



SALES TAX ACCOUNT CHANGE OR CLOSURE FORM

ACCOUNT NAME _____ ACCOUNT # _____

(1) Mailing Address Change

New Address: _____

(2) Business Location Change

New Location: _____

(If your business moves to a location outside of the City limits and all business is conducted outside the City limits, you need to close your account--see (5) below.)

(3) Business Name Change (not ownership change)

New Name: _____

(If you have an ownership change where the ID # in the form of Social Security Number or Federal Identification Number (FEIN) changes you must complete (4) below and fill out a sales tax application for new business entity.)

(4) Business Entity and/or Ownership Change

New Type: _____ Individual _____ Partnership _____ LLC _____ Joint Venture
_____ Corporation _____ Non Profit Corporation _____ Other _____

NEW ID # _____

(ID # is Social Security # for individual entities or Federal Identification Number FEIN for all others.)

Closure Date of Old Business ____/____/____ Starting Date of New Business ____/____/____

(5) Business/Account Closure Closure Date ____/____/____ Reason for Closure _____

(You must file all outstanding returns in order to close your sales tax account. You must file even if no tax was collected.)

(6) Request for Change in Filing Status: FROM ____ monthly ____ quarterly ____ annual

TO ____ monthly ____ quarterly ____ annual **Reason for request:** _____

(7) I choose not to use the City of Grand Junction provided sales tax booklets.

I understand that a booklet will not be mailed to me next year.

(Forms other than the booklet provided by the City must conform to the City's return format and include the filing period, due date, and account number in order to be accepted for processing.)

Name of Person Completing This Form _____ Title _____

Today's Date _____ Telephone # _____

Under penalties of perjury, I declare that I have examined this Account Change or Closure Form and it is true and correct to the best of my knowledge and belief.

Signature _____

Call (970) 244-1521 with questions. City processing date ____/____/____ Initials _____