

For expedited processing, log into your GovConnectIowa (GCI) account and change your business account or tax types online. If you do not have a GCI account you can find a link and more information about GCI at tax.iowa.gov, or you can complete this form and either mail or fax it to the Department.

Legal name: _____

Doing business as: _____

Provide a social security number or individual taxpayer identification number if the business is registered as a sole proprietor or single member LLC. Provide a Federal Employer Identification Number for all other business types.

Social Security Number (SSN): _____

or Individual Taxpayer Identification Number (ITIN): _____

Federal Employer Identification Number (FEIN): _____

Headquarters address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Changes requested, check all that apply and enter the applicable account or tax type ID number. Include additional sheets as needed.

Sales and Use Tax account or tax type ID number: _____

Check if applicable: Automobile Rental Household Hazardous Materials
 Hotel and Motel

Water Service Excise Tax account or tax type ID number: _____

Income Tax Withholding account or tax type ID number: _____

Fuel Tax account or tax type ID or license number: _____

Corporation account or tax type ID number: _____

1. Change Legal Name

Accounts or tax types are not transferrable. If ownership is changing, all existing accounts or tax types must be cancelled, and you must reapply for new accounts or tax types under the newly named entity. If the new name is not recognizable by the existing name, include supporting documentation such as Articles of Amendment or verification that the IRS has updated your organization including the same name and FEIN.

Reason for change: _____

Current legal name: _____

New legal name: _____

2. Change "Doing Business As" Name

Prior "doing business as" name: _____

New "doing business as" name: _____

For Office Use Only:



3. Change Officials

To add, revoke, or change authority of an individual to act on behalf of the entity, use the IA 2848 IDR Power of Attorney Form, Representative Certification Form, or the IA 8821 Tax Information Disclosure Form, as appropriate.

4. Change Business Headquarters Address

New headquarters address: _____

City: _____ State: _____ ZIP: _____

5. Change Business Location Address

If you are moving to a new location, this will lead to a new sales account or tax type ID number being assigned to you. Include additional sheets as needed.

Location ID: _____

Prior location name: _____

New location name: _____

New location address: _____

City: _____ State: _____ ZIP: _____

Effective date: _____

Type of products or services sold. See the North American Industry Classification System (NAICS) for more information. Changing NAICS code?

Choose new code that best describes your business: _____

6. Change Business Mailing Address

Check if same as business location address in section 5.

Mailing address will be effective for all accounts or tax types listed. If you want a different mailing address for each account or tax type checked on page one, include a separate sheet.

New mailing address: _____

City: _____ State: _____ ZIP: _____

7. Change Filing Frequency

For more information about filing frequencies, visit tax.iowa.gov. Changes to and from an annual filing are effective January 1. All other filing frequency changes are generally effective at the start of the next calendar quarter. Please continue filing your returns until you receive a filing frequency confirmation letter from us notifying you with an effective date.

Reason for change: _____

Effective date: _____

Sales and Use Tax account or tax type: Enter projected sales tax per year: _____

Income Tax Withholding account or tax type: Projected withholding tax per year: _____

8. Add, Change, or Revoke Income Tax Withholding Contact

You must have at least one Withholding Contact on your account at all times. If revoking a Withholding Contact, you must provide another Withholding Contact.

Type of change. Select one: Add Update Revoke



2292033029999

Individual last name: _____ First name: _____
SSN or Individual Taxpayer Identification Number (ITIN): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Type of change. Select one:

Add Update Revoke

Individual last name: _____ First name: _____
SSN or ITIN: _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

9. Request Copy of Account or Tax Types

Check all that apply, enter the applicable account or tax type ID number:

- Sales and Use Tax account or tax type ID number: _____
- Water Service Excise Tax account or tax type ID number: _____
- Income Tax Withholding account or tax type ID number: _____
- Fuel Tax account or tax type ID number or license number: _____

10. Signature

This form must be signed by the owner, partner, or corporate officer.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this form, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ Date: _____

Print name: _____ Phone: _____

Contact name: _____ Contact email: _____

The integrity and security of sending personal information via fax or email cannot be guaranteed. By submitting this form via fax or email, you agree to hold the Department harmless if a fax or an email results in third party access to the information.

Submit this form by:

Fax: 515-281-3906 OR

Mail to: ATTN Registration Services
Iowa Department of Revenue
PO Box 10470
Des Moines IA 50306-0470

Questions or Assistance:

Additional information can be found:

- On the Department website (tax.iowa.gov)
- By emailing the Department (idr@iowa.gov)
- By calling Taxpayer Services at 515-281-3114 or 800-367-3388



2292033039999