

Notice of Change for a Business and/or Tax Account

1 – General Information

1a. Social Security Number (SSN)

$$\boxed{} \boxed{} \boxed{} - \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} \boxed{}$$

Federal Employer Identification Number (EIN)
 $\square \square - \square \square \square \square \square \square$

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Email address

2 — Account Changes

2e. Other – explain:

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3 — Account Type to Change

Mark only the accounts affected by this change; submit additional copies of this form as needed.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Beer tax | <input type="checkbox"/> Special fuel supplier | Sales Taxes | <input type="checkbox"/> Sales and use tax |
| <input type="checkbox"/> Brine shrimp | <input type="checkbox"/> Gross receipts | <input type="checkbox"/> E-911 emergency svcs. | <input type="checkbox"/> Sexually explicit business |
| <input type="checkbox"/> Corporate/partnership | <input type="checkbox"/> Insurance premium | <input type="checkbox"/> Energy | <input type="checkbox"/> Transient room |
| Fuel Taxes | <input type="checkbox"/> Mining severance | <input type="checkbox"/> Locomotive Fuel | <input type="checkbox"/> Waste tire |
| <input type="checkbox"/> Aviation fuel | <input type="checkbox"/> Oil & gas conservation | <input type="checkbox"/> Lubricating oil | <input type="checkbox"/> Self-insurer's |
| <input type="checkbox"/> Compressed natural gas | <input type="checkbox"/> Oil & gas severance | <input type="checkbox"/> Multi-channel video/audio | <input type="checkbox"/> Tobacco, cigarette, e-cigarette |
| <input type="checkbox"/> Environment assur. fee | <input type="checkbox"/> Radioactive waste | <input type="checkbox"/> Municipal telecom | <input type="checkbox"/> Withholding (employer) |
| <input type="checkbox"/> Hydrogen | Property Taxes | <input type="checkbox"/> MV rental tax | <input type="checkbox"/> Withholding mineral production |
| <input type="checkbox"/> Liquefied natural gas | <input type="checkbox"/> Centrally assessed | <input type="checkbox"/> Prepaid disp. cell phones | <input type="checkbox"/> International Fuel Tax Agreement |
| <input type="checkbox"/> Motor fuel | <input type="checkbox"/> Railcar | <input type="checkbox"/> Restaurant tax | <input type="checkbox"/> Special Fuel User |

4 — Account Closure

- To close only a single sales outlet/location, use Section 6.
 - A corporation must withdraw or dissolve its business through the Utah Dept. of Commerce.
To close a corporate account, provide a copy of your Articles of Dissolution.
 - You must file all tax returns for periods during which the account(s) was open.
- **Closure date:** _____
- ☐ Close all accounts marked in Section 3 (above)

5 — Address Change

Mark all that apply:

- ☐ **Corporate office / legal entity's street address**
Your business offices (if any).
- ☐ **Mailing address**
The address you want to receive all written communications for this account.

→ **NEW Address:** _____

City, State, ZIP: _____

6 — Outlet/Location Changes and Closure

If changing more than one outlet/location,
attach additional sheets in this format.

- To add NEW SALES TAX or TRANSIENT ROOM outlets/locations, use form TC-69B.
- To add NEW CIGARETTE, TOBACCO or E-CIGARETTE outlets/locations, use forms TC-69 and TC-69TOB.

▶ Prior physical street address for this sales tax outlet/location			Phone
City	County	State	ZIP code
▶ New physical street address for this sales tax outlet/location			Phone
City	County	State	ZIP code

- ☐ **Close sales tax outlet/location** Closure date: _____
- Outlet/location number: _____
(The outlet/location number is printed on the sales tax license.)

- ☐ **Close transient room outlet/location** Closure date: _____
- Outlet/location number: _____
(The outlet/location number is printed on the sales tax license.)

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☐ **Close cigarette/tobacco license outlet/location** . . . Closure date: _____

License number: _____

☐ **Close e-cigarette license outlet/location** Closure date: _____

License number: _____

☐ **Change phone number:** _____

☐ **Other:** _____

7 — Authorized Signature

This form will be rejected without a signature.



Authorized Applicant or Owner

Date

TC-69C Instructions

Use this form to report changes to existing businesses already registered with the Tax Commission.

You can change your mailing address and close accounts while logged into your tax account at TAP. See tap.utah.gov



Do not use this form to register a new business.

To register a **new business**, go to tap.utah.gov, “Apply Online” section, “Apply for a tax account(s) - TC-69”.

To register a **new business location** (outlet) for an existing sales tax account, use form TC-69B.

Get forms online at tax.utah.gov/forms

Section Instructions

Section 1 Fill out Section 1 completely.

In 1c, provide your business information as it was or is before the change you are reporting on this form. For example, if you are changing your business name, enter the old business name in Section 1.

Section 2 Use Section 2 to report account changes except for address changes.

If you are reporting a new address for an outlet/location that has moved, complete Sections 5 and 6. In Section 6, provide the old address currently on file with the Tax Commission as well as the new address.

Section 3 Use Section 3 to mark and identify the accounts affected by this change.

Section 4 Use Section 4 to close your tax account. If this account has outlets/locations, they will also all be closed.

If you only need to close a single outlet for a sales tax account, complete Section 6.

Section 5 Use Section 5 to report all other account address changes. Mark the box matching the type of address you are changing.

You cannot use this form to report a new outlet/location for a sales tax account. Use form TC-69B (*Additional Business Locations for a Sales Tax Account*).

Section 6 Use Section 6 to report changes to single sales outlets/locations, such as a closure or new phone number.

If changing more than one outlet/location, attach additional sheets in the same format.

Section 7 Sign and date. We will not process this form without an authorized signature.

Return this form to:

**Master Records
Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-3310**
or fax to 801-297-3573.

If you need an accommodation under the Americans with Disabilities Act, email taxada@utah.gov, or call 801-297-3811 or TDD 801-297-2020. Please allow three working days for a response.