

**City of Philadelphia Department of Revenue**  
**CHANGE FORM**

**Use this form to report:**

- Name and/or mailing address change
- Close of business or change of business entity
- Incorrectly matched name with Social Security Number/Federal ID Number
- Death of a taxpayer
- Need for a new tax coupon book
- Add or cancel a tax liability for the City and School taxes listed below

**Current Registration Information must be completed for all change requests.**

- Business Privilege, Net Profits and Wage Tax**  Complete the applicable items in Part 1, New Information for Business and Wage Tax Accounts.
- School Income Tax**  Complete the applicable items in Part 2, New Information for School Income Tax Accounts.
- Use and Occupancy Tax**  Complete the applicable items in Part 3, New Information for Use and Occupancy Tax Accounts.
- Employee Earnings Tax**  Complete the applicable items in Part 4, New Information for Employee Earnings Tax Accounts.

**Current Registration Information:** Clearly print the applicable items or affix the label provided to you, if available.

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p align="center">PRINT TAXPAYER NAME</p> <hr/> <p align="center">CITY ACCOUNT NUMBER</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div> </div>	<p align="center">FEDERAL EIN #</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div> <p align="center">SOCIAL SECURITY #</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div> <p align="center">SPOUSE'S SOCIAL SECURITY #</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div>
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**Part 1. New Information for Business and Wage Tax Accounts:** Clearly print the applicable items.

<p>Name: <input style="width: 90%;" type="text"/></p> <p>Address: <input style="width: 90%;" type="text"/></p> <p>Contact Person: <input style="width: 90%;" type="text"/></p>	<p align="center">FEDERAL EIN #</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div> <p align="center">SOCIAL SECURITY #</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div> <p>Phone #: <input style="width: 80%;" type="text"/></p> <p>Fax #: <input style="width: 80%;" type="text"/></p> <p>E-mail address: <input style="width: 90%;" type="text"/></p>
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**Entity Type:** (Check one) Individual  Partnership  Corporation  Other   
 For a change of entity, you need a new Philadelphia Tax Account Number and Business Privilege License. See the contact information below to obtain an application.

**To request a new coupon book, add a tax, or if your business has closed complete the appropriate information below.**

If your business has closed or if you no longer have taxable wages, enter date:  -  -  Enter start date if adding a new tax type:  -  -

- |  |   |  |   |
|--|---|--|---|
| <b><u>Business Privilege</u></b><br>Add <input type="checkbox"/> Cancel <input type="checkbox"/> | <b><u>Wage Tax</u></b><br>Add <input type="checkbox"/> Cancel <input type="checkbox"/> Coupons <input type="checkbox"/>   | <b><u>Hotel Tax</u></b><br>Add <input type="checkbox"/> Cancel <input type="checkbox"/> Coupons <input type="checkbox"/>     | <b><u>Vehicle Rental Tax</u></b><br>Add <input type="checkbox"/> Cancel <input type="checkbox"/> Coupons <input type="checkbox"/> |
| <b><u>Net Profits Tax</u></b><br>Add <input type="checkbox"/> Cancel <input type="checkbox"/>    | <b><u>Liquor Tax</u></b><br>Add <input type="checkbox"/> Cancel <input type="checkbox"/> Coupons <input type="checkbox"/> | <b><u>Amusement Tax</u></b><br>Add <input type="checkbox"/> Cancel <input type="checkbox"/> Coupons <input type="checkbox"/> | <b><u>Parking Tax</u></b><br>Add <input type="checkbox"/> Cancel <input type="checkbox"/> Coupons <input type="checkbox"/>        |

**MAIL COMPLETED CHANGE FORM TO:**  
 CITY OF PHILADELPHIA  
 DEPARTMENT OF REVENUE  
 P.O. BOX 1410  
 PHILADELPHIA, PA 19105-1410  
 OR FAX TO: 215-686-6635  
 (If submitting by fax, do not mail this form.)

**DEPARTMENT OF REVENUE CONTACT INFORMATION:**  
 PHONE: 215-686-6600  
 E-MAIL: [revenue@phila.gov](mailto:revenue@phila.gov)  
 INTERNET: [phila.gov/revenue](http://phila.gov/revenue)

**Part 2. New Information for School Income Tax Accounts:** Clearly print the applicable items.

Name: \_\_\_\_\_

CORRECTED SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Spouse's Name: \_\_\_\_\_

SPOUSE'S CORRECTED SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Cancellation Information:**

Name: \_\_\_\_\_

SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Enter the cancellation date and reason.

□□ - □□ - □□□□□□

Moved out of Philadelphia

No taxable income

Deceased

Spouse Filing Separately

Spouse's Name: \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Enter the cancellation date and reason.

□□ - □□ - □□□□□□

Moved out of Philadelphia

No taxable income

Deceased

Spouse Filing Separately

**Part 3. New Information for Use and Occupancy Tax Accounts:** Clearly print the applicable items.

Property Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS U&O TAX ACCOUNT #

□□□□□□□□ - □□

PROPERTY ACCOUNT #

□□□□□□□□□□

Mailing Address: (Change only if different from property address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Name of New Property Owner: \_\_\_\_\_

DATE OF PURCHASE: □□ - □□ - □□□□□□

Enter the date and reason for cancellation.

□□ - □□ - □□□□□□

Sold \*

Vacant

Residential

Tax Exempt

\* For property ownership changes attach documentation, i.e., a copy of the settlement sheet or deed.

**Part 4. New Information for Employee Earnings Tax Accounts:** Clearly print the applicable items.

Name: \_\_\_\_\_

CORRECTED SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If you are canceling this account, enter date and reason:

□□ - □□ - □□□□□□

Employer now withholding wage tax

No longer employed

No longer a Philadelphia resident

Deceased