



RDS Taxpayer Support Change Taxpayer Information Form

Remit To:

Email: 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: _____