

Notice of Change or Discontinuance

Use this form only if you discontinued or made changes to your business. Complete all sections that apply. Changes provided on this form may also be completed electronically at mto.treasury.michigan.gov. If using this form, sign and mail to: Michigan Department of Treasury, Registration Section, PO Box 30778, Lansing MI 48909.

PART 1: BUSINESS INFORMATION

YOU MUST SIGN THIS FORM.

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

PART 2: DISCONTINUE BUSINESS

Discontinue All Business Tax Types - Effective Date: _____

PART 3: CHANGE TAX TYPE

Effective Date: _____ An effective date is **required** to add or delete any tax types.

Check the appropriate boxes to add or delete a tax or license from your registration (check all that apply).

ADD	DEL	ADD	DEL	ADD	DEL	ADD	DEL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales Tax	Corporate Income Tax	Payroll/Pension Withholding Tax**	IFTA Licenses				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Tax	Michigan Business Tax	Motor Fuel Tax License	Tobacco Products Tax License				

** To add Payroll/Pension Withholding Tax, complete an *Application for Registration* (form 518).

PART 4: OTHER BUSINESS CHANGES OR INFORMATION

- A seasonal business is required to file monthly for all months the business is open. My business is open from _____ to _____
- Enter your correct Federal Employer Identification Number*: _____
- ***NOTE:** IRS written verification is required to change account numbers; include that verification to this document.
- 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: _____
- Attach to this form additional information and any relevant documentation explaining other changes (e.g. mergers and name changes) to your business. If this business was changed (LLC, Limited Partnership, Sole Proprietor, Corporation, or Partnership) complete an *Application for Registration* (form 518) available at www.michigan.gov/taxes.
- To add or remove number of location(s), go to mto.treasury.michigan.gov.

Taxpayer's Signature (Required)	Print Taxpayer's Name and Title (Required)	Date
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