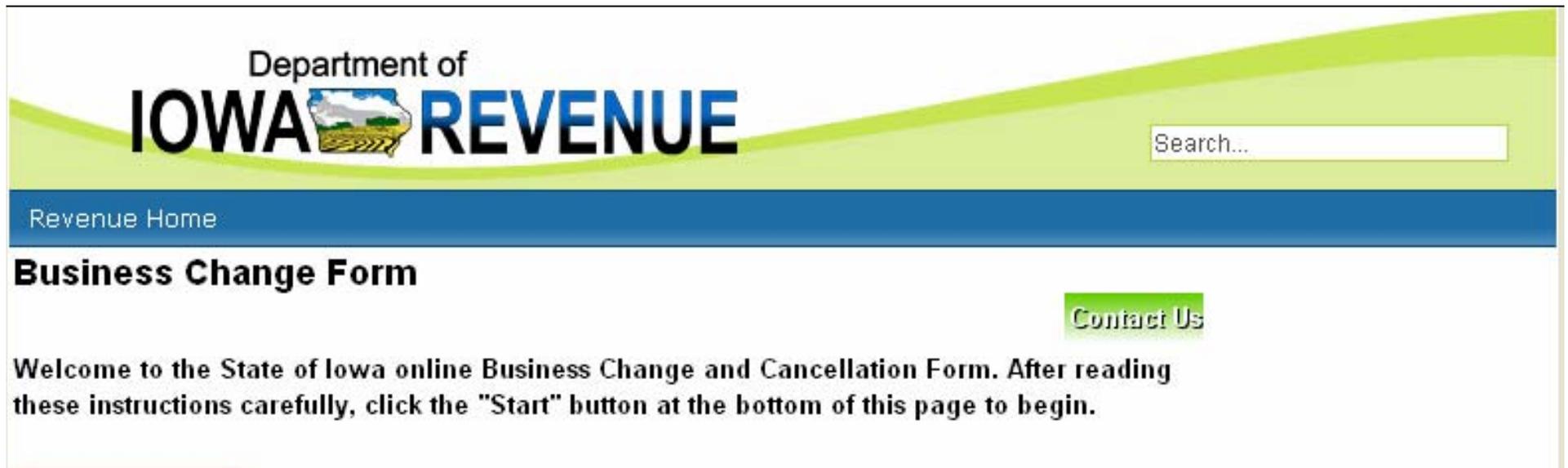


Preview of the IDR Change/Cancel Application



Department of
IOWA  **REVENUE**

Search...

Revenue Home

Business Change Form

[Contact Us](#)

Welcome to the State of Iowa online Business Change and Cancellation Form. After reading these instructions carefully, click the "Start" button at the bottom of this page to begin.

Business Change Form

[Contact Us](#)

Welcome to the State of Iowa online Business Change and Cancellation Form. After reading these instructions carefully, click the "Start" button at the bottom of this page to begin.

Returning User?

[Log In](#) to retrieve your incomplete application. Contact [Taxpayer Services](#) if you have forgotten your Business Change Form User ID and Pin.

IMPORTANT: GET PIN

At the top of the Change Options screen (Step 2) you will first be presented with a button that says GET PIN. Please click on this button to obtain your UserID and PIN which may be used to re-access a saved application within 7 days.

Web Browser Requirements

✓ Your current browser meets the required minimum configuration.

The Form may be used to change details for: [?](#)

- Sales Tax Permit
- Out-Of-State Retailer's Use Tax Permit
- Consumer's Use Tax Permit
- Withholding Tax Permit
- Motor Fuel Tax Permit

Changes allowed include changing:

- Status of the permit (Cancel, reinstate, or change filing frequency)
- Business/Trade Name and/or Ownership
- Location and/or Mailing Address
- Responsible Officers or Partners

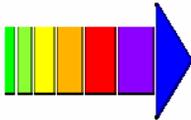
This application has been divided into five simple steps.

Be sure to complete all steps.

- **Step 1:** Business Details - identify the business
- **Step 2:** Change Options - select the desired changes
- **Step 3:** Change Details - complete the desired changes
- **Step 4:** Summary of changes
- **Step 5:** Sign and submit application

[IDR Home](#)

[Start](#)

**Business Details****BUSINESS DETAILS****Change Options**

All details marked **Req** must be completed before you can proceed to the next page.

Change Details

Req Legal Name: **?**

Summary

Business Trade Name:

Sign and Submit

Req Location Address: **?**

(NOT PO BOX)

Req Location City

Req State, Zip-Code:

(USA USERS ONLY)

- State -

Foreign Zip-Code

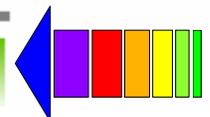
(FOREIGN USERS ONLY)

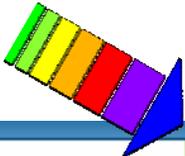
Foreign Country

(FOREIGN USERS ONLY)

Req Location County:

- County -

[Back](#)[Quit](#)[Save and Continue](#)



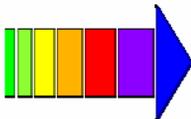
GET PIN

Help

Contact Us

Business Details

PERMIT CHANGE OPTIONS



Change Options

Legal Name: *Legal Name*

All items marked **Req** are required and must be completed before you can continue from this page. Use the help button above to access help items associated with this page (where available).

Change Details

Summary

Sign and Submit

Req Which of these changes do you wish to make?

- Change Business/Trade Name or Ownership
- Change Business Location
- Add/Delete Officer(s) or Partner(s)
- Cancel, Reinstate or Change Filing Options

Req Any Permit Number Issued for this Business

?

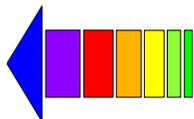
Email Address

?

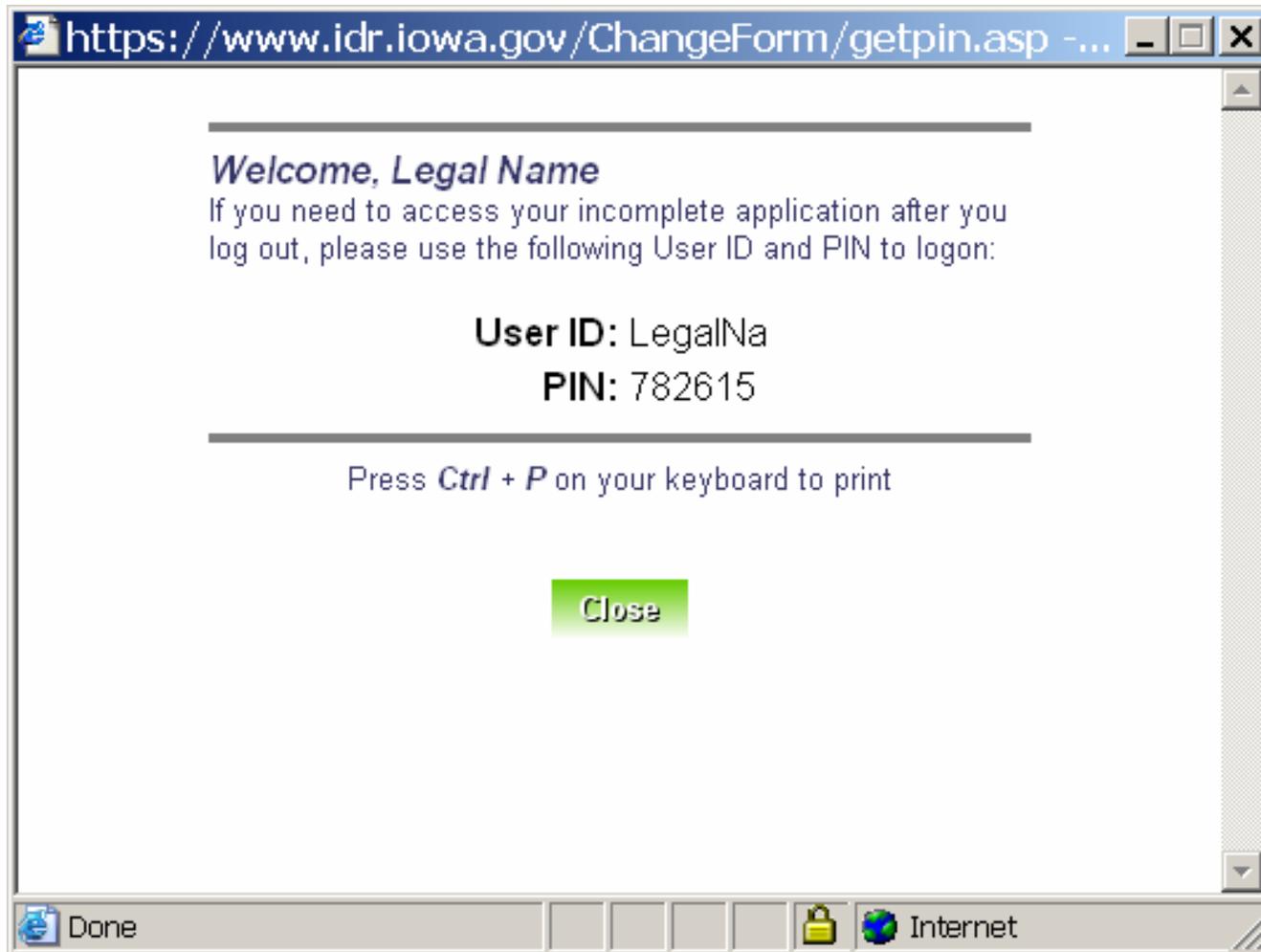
Delete

Quit

Save and Continue



Get PIN: Be sure to write down this information or print the screen. You will need the User ID and PIN if you need to stop the process and finish later.



[GET PIN](#)

[Help](#)

[Contact Us](#)

[Business Details](#)

NAME/OWNERSHIP CHANGE

[Change Options](#)

Please provide all information related to your business. All required fields are marked **Req** and **MUST** be completed before you can continue.

[Change Details](#)

Change Business/trade name.

From:

To:

[Summary](#)

Change Business Ownership.

From:

To:

[Sign and Submit](#)

NOTE: A change of ownership requires cancelling the current permit and applying for a new permit. You will be directed to the online application when you complete making changes to the current business.

[Delete](#)

[Quit](#)

[Save and Continue](#)

[GET PIN](#)

[Help](#)

[Contact Us](#)

[Business Details](#)

LOCATION ADDRESS CHANGES

[Change Options](#)

Please provide the following information. All fields marked **Req** **MUST** be completed before you can continue.

Change Details

LOCATION ADDRESS

Shown below is the current location for your business. Please review and make any necessary changes.

[Summary](#)

[Sign and Submit](#)

Req Location Address:

Req Location City:

Req Location State, Zip-Code

(IF IN USA)

Foreign Zip-Code

(IF OUTSIDE USA)

Country

(IF NOT USA)

Req Location County:

**

** Please note that if you have a Sales Tax permit and have changed your business location county, you are required to cancel and apply for a new Sales Tax permit.

[Delete](#)

[Quit](#)

[Save and Continue](#)

GET PIN

Help

Contact Us

Business Details

ADD/DELETE OFFICERS OR PARTNERS

Change Options

Please provide all information related to your business. All required fields are marked **Req** and **MUST** be completed before you can continue.

Change Details

Summary

Sign and Submit

Add/Delete Corporate Officers or Partners

1. Add Delete

Name: SSN or FEIN:

2. Add Delete

Name: SSN or FEIN:

3. Add Delete

Name: SSN or FEIN:

4. Add Delete

Name: SSN or FEIN:

5. Add Delete

Name: SSN or FEIN:

Delete

Quit

Save and Continue

Summary

GET PIN

Help

Contact Us

Business Details

PERMIT CHANGE OPTIONS

Change Options

All items marked **Req** are required and must be completed unless no changes are required.

Change Details

Req Save/More Permit Changes? Yes No

Summary

Enter the number below for the permit to be changed.

?

Sales tax permit #:

Consumer's Use tax permit #:

Withholding tax permit #:

Motor Fuel tax permit #:

Sign and Submit

Select the changes you wish to make to this permit

- Change the Status of the Permit (cancel, reinstate, or change filing frequency)
- Change the Mailing Address

Delete

Quit

Save and Continue

GET PIN

Help

Contact Us

Business Details

CHANGE PERMIT STATUS (SALES TAX PERMIT)

Change Options

Complete any changes you wish to make. You must choose to cancel, reinstate and/or change the filing frequency continue.

Change Details

Req Effective Change Date:

Summary

Cancel permit

Reinstate permit

Sign and Submit

Change Filing Frequency

Previous Filing Frequency :

Required Filing Frequency:

Reason for changing Permit Status?

Delete

Quit

Save and Continue

[GET PIN](#)

[Help](#)

[Contact Us](#)

[Business Details](#)

[Change Options](#)

[Change Details](#)

[Summary](#)

[Sign and Submit](#)

MAILING ADDRESS CHANGES (SALES TAX PERMIT)

Make sure you put down the complete mailing address, including, city, state or country and zip where applicable. All fields marked **Req** must be completed to continue.

Mailing Address:

Mailing City:

State, Zip-Code
(IF IN USA)

- State -

Foreign Zip-Code
(IF OUTSIDE USA)

Country
(IF NOT USA)

[Delete](#)

[Quit](#)

[Save and Continue](#)

Business Details

PERMIT CHANGE OPTIONS

Change Options

All items marked **Req** are required and must be completed unless no changes are required.

Change Details

Req Save/More Permit Changes? Yes No

Summary

Enter the number below for the permit to be changed.

Sign and Submit

Consumer's Use tax permit #:

Withholding tax permit #:

Motor Fuel tax permit #:

Select the changes you wish to make to this permit

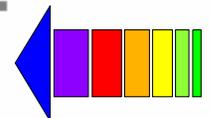
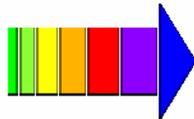
Change the Status of the Permit (cancel, reinstate, or change filing frequency)

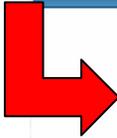
Change the Mailing Address

Delete

Quit

Save and Continue





This is a summary of your Change Form at this time. You must sign and submit your application by using the

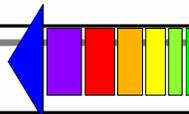
[Sign and Submit](#)

button which appears at the bottom of this page when all required information has been provided. To edit your application, click on the title at the top of each section.

BUSINESS INFORMATION		TAX PERMIT(S) OPTIONS	
Legal Name:	Legal Name	SIGNATURE YOU MUST SIGN AND SUBMIT YOUR BUSINESS CHANGE FORM TO COMPLETE THE CHANGE REQUEST IF ALL SECTIONS ARE COMPLETED AND YOU HAVE A "Sign & Submit" BUTTON AT THE BOTTOM OF THIS PAGE.	
Trade Name:			
Location	Location Address		
City	City		
State, Zip-Code:	IA 50309		
Foreign Zip-Code			
Foreign Country			
County:	Polk - 77		
Contact E-mail:			
BUSINESS CHANGE OPTIONS			
Changes Requested			
* Cancel, Reinstate or Change Filing Options			
SALES TAX PERMIT # 123456789			
MAILING ADDRESS			
Mailing Address	555 5th		
City	City		
State, Zip-Code:	IA 50309		
Foreign Zip-Code			
Foreign Country			
Sign and Submit			

To make changes, click on the section title. Make your changes.

Then click Save and Continue – not the back button in your browser – to return to this summary.



Summary

GET PIN

Help

Contact Us

Business Details

Change Options

Change Details

Summary

Sign and Submit

SIGNATURE

Entering your name constitutes a signature for this application. The name entered should be that of the owner, one of the partners or one of the corporate officers

Req Owner Full Name:

Business Owner Title:

Req Contact Phone:

 Ext:

Change(s) Submitted on:

3/16/2009

Sign Later

Sign and Submit

ALERT !

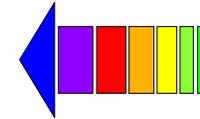
Please note that once you click on sign and submit you will no longer be able to change the application!

IOWA BUSINESS CHANGE FORM

Thank you for completing and submitting your Business Change Form.
THIS SUMMARY SCREEN IS CONFIRMATION THAT YOUR CHANGE REQUEST HAS BEEN SUBMITTED.

You may wish to print it by using the Ctrl + P keys on your keyboard.

Please allow 4-6 weeks for your request to be processed.



BUSINESS INFORMATION		SIGNATURE	
Legal Name:	Legal Name	Owner Full Name:	Legal Second Name
Trade Name:		Owner Title:	
Location	Local Address	Contact Phone:	555 555 5555 Ext:
City	City	E-mail Address:	
State, Zip-Code:	IA 50309	Date:	3/16/2009
Foreign Zip-Code			
Foreign Country			
County:	Polk - 77		
BUSINESS CHANGE OPTIONS			
Changes Requested			
* Change Business Name or Ownership			
Permit Number: ?	123456789		
Contact E-mail:			
NAME/OWNERSHIP CHANGE			
Change Business Name			
	From: Legal Name		
	To: Legal Second Name		
Change Business Ownership N/A			
Continue			

Department of Revenue

Please take a few minutes to tell us what you think about the online resource you have just used.

1. The required information was clearly identified.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

2. I was able to complete using this resource in one session.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

3. I was able to get the help I needed using the online help on each page.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

4. The flow of this online resource was easy to follow.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

5. If more online resources are available, I will use them to conduct my business with the state of Iowa.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Additional Comments:

ALERT!

Your completed survey is not associated with your records. If you wish us to contact you regarding your comments, please provide your email address below, otherwise email any questions directly to IDR@iowa.gov.

Your Contact E-mail Address (*Optional*)

Submit

Exit From Survey

This survey is optional.