



TAX LICENSE CHANGE / CANCELLATION FORM

PLEASE PRINT IN ALL CAPS USING BLACK OR BLUE INK

City of Phoenix

Finance Department
PO Box 2005
Phoenix AZ 85001-2005
Phone: 602-262-6785 x 4
Fax: 602-262-7151

ACCOUNT # _____

Date of Change: _____

FEIN # _____

BUSINESS NAME (name on sign): _____

Type of change requested – Check (✓) all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Business Physical Location | <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Cancellation – Check this box and note reason |
| <input type="checkbox"/> Business Phone Number | <input type="checkbox"/> Email Address | Reason: _____ |
| <input type="checkbox"/> Contact Information | <input type="checkbox"/> Business Activity | Effective Date: _____ |

Business Physical Location	Street Address:	_____
	City – State – Zip Code:	_____
	Phone #:	_____

Primary Email Address	_____
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Mailing Address	Street Address:	_____
	PO Box:	_____
	City – State – Zip Code:	_____
	Phone #:	_____

Contact Information (Primary owner, partner, LLC member or Officer)	Name:	_____
	Title:	_____
	Social Security #:	_____
	Street Address:	_____
	PO Box:	_____
	City – State – Zip Code:	_____
	Phone #:	_____
	Email Address:	_____

Check (✓) all that apply and give a detailed description of your business below:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Construction Contracting | <input type="checkbox"/> Commercial Rental – # of units _____ | <input type="checkbox"/> Use Tax Only (Phoenix Business) |
| <input type="checkbox"/> Restaurant/Bar | <input type="checkbox"/> Home Builder / Spec Sales | <input type="checkbox"/> Personal Property Rental | <input type="checkbox"/> Job Printing |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Amusements | <input type="checkbox"/> Residential Rental – # of units _____ | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Out-of-State Vendor Use Tax | <input type="checkbox"/> Short-Term Motor Vehicle Rental | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Other – Describe: _____ | | | Number of Phoenix Employees: _____ |

Ownership Type (check (✓) one):

- | | | | | | |
|--|---------------------------------------|--------------------------------------|--|--|--|
| <input type="checkbox"/> Sole | <input type="checkbox"/> Husband/Wife | <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Revocable Trust |
| <input type="checkbox"/> Irrevocable Trust | <input type="checkbox"/> LLC | <input type="checkbox"/> Other _____ | | | |

Reporting Method: Cash Accrual

The corrections indicated on this form are true and complete to the best of my knowledge and I am authorized to complete this change request. By entering your email address you are acknowledging that you may receive infrequent emails from the City of Phoenix regarding your account as well as notices about services that may affect doing business with the City. Please see the City of Phoenix privacy statement at www.phoenix.gov/ESERVICES/privacy.html for more details on email address usage.

REQUIRED Signature _____

Title _____

Print Name _____

Date _____