



# RDS Taxpayer Support Change Taxpayer Information Form

Remit To:

Email: [bizlicensesupport@revds.com](mailto:bizlicensesupport@revds.com)

Toll Free Phone: 800-556-7274 Fax: 844-528-6529

Please complete the following information:

### Account Information

RDS Account Number : \_\_\_\_\_ Municipality: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ownership Type (Choose One): \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ General Partnership \_\_\_\_\_ Corporation  
\_\_\_\_\_ LLC-Single Member \_\_\_\_\_ LLC-Multi Member \_\_\_\_\_ LLP \_\_\_\_\_ Governmental Agency  
\_\_\_\_\_ Professional Association \_\_\_\_\_ Other (please explain) \_\_\_\_\_

FEIN/SS#: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

### Change Information

Changes Needed on Account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did this change take place?

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_