# **DOF-1** CHANGE OF BUSINESS INFORMATION

USE THIS FORM TO REPORT ANY CHANGES IN YOUR BUSINESS'S NAME, ID NUMBERS, BILLING OR BUSINESS ADDRESS, OR "	TELEPHONE NUMBER.
(SEE INSTRUCTIONS ON BACK BEFORE COMPLETING.)	

## SECTION I: TAX RECORD AFFECTED -

Check (✓) the box(es) below to indicate which business and excise tax records should be changed.

General Corporation Tax	Hotel Tax
Commercial Rent Tax	Unincorporated Business Tax
Banking Corporation Tax	Commercial Motor Vehicle Tax
Business CorporationTax	Retail Beer, Wine and Liquor License Tax
Utility Tax	Other (Tax Type)

## SECTION II: BUSINESS INFORMATION - Enter in the spaces below the old, new (revised or changed) or out-of-business information.

OLD INFORMATI	ON									
Entity ID (EIN or SSN)	Account ID (see instructions)			Trade Name (DBA, etc.)						
Legal Name							В	usiness Telephone	Number	
							(	)		
Business Address			City			State	Zip Code		Country (if not US)	
NEW INFORMAT										
EFFECTIVE DATE					Entity Type (check of	ne): 🗌 Ir	idividual	Partnershi	p Corporati	ion
MONTH Entity ID (EIN or SSN)	DAY Account I	D (see instruct	YEAR		Trade Name (DBA, etc.)					
	, 10000		lonoj			,				
Legal Name							В	usiness Telephone	Number	
							(	)		
Business Address			City			State	Zip Code		Country (if not US)	
Billing Address c/o (no. and street)						1	1		1	
City		State	Zip Code		Email Address	5:				
Reason(s) for change ▼					Change of busines	s activity 🔻				
Check (✓) if appropriate										
OUT-OF-BUSINESS						TIVE IN	NEW Y	ORK CIT	Y	
								_	_	
EFFECTIVE DATE					EFFEC	TIVE DATE	MONT	гн	DAY YEA	٩R
MONTH		DAY	YEAR		ΔΤΤΔΟ	H · Form N	YC-245 (if a	C corporation	or an S corporatio	n): fed-
ATTACH: Certificate of Dissolu						eral Sch	edule C or	Schedule C-E	Z (if unincorporated	
Affidavit (if unincorpo	brated bus	siness or pa	artnership)			ness); fe	ederal Form	1065 (if partn	ership)	
Did you file a final return?	YES		NO		Did you file a	a final returr	ו?	YES	NO	
				1						
SIGN										
HERE:Signature					Title				Date	

Once you complete this form, mail it immediately to: *New York City Department of Finance, DOF-1 Unit, 59 Maiden Lane, 19th Floor, New York, NY 10038.* (If there are no changes to the above information, keep this form in your files. In the event a change occurs, complete the form and send it to us as soon as possible.) The purpose of Form DOF-1, Change of Business Information, is to provide a simple and convenient means for you to correct or update your business tax records. Please send us a completed Form DOF-1 whenever there is a change in your business's name, ID number, billing or business address, or telephone number.

If there are currently no changes to your business's information, keep this form in your files. In the event a change occurs, complete the form and send it to us as soon as possible. If you need additional forms, call 311. If calling from outside of the five NYC boroughs, please call 212-NEW-YORK (212-639-9675). This form is also electronically available on the Department of Finance's website at *https://www1.nyc.gov/site/finance/taxes/business-forms/business-forms.page#dof1* 

# **SECTION I - TAX RECORD AFFECTED**

Indicate which business tax record should be changed by checking the appropriate box(es) in this section. If your change affects a tax not listed, check the box labeled "Other" and enter in the space directly to the right of it the tax type.

# **SECTION II - BUSINESS INFORMATION**

Enter in the spaces available all old and new information regarding your business's operation.

In the **OLD INFORMATION** area, enter your:

*ENTITY ID NUMBER* - This is the number that is currently used to identify your business tax account. It is the number that either appears on all Department mailing labels you are presently receiving, or it is the number that you entered when you last filed a tax return. This identifying number must be entered in order for us to make any account changes.

ACCOUNT ID NUMBER - Leave this area blank unless you are changing the tax records listed below. If you have more than one account ID number, list the account ID number in the appropriate line in the chart below.

IF THE BUSINESS TAX IS	THE ACCOUNT ID NUMBER TO ENTER IS
Commercial Rent Tax	Commercial Rent Tax Registration - <ul> <li>Number</li> </ul>
Commercial Motor Vehicle	Commercial License Plate <ul> <li>Number</li> </ul>
Retail Beer, Wine and Liquor License Tax	License Number
Utility Tax	Utility Tax Registration <ul> <li>Number</li> </ul>
Hotel Tax	New York City Certificate <ul> <li>Number</li> </ul>

*TRADE NAME* - This is the name that you use in conducting your normal day-to-day business operation.

*LEGAL NAME* - Your legal name is the name under which your business owns assets or incurs debts. For sole proprietorships, it is the name of the sole proprietor; for corporations, it is the name filed with the New York Secretary of State; and for partnerships, it is the legal name used in the partnership agreement.

BUSINESS ADDRESS - The address where your major business activity is physically located.

*BUSINESS TELEPHONE NUMBER* - The number where you can usually be reached during normal business hours.

In the **NEW INFORMATION** area, enter the date the new information became effective. Enter your new or revised:

*ENTITY TYPE* - This is the legal form of the taxpayer. Check either individual (e.g., sole proprietor or self-employed professional), partnership or corporation. If the taxpayer is a limited liability partnership or limited liability company treated as partnership for federal income tax purposes, check partnership. If the taxpayer is a limited liability company treated as a corporation for federal income tax purposes, check corporation. If the taxpayer is a single member limited liability company owned by an individual and disregarded for federal income tax purposes, check individual. See Finance Memorandum 99-1 for additional information about disregarded entities for federal income tax purposes. Finance Memorandum 99-1 is available on the Department website at nyc.gov/finance.

*ENTITY ID NUMBER* - If you have recently received an EIN (Employer Identification Number) or have otherwise changed your identification number, enter the new number here. (If there is no change, leave this space blank.)

ACCOUNT ID NUMBER - (see above)

TRADE NAME - (see above)

LEGAL NAME - (see above)

BUSINESS ADDRESS AND TELEPHONE NUMBER - (see above)

*BILLING ADDRESS* - The address where you now want us to send all of your tax returns and notices. Be sure to include your street name and number, city and post office box number, if any. (If there is no change, leave this space blank.)

*REASON(S) FOR CHANGE* - Enter the specific reason(s) for sending us this form (i.e., change of name, change of ID number, change of entity, change of address, etc.).

*CHANGE OF BUSINESS ACTIVITY* - Enter any other pertinent information that will help us to properly change information about your tax records. (If you need more space, attach a sheet to this form.)

*SIGNATURE* - Sign your name and enter your title and the date in the spaces provided. Send your completed form to:

NYC Department of Finance Entity Processing Unit 59 Maiden Lane, 19th Floor New York, NY 10038

#### PRIVACY ACT NOTIFICATION

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for taxpayers is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of tax returns and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance, and, as may be required by law, or when the taxpayer gives written authorization to the Department of Finance for another department, person, agency or entity to have access (limited or otherwise) to the information contained in his or her return.