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NEW YORK CITY DEPARTMENT OF FINANCE

CHANGE OF BUSINESS INFORMATION

USE THIS FORM TO REPORT ANY CHANGES IN YOUR BUSINESS'S NAME, ID NUMBERS, BILLING OR BUSINESS ADDRESS, OR TELEPHONE NUMBER. (SEE INSTRUCTIONS ON BACK BEFORE COMPLETING.)

SECTION I: TAX RECORD AFFECTED -

Check (✓) the box(es) below to indicate which business and excise tax records should be changed.

- | | |
|--------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> General Corporation Tax | <input type="checkbox"/> Unincorporated Business Tax |
| <input type="checkbox"/> Commercial Rent Tax | <input type="checkbox"/> Commercial Motor Vehicle Tax |
| <input type="checkbox"/> Banking Corporation Tax | <input type="checkbox"/> Retail Beer, Wine and Liquor License Tax |
| <input type="checkbox"/> Utility Tax | <input type="checkbox"/> Hotel Tax |
| <input type="checkbox"/> Other (Tax Type) _____ | |

SECTION II: BUSINESS INFORMATION - Enter in the spaces below the old, new (*revised or changed*) or out-of-business information.

OLD INFORMATION

Entity ID (EIN or SSN)	Account ID (see instructions)	Trade Name (DBA, etc.)	
Legal Name		Business Telephone Number ()	
Business Address	City	State	Zip Code

NEW INFORMATION

EFFECTIVE DATE

MON TH / DAY / YEAR

Entity Type (check one) ☐ Individual ☐ Partnership ☐ Corporation

Entity ID (EIN or SSN)	Account ID (see instructions)	Trade Name (DBA, etc.)	
Legal Name		Business Telephone Number ()	
Business Address	City	State	Zip Code
Billing Address c/o (no. and street)			
City	State	Zip Code	

Reason(s) for change ▼

Change of business activity ▼

Check (✓) if appropriate

☐ **OUT-OF-BUSINESS**

EFFECTIVE DATE MON TH / DAY / YEAR

ATTACH: Certificate of Dissolution (if corporation);
Notarized Affidavit (if unincorporated business or partnership)

Did you file a final return? ☐ YES ☐ NO

☐ **INACTIVE IN NEW YORK CITY**

EFFECTIVE DATE MON TH / DAY / YEAR

ATTACH: Form NYC-245 (if corporation); federal Schedule C
(if unincorporated business); federal Form 1065 (if partnership)

Did you file a final return? ☐ YES ☐ NO

Sign →
HERE

Signature

Title

Date

Once you complete this form, mail it immediately to: **New York City Department of Finance, Account Examinations, 59 Maiden Lane, 20th Floor, New York, NY 10038.**
(If there are no changes to the above information, keep this form in your files. In the event a change occurs, complete the form and send it to us as soon as possible.)