

Sherman A. Holland
Commissioner of the Revenue
215 Church Ave SW, Room 251
Roanoke, VA. 24011

BUSINESS TAX CHANGE REQUEST

Telephone: (540) 853-6828
Fax: (540) 853-1115
localtax@roanokeva.gov

Please use this form to report any name or address changes or to notify us that you are no longer liable for tax reporting and payment. Your account number is your business license number. If you do not know your account number, please contact the Commissioner of the Revenue's Office at (540) 853-2524.

Additional information may be required in order to process the change request

Account #: _____ SSN/EIN/Federal Id#: _____
Business Legal/Owner Name: _____
Business Trade Name (DBA): _____
Business Mailing Address: _____
Business Telephone number: _____

CHECK ALL TAX TYPES THAT APPLY TO THE CHANGE REQUEST:

- | | |
|---|---|
| <input type="checkbox"/> Business License | <input type="checkbox"/> Prepared Food and Beverage (Meals) |
| <input type="checkbox"/> Business Personal Property | <input type="checkbox"/> Admissions |
| <input type="checkbox"/> Transient Occupancy | <input type="checkbox"/> Right of Way Use Fee |
| <input type="checkbox"/> Short Term Rental | <input type="checkbox"/> Consumption/Utility |

REASON FOR THE CHANGE:

_____ Out of Business
Effective/close date: _____
Actual gross receipts from Jan 1 to the close date: _____

_____ No longer liable for Tax Type payment/remittance
Effective date: _____
Reason/explanation: _____

_____ Change in business location
New physical address: _____
Date of move: _____

The undersigned understands that the City is relying on the statements made herein and certifies that these statements are true and correct:

Signature: _____
Printed Name: _____
Title: _____
Date: _____
Telephone Number: _____
Email Address: _____