

DOF-1 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.)

	ECTION I: T			CTED - ch business and ex	cise tax re	cords should	be chang	ed.	
	General Corpo	Hotel Tax							
	Commercial Rent Tax				☐ Unincorporated Business Tax				
☐ Banking Corporation Tax				Commercial Motor Vehicle Tax					
☐ Business CorporationTax				Retail Beer, Wine and Liquor License Tax					
Utility Tax				Other (Tax Type)					
	•								
SECTION II: BUS		MATION	- Enter in the s	paces below the old	d, new <i>(revi</i>	ised or change	ed) or out-	of-business information.	
Entity ID (EIN or SSN) Account ID (see instructions)				Trade Name (DBA, etc.)					
Account to (See instructions)									
Legal Name						Busine	ess Telephone	Number	
				()					
Business Address			City		State	Zip Code		Country (if not US)	
NEW INFOR	MATION								
FFECTIVE DATE				Entity Type (check one): Individual Partnership Corporation					
Entity ID (EIN or SSN)	EIN or SSN) Account ID (see instructions)				Trade Name (DBA, etc.)				
Legal Name	I					Busine	ess Telephone	Number	
						()		
Business Address Ci			City		State	Zip Code Country (if not U		Country (if not US)	
Billing Address c/o (no. and street)						<u> </u>			
City		State	Zip Code	Fmail Addres	Email Address:				
on,		Clair	p						
Reason(s) for change ▼				Change of business activity ▼					
Check (✓) if appropr	iate								
OUT-OF-BUSINESS				☐ INACTIVE IN NEW YORK CITY					
EFFECTIVE DATE				EFFECTIVE DATE MONTH DAY YEAR ATTACH: Form NYC-245 (if corporation); federal Schedule C or					
									ATTACH : Certificate of Dissolution (if corporation); Notarized Affidavit (if unincorporated business or partnership)
Did you file a final return?				Did you file a	a final returi	n?	YES	□ NO	
Sign									
HERE:	ignature			Title				Date	