

**Submit your permit information changes online!**  
Go to: [www.iowa.gov/tax](http://www.iowa.gov/tax)



Iowa Department of Revenue  
[www.iowa.gov/tax](http://www.iowa.gov/tax)

**Request for Change, Correction, or Cancellation of Tax Permit**

**Mail This Form To:**

Registration Services  
Iowa Department of Revenue  
P.O. Box 10470  
Des Moines, IA 50306-0470

Fax: 515-281-3906

Legal Name: \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Provide your permit number for those permits you request to change, correct, or cancel.**

Sales Tax Permit Number: \_\_\_\_\_  
Motor Fuel Tax Permit Number: \_\_\_\_\_  
Consumer's Use Tax Permit Number: \_\_\_\_\_  
Retailer's Use Tax Permit Number: \_\_\_\_\_  
Household Hazardous Material Permit Number: \_\_\_\_\_  
Employer Withholding Permit Number: \_\_\_\_\_  
Other Permit Number: \_\_\_\_\_

**Checkmark and complete the applicable area(s):**

Cancel. Reason: \_\_\_\_\_ Last date of activity for permit: \_\_\_\_\_  
 Reinstate. Reason: \_\_\_\_\_ First date of activity for permit: \_\_\_\_\_

**Name Change** (if your legal name change is due to a change of ownership, you must cancel your permit and apply for a new one.):

Change legal name to: \_\_\_\_\_ Federal Employer ID Number: \_\_\_\_\_  
 Change trade name to: \_\_\_\_\_

**Address Change:**

**You need to cancel your permit(s) and complete a new application form if you are changing:**

- location address from one Iowa county to another and have a sales tax or consumer's use tax permit
- physical location address from Iowa to out of state
- physical location address from out of state to Iowa

Change mailing address only to: \_\_\_\_\_  
\_\_\_\_\_  
 Change physical location address only to **(PO Box Not Allowed)**: \_\_\_\_\_  
\_\_\_\_\_  
 Change physical location *and* mailing address to: \_\_\_\_\_  
\_\_\_\_\_

**Officers and Partners** (attach a separate list, if needed):

Add corporate officer name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Inactive corporate officer name: \_\_\_\_\_ Effective Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Add partner name: \_\_\_\_\_ Effective date: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Inactive partner name: \_\_\_\_\_ Effective Date: \_\_\_\_\_ SSN: \_\_\_\_\_

**Filing Frequency** (if qualified):

Change filing frequency to:  Quarterly  Monthly  Semi-monthly  
Effective:  January 1  April 1  July 1  October 1

Change to annual filer effective January 1

(Requests received after April 30 will become effective the 1st day of the following year.)

**Other Corrections:** \_\_\_\_\_

**Request for copy of Sales Tax Permit** (a letter with your Business eFile Number (BEN), your permit number, and a printed permit.)

**Owner / Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Title: \_\_\_\_\_ Contact eMail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Questions?**  
[www.iowa.gov/tax](http://www.iowa.gov/tax)  
[idr@iowa.gov](mailto:idr@iowa.gov)  
1-800-367-3388  
or 515-281-3114