"/> Petroleum business (all fuels)	<input type="checkbox"/> Limited Liability Company (LLC) or Limited Liability Partnership (LLP)				
	<input type="checkbox"/> Corporation	<input type="checkbox"/> IFTA	<input type="checkbox"/> Alcoholic beverages	<input type="checkbox"/> Other (list below):				
	<input type="checkbox"/> Sales and use	<input type="checkbox"/> Highway use	<input type="checkbox"/> Cigarette/Tobacco products					
				<table border="1"> <tr> <th>Tax type</th> <th>Account number</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Tax type	Account number		
Tax type	Account number							

<b>Step 2</b> Identify your business.	<b>Current information on file</b> (complete all items)		<b>Step 3</b> Enter updated information.	<b>Updated information</b> (enter only changed items)	
	Identification number (with suffix, if any)			*New identification number (with suffix, if any)	
	Legal name (see instructions)			*New legal name (see instructions for special requirements)	
	Trade name (DBA)			New trade name (DBA)	
	Business telephone number ( )	Business fax number ( )		New business telephone number ( )	New business fax number ( )
	E-mail address			New e-mail address	
	Physical address (number and street)			<input type="checkbox"/> Mark an <b>X</b> here if updating address information in <i>Section A</i> .	
	City	County		State	ZIP code
Country if not U.S. (see instr.)	For corporations - Year of incorp.: _____			State of incorporation: _____	
* The new information you report here will be effective for all tax types on file. All other changes will be made to only the tax types you marked in Step 1.					

<b>Step 4</b> Enter owner/officer/responsible person information and mark an <b>X</b> in the appropriate box(es); see instructions for legal restrictions. Attach additional sheets if necessary.	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Revise	Name of owner/officer/responsible person		% Ownership	Social security number
		Title		Telephone number ( )	Effective date
		Home address (number and street)		City, village, or post office	State
	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Revise	Name of owner/officer/responsible person		% Ownership	Social security number
		Title		Telephone number ( )	Effective date
		Home address (number and street)		City, village, or post office	State

<b>Step 5</b> Report sale of business or change of business activity.	<input type="checkbox"/> Mark an <b>X</b> here if you sold your business, and enter the information below	Describe your new business activity (if changed) and enter your new NAICS business activity code(s) in the box(es) below if known (see instructions):			
	Name of buyer				
	Address of buyer				
	Buyer's EIN	Date of sale	NAICS	NAICS	
<b>Important:</b> You may not use this form to close your account. In most cases you must file a <b>final return</b> ; corporations must complete a dissolution process. See <i>Closing a business</i> in the instructions.					

<b>Step 6</b> Sign and mail your update. For where to file see instructions.		I certify to the best of my knowledge and belief that this report is true, correct, and complete, and that I am authorized to report account updates.			<b>For office use only</b> Previous doc loc number
		Signature			
		Title	Date		
		Print contact name	Contact's daytime telephone number ( )		
		E-mail address of contact person			

