

Combined Registration Change Form

Use this form to change tax account information (ATAP users can close tax accounts online at atap.arkansas.gov)

FEIN or SSN	Legal Name of Business
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LEGAL / CORPORATION INFORMATION

Current	New
Legal Name of Business	NEW Legal Name of Business
Physical Location Address	NEW Physical Location Address
Mailing Address	NEW Mailing Address

ACCOUNT INFORMATION

Tax Type	Current	New
<input type="checkbox"/>	Account Address/DBA Name <input type="checkbox"/> Mailing <input type="checkbox"/> Location <input type="checkbox"/> DBA	NEW Account Address/DBA Name
<input type="checkbox"/>	Account Address/DBA Name <input type="checkbox"/> Mailing <input type="checkbox"/> Location <input type="checkbox"/> DBA	NEW Account Address/DBA Name
<input type="checkbox"/>	Account Address/DBA Name <input type="checkbox"/> Mailing <input type="checkbox"/> Location <input type="checkbox"/> DBA	NEW Account Address/DBA Name
<input type="checkbox"/>	Account Address/DBA Name <input type="checkbox"/> Mailing <input type="checkbox"/> Location <input type="checkbox"/> DBA	NEW Account Address/DBA Name
<input type="checkbox"/>	Account Address/DBA Name <input type="checkbox"/> Mailing <input type="checkbox"/> Location <input type="checkbox"/> DBA	NEW Account Address/DBA Name
<input type="checkbox"/>	Account Address/DBA Name <input type="checkbox"/> Mailing <input type="checkbox"/> Location <input type="checkbox"/> DBA	NEW Account Address/DBA Name

CONTACT INFORMATION

<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Delete	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
Tax Type			Tax Type		
Contact Name			Contact Name		
Phone Number			Phone Number		
Email Address			Email Address		
Effective Date of Change	Signature of Owner, Partner, or Corporate Officer				Date
Typed or Printed Name, of Owner, Partner, or Corporate Officer:					Date:

Note: When physical address or legal name changes are requested, all state business tax permits must be surrendered with this form before any changes will be approved.

Mail this form to: Arkansas Combined Registration, PO Box 8123, Little Rock, AR 72203-8123

eMail: register.tax@dfa.arkansas.gov