

**Work Opportunity Tax Credit  
NAME OR ADDRESS CHANGE FORM**

**Business:**

\_\_\_\_\_ Date

**Current Business Name:** \_\_\_\_\_ **Current EIN:** \_\_\_\_\_

I am changing my business name. New Business Name: \_\_\_\_\_

I am changing my DBA name. New DBA Name: \_\_\_\_\_

I am changing my address:       Business Mailing Address       Business Location Address

I am correcting my EIN:       New EIN \_\_\_\_\_       Old EIN \_\_\_\_\_

**Old Business Mailing Address:**

Old Mailing Address (street, city, state and zip code)

**New Business Mailing Address:**

New Mailing Address (street, city, state and zip code)

**Location Addresses:** Effective Date (mm/dd/yyyy): \_\_\_\_\_

**DBA:** \_\_\_\_\_ **Location Address:**

Address (street, city, state and zip code)

**DBA:** \_\_\_\_\_ **Location Address:**

Address (street, city, state and zip code)

**DBA:** \_\_\_\_\_ **Location Address:**

Address (street, city, state and zip code)

**DBA:** \_\_\_\_\_ **Location Address:**

Address (street, county, city, state and zip code)

I am changing my business phone number:      \_\_\_\_\_  
Old Employer Contact Phone Number

\_\_\_\_\_  
New Employer Contact Phone Number

I am changing my business Email address:

\_\_\_\_\_ Old Email Address

\_\_\_\_\_ New Email Address

**Signature.** Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Signature of owner, officer, or representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date