



Business Taxes Address Change Form

Check all the boxes that this change affects:

Effective Date of Change: _____

Do not complete a separate address change form if the new address applies to all taxes.

<input type="checkbox"/> Sales	Account Number
<input type="checkbox"/> Withholding	Account Number
<input type="checkbox"/> Corporate Income/Franchise	Account Number
<input type="checkbox"/> Other (List appropriate tax) _____	Account Number

Legal Name				
Trade Name				
Location Address				
Old Address	Suite	City	State	ZIP
New Address	Suite	City	State	ZIP
Contact Person		Daytime Telephone Number		
Mailing Address				
Old Address	Suite	City	State	ZIP
New Address	Suite	City	State	ZIP
Contact Person		Daytime Telephone Number		

Request must be mailed or faxed to: Louisiana Department of Revenue
P.O. Box 201
Baton Rouge, LA 70821
Fax Number: 225-219-0806

