



Tax Commissioner's Office
188 Third Street, Macon, Georgia 31201
Mail to: Tax Commissioner's Office PO Box 4503
Macon, GA 31208

CHANGE OF BUSINESS NAME/INFORMATION FORM

Fee = \$25.00

Original form must be submitted along with a copy of the Requestor's legal identification

If you are submitting a name change in conjunction with a renewal, there is NO Fee

BUSINESS INFORMATION

Federal Employer ID#:	Georgia Sales Tax ID#:
Type of Business:	Is This a Home-Based Business: Yes ___ No ___

Business Name: _____

Owner/Corporation/LLC Name: _____

Local Business Address (No P.O. Box): _____

Mailing Address: _____

Local Business Phone Number: _____ Email Address: _____

Doe this business hold an alcohol license? Yes ___ No ___

REQUESTED CHANGES

Please Complete Changes Below:

New Business Name: _____

New Mailing Address: _____

New Local Phone Number: _____

New Contact/Contact's Phone Number: _____

ACKNOWLEDGEMENT AND CONFIRMATION

I, the undersigned, do hereby declare under penalty of making false declaration, that I am the person duly authorized by the business herein named to complete this form. In addition, I certify that to the best of my knowledge, all information provided is true and correct.

Requestor's Printed Name: _____

Requestor's Signature: _____

Requestor's Job Title: _____

*If the business changes ownership or changes address, the new business application and process must be completed. Please call 478-621-6500 for questions or more information.