

**CITY OF GRAND JUNCTION -- 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 # or Federal Identification Number (FEIN) changes you must complete (4) below.)*

**(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 \_\_\_\_\_