



**Business Taxes  
Address Change Form**

**Check all the boxes that this change affects:**

**Effective Date of Change:** \_\_\_\_\_

**Do not complete a separate address change form if the new address applies to all taxes.**

Sales Account Number: \_\_\_\_\_

Withholding Account Number: \_\_\_\_\_

Corporate Income/Franchise Account Number: \_\_\_\_\_

Other \_\_\_\_\_ Account Number: \_\_\_\_\_  
List appropriate tax

**Legal Name** \_\_\_\_\_

**Trade Name** \_\_\_\_\_

**Location Address**

Old Address	Street	Suite	City/State	Zip
New Address	Street	Suite	City/State	Zip

Contact person and daytime telephone number

\_\_\_\_\_ ( ) - \_\_\_\_\_

**Mailing Address**

Old Address	Street	Suite	City/State	Zip
New Address	Street	Suite	City/State	Zip

Contact person and daytime telephone number

\_\_\_\_\_ ( ) - \_\_\_\_\_

Request must be mailed or faxed to:

Louisiana Department of Revenue  
P. O. Box 201  
Baton Rouge, LA 70821  
Fax Number: 225-219-2348

