

Account Number (FEIN or TR Number)

Notice of Change or Discontinuance

Check this box if you have not received a current set of SUW forms.

Use this form only if you discontinued or made changes to your business. Complete all sections that apply.

PART 1: BUSINESS INFORMATION

Legal Business Name and Address	Mailing Name and Address
Change Our Legal Business Name and/or Address To: (If P.O. Box Number, you must include a street address)	Change our Mailing Name and/or Address To:

PART 2: DISCONTINUED BUSINESS. Complete Part 2 and sign at the bottom of this form.

DISCONTINUE TAX TYPES LISTED IN PART 3. Effective Date: _____

Applicable tax types listed in Part 3 will be removed from your business registration effective this date.

PART 3: CHANGE TAX TYPE

From the following list, check the appropriate box to add or delete a tax or license from your registration (check all that apply):

<input type="checkbox"/> ADD	<input type="checkbox"/> DEL	Sales Tax	<input checked="" type="checkbox"/> ADD	<input type="checkbox"/> DEL	Income Tax Withholding **	<input type="checkbox"/> ADD	<input type="checkbox"/> DEL	Motor Fuel Tax License
<input type="checkbox"/>	<input type="checkbox"/>	Use Tax	<input type="checkbox"/>	<input type="checkbox"/>	Motor Carrier License	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Products Tax License
<input type="checkbox"/>	<input type="checkbox"/>	Corporate Income Tax	<input type="checkbox"/>	<input type="checkbox"/>	LPG Dealer License	<input type="checkbox"/>	<input type="checkbox"/>	Flow-Through Withholding

** To add withholding, complete *Application for Registration* (Form 518) available at www.michigan.gov/business

PART 4: OTHER BUSINESS CHANGES OR INFORMATION

- If you are a seasonal business, months your business is open: _____
- Attach to this form additional information explaining other changes (e.g. mergers) to your business.
- Effective date(s) for the changes provided: _____
- Correct Federal Employer Identification Number: _____
- This business was changed to a: LLC Ltd. Partnership Sole Proprietorship Corporation Partnership
- Enter in Part 1 your contact address after the discontinuance or sale of your business.
- Date on which part or all (circle one) of the business was sold: _____
- Buyer's name and address: _____

Preparer's Signature	Preparer's Telephone Number	Date
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Complete this form and mail to:
Michigan Department of Treasury
Registration Unit
P.O. Box 30778
Lansing, MI 48909-8278.

Forms can also be faxed to (517) 636-4520.