



TAX ACCOUNT INFORMATION CHANGE/CORRECTION FORM

SECTION I. If your EIN was changed by the IRS, you must complete a new registration form. **SALES TAX, PTA, AND CIGARETTE DEALER'S LICENSES ARE NON-TRANSFERABLE.**

EXISTING TAX ACCOUNT ID _____ ENTITY ID (EIN/SSN) _____ CORRECT ENTITY ID (EIN/SSN) _____ CURRENT FILING STATUS _____

CHANGE FILING STATUS TO: (CHECK ONLY ONE - MORE FREQUENT FILING STATUS ONLY)

SECTION II. EXISTING LEGAL NAME/TRADE NAME/ADDRESS

NEW LEGAL NAME/TRADE NAME/ADDRESS

LEGAL NAME _____

LEGAL NAME _____

TRADE NAME _____

TRADE NAME _____

PRIMARY ADDRESS _____

PRIMARY ADDRESS _____

LOCATION ADDRESS _____
(NO PO BOX) _____

LOCATION ADDRESS _____
(NO PO BOX) _____

MAILING ADDRESS _____

MAILING ADDRESS _____

SALES: MONTHLY QUARTERLY
EMPLOYER: SEMI-MONTHLY MONTHLY

SECTION III. ADD LOCAL SALES TAX

COUNTY: _____ DATE OF FIRST SALE IN COUNTY: _____
MONTH DAY YEAR

ALLEGHENY _____ / _____ / _____
 PHILADELPHIA _____ / _____ / _____

SECTION IV. OTHER TAX CHANGES

TYPE OF TAX: _____ ACCOUNT ID NUMBER: _____
 SALES/USE TAX _____
 EMPLOYER TAX _____
 PTA TAX _____
 VRT _____
 CIGARETTE _____

SECTION V. INDIVIDUAL OWNER(S), PARTNER(S) OR CORPORATE OFFICER(S) RESPONSIBLE FOR RETURN INFORMATION. Ownership change requires a new registration form.

NAME _____ SSN _____ NAME _____ SSN _____

MAIL TO: PA DEPARTMENT OF REVENUE DEPT. 280901 HARRISBURG, PA 17128-0901 DATE _____ DAYTIME TELEPHONE () EXT. _____ SIGNATURE/TITLE _____ E-MAIL ADDRESS _____

INSTRUCTIONS FOR COMPLETING THE TAX ACCOUNT INFORMATION CHANGE/CORRECTION FORM (REV-1705)

This form is to be used to report Entity ID (Federal EIN/SSN) or business name and address corrections, to request a change to a more frequent filing status, and to register to collect and remit local Sales Tax. This form may also be used to change/correct information for other business taxes. Sales Tax, PTA, and Cigarette Dealer's licenses are non-transferable.

SECTION I.

Enter your eight-digit Account ID Number. Update your Federal EIN if it has been changed by the Internal Revenue Service. A new registration form (**PA-100**) must be completed if you have received a new EIN. To change to a more frequent filing status, check the appropriate block for Sales Tax or Employer Withholding Tax. A change in filing status will be effective only at the beginning of a filing period.

SECTION II.

NAME CHANGE.

Complete this section if your legal and/or trade name has changed or if correcting an error. If your legal and/or trade name has changed as a result of a business reorganization (e.g., incorporation or a change in ownership), a new registration form (**PA-100**) must be completed in order to receive a new Account ID Number.

ADDRESS CHANGE.

Primary Address: Complete this section if the primary address (e.g., corporate headquarters) has changed. **Location Address:** Complete this section if the location address (e.g., location of business) has changed. **A Post Office Box is not acceptable for a physical location.** **Mailing Address:** Complete this section if the mailing address has changed.

SECTION III.

If a business opens a new location in Allegheny or Philadelphia county, and it does not currently report the local Sales Tax for that county, complete this section. Enter the date(s) of the first sale from either one or both counties, if applicable.

SECTION IV.

If this form is being used to change information for other taxes, check the box and enter the corresponding Account ID Number for the additional tax(es) to be changed.

SECTION V.

OWNER INFORMATION.

Enter the name(s) and Social Security Number(s) of the individual owner(s), partner(s), or corporate officer(s) responsible for the tax return information. If there are any changes in the owner(s), partner(s), or corporate officer(s), please provide a list of the changes. If the owner(s), partner(s), or corporate officer(s) has changed as a result of the restructure of a business (e.g., incorporation or a change in ownership), a new registration form (**PA-100**) must be completed to obtain a new Account ID Number.

SIGN AND DATE THE FORM.

Include a daytime telephone number and title. Mail the completed form to the **PA Department of Revenue, Dept. 280901, Harrisburg, PA 17128-0901.**

REGISTRATION METHODS.

Register over the Internet at www.paopen4business.state.pa.us. To obtain paper registration forms (**PA-100**) and instructions, call the FACT & Information Line at 1-888-PATAX-ES (1-888-728-2937), download the form from the Department's Web site at www.revenue.state.pa.us, or contact the Taxpayer Service and Information Center at (717) 787-1064; Service for Taxpayers with Special Hearing and/or Speaking Needs 1-800-447-3020 (TT only).