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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, 19th 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.)

The purpose of Form DOF-1, Change of Business Information, is to provide a simple and convenient means for you to correct or update your business tax records. Please send us a completed Form DOF-1 whenever there is a change in your business's name, ID number, billing or business address, or telephone number.

If there are currently no changes to your business's 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. If you need additional forms, call Customer Assistance at (212) 504-4036.

SECTION I - TAX RECORD AFFECTED

Indicate which business tax record should be changed by marking a ✓ in the appropriate box(es) in this section. If your change affects a tax not listed, check the box labeled "Other" and enter in the space directly to the right of it the tax type.

SECTION II - BUSINESS INFORMATION

Enter in the spaces available all old and new information regarding your business's operation.

In the **OLD INFORMATION** area, enter your:

ENTITY ID NUMBER This is the number that is currently used to identify your business tax account. It is the number that either appears on all Department mailing labels you are presently receiving, or it is the number that you entered when you last filed a tax return. This identifying number must be entered in order for us to make any account changes.

ACCOUNT ID NUMBER Leave this area blank unless you are changing the tax records listed below. If you have more than one account ID number, list the account ID number in the appropriate line in the chart below.

IF THE BUSINESS TAX IS....	THE ACCOUNT ID NUMBER TO ENTER IS...
◆ Commercial Rent Tax	◆ Commercial Rent Tax Registration ● Number _____
◆ Commercial Motor Vehicle	◆ Commercial License Plate ● Number _____
◆ Retail Beer, Wine and Liquor License Tax	◆ License Number ● _____
◆ Utility Tax	◆ Utility Tax Registration ● Number _____
◆ Hotel Tax	◆ New York City Certificate ● Number _____

TRADE NAME This is the name that you use in conducting your normal day-to-day business operation.

LEGAL NAME Your legal name is the name under which your business owns assets or incurs debts. For sole proprietorships, it is the name of the sole proprietor; for corporations, it is the name filed with the New York Secretary of State; and for partnerships, it is the legal name used in the partnership agreement.

BUSINESS ADDRESS The address where your major business activity is physically located.

BUSINESS TELEPHONE NUMBER The number where you can usually be reached during normal business hours.

In the **NEW INFORMATION** area, enter the date the new information became effective. Enter your new or revised:

ENTITY TYPE This is the legal form of the taxpayer. Check either individual (e.g., sole proprietor or self-employed professional), partnership or corporation. If the taxpayer is a limited liability partnership or limited liability company treated as partnership for federal income tax purposes, check partnership. If the taxpayer is a limited liability company treated as a corporation for federal income tax purposes, check corporation. If the taxpayer is a single member limited liability company owned by an individual and disregarded for federal income tax purposes, check individual. See Finance Memorandum 99-1 for additional information about disregarded entities for federal income tax purposes. Finance Memorandum 99-1 is available on the Department website at nyc.gov/finance.

ENTITY ID NUMBER If you have recently received an EIN (Employer Identification Number) or have otherwise changed your identification number, enter the new number here. (If there is no change, leave this space blank.)

ACCOUNT ID NUMBER (see above)

TRADE NAME (see above)

LEGAL NAME (see above)

BUSINESS ADDRESS AND TELEPHONE NUMBER (see above)

BILLING ADDRESS The address where you now want us to send all of your tax returns and notices. Be sure to include your street name and number, city and post office box number, if any. (If there is no change, leave this space blank.)

REASON(S) FOR CHANGE Enter the specific reason(s) for sending us this form (i.e., change of name, change of ID number, change of entity, change of address, etc.).

CHANGE OF BUSINESS ACTIVITY Enter any other pertinent information that will help us to properly change information about your tax records. (If you need more space, attach a sheet to this form.)

SIGNATURE Sign your name and enter your title and the date in the spaces provided. Send your completed form to:

**NYC DEPARTMENT OF FINANCE
ACCOUNT EXAMINATIONS
59 MAIDEN LANE, 19TH FLOOR
NEW YORK, NY 10038**

PRIVACY ACT NOTIFICATION

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for taxpayers is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of tax returns and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance, and, as may be required by law, or when the taxpayer gives written authorization to the Department of Finance for another department, person, agency or entity to have access (limited or otherwise) to the information contained in his or her return.