CITY OF SAGINAW

INCOME TAX OFFICE

S-6-IT

NOTICE OF CHANGE OR DISCONTINUANCE

ACCOUNT NUMBER	CHANGES EFFECTIVE ON (Date)
CURRENT LEGAL NAME	CHANGE LEGAL NAME TO
DBA	CHANGE DBA TO
CURRENT LEGAL BUSINESS ADDRESS	CHANGE LEAGE BUSINESS ADDRESS TO
MAILING ADDRESS	CHANGE MAILING ADDRESS TO

Instructions: Place an "X" in all boxes that apply. Complete all information for that change.
Write any comments or explanation in back of form.

☐ 1. The Internal Revenue Service assigned us a Federal Employer Identification Number: _____

☐ 2. Our Federal Employer Identification Number is wrong. The correct Number is: _____

☐ 3. We have incorporated. Our Corporate Name is: _____

☐ 4. Our new corporate Federal Employer Identification Number is: _____

☐ 5. Discontinue our withholding tax registration:

☐ We no longer have any business activity in the City of Saginaw
☐ We closed our business on: _____
☐ We sold our entire business on: _____
We sold our business to:
_____
_____
_____

☐ We sold part of our business on: _____ Their FEIN is: _____

☐ 6. Address and phone number where we may be reached following discontinuance of business:

CONTACT PERSON	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE

7. Change in ownership. (Please explain on back)

8. Effective _____ (Month/Year), we changed our fiscal year ending from _____ (Month) to _____ (Month)

9. Other Changes (Please explain on back)

SIGNATURE OF PREPARER	PRINTED NAME OF PREPARER	DATE PREPARED	PREPARER'S PHONE NUMBER

MAIL THIS NOTICE AND ANY CORRESPONDENCE TO: CITY OF SAGINAW INCOME TAX OFFICE, 1315 S. WASHINGTON AVE., SAGINAW, MI 48601-2599