

Complete this form for the following:

- **your business information has changed;**
- **your business location or mailing address has changed;**
- **your address where you want your tax returns sent has changed;**
- **your business name or ownership name has changed.**

Please refer to the instructions below and then complete the form on page 2.

Fax Number: 250 356-2195 (Do not mail if sending by fax)

Web site: www.rev.gov.bc.ca/ctb

Item 1

Indicate which tax account(s) the change applies to. If you are unsure of your registration number, you can find it pre-printed on your tax return.

Item 2

Indicate the full account name that is being changed.

Item 3

Indicate which address(s) you wish to have changed: location, mailing, both location and mailing, and/or tax return address(s).

Indicate the date on which the change will be occurring.

Indicate if you want to add or delete branch location(s).

Indicate the full address, including street, city, province, country, and postal code.

Item 4

Indicate new ownership type.

Indicate the date on which the change will be occurring.

Change of ownership for Proprietorship and Incorporation of a Proprietorship or Partnership will require a new application form be submitted and a new registration number will be assigned, registration numbers are not transferable.

Indicate if you want to add or delete partners.

Item 5

If your business is being closed, indicate the date of closure and the disposition of the assets.

Item 6

If the business was sold, indicate the date sold, and the name and address of the purchaser.

Item 7

All changes must include the name and title of the person(s) applying for the change(s). Please print/type your name(s)/title(s). If we have any questions regarding these changes, we will contact you.

NOTICE OF CHANGE BUSINESS/LOCATION ADDRESS OR BUSINESS NAME

Freedom of Information and Protection of Privacy Act (FIPPA)
 The personal information requested is collected under the authority of and used for the purpose of administering the *Hotel Room Tax Act* and the *Motor Fuel Tax Act*. Questions about how the FIPPA applies to this personal information can be directed to the general inquiry line at 604 660-4524 in Vancouver, or toll-free at 1 877 388-4440 elsewhere in Canada, or in writing to Revenue Programs Division, Suite 800 - 360 West Georgia Street, Vancouver BC V6B 6B2.

Please type or print clearly

1 Indicate (✓) applicable tax account(s) for change

SOCIAL SERVICE TAX ACT – REGISTRATION NO. _____ OTHER: _____

HOTEL ROOM TAX ACT – REGISTRATION NO. _____

INTERNATIONAL FUEL TAX AGREEMENT (IFTA) – TAX ACCOUNT NO. _____

2 INDICATE ACCOUNT NAME (check (✓) one only) LEGAL BUSINESS DBA

3 ADDRESS CHANGE – Indicate (✓) applicable change and complete the information below

<input type="checkbox"/> Location of Business Changed <input type="checkbox"/> Mailing Address Changed <input type="checkbox"/> Both Location and Mailing Addresses Changed <input type="checkbox"/> Address to Mail Tax Returns Changed <input type="checkbox"/> Add Branch Location(s): _____ _____ _____	EFFECTIVE DATE OF CHANGE YYYY / MM / DD _____
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CHANGE ADDRESS TO: (Include postal code)

Delete Branch Location(s): _____

4 NEW OWNERSHIP TYPE – Indicate (✓) applicable change and complete the information below

<input type="checkbox"/> Proprietorship – <i>new application required</i> <input type="checkbox"/> Corporation Name Change <input type="checkbox"/> Incorporation of a Proprietorship or Partnership – <i>new application required</i> <input type="checkbox"/> Amalgamation	EFFECTIVE DATE OF CHANGE YYYY / MM / DD _____
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Partnership
 Add partners: _____

Delete partners: _____

<p>5 COMPLETE IF BUSINESS CLOSED</p> <p style="text-align: right; font-size: small;">DATE CLOSED YYYY / MM / DD</p> <p>DISPOSITION OF ASSETS</p> <p><input type="checkbox"/> Assets Retained and Tax Previously Paid</p> <p><input type="checkbox"/> Assets Retained and Tax Not Previously Paid</p> <p><input type="checkbox"/> Assets Sold – Purchaser(s) Name(s): _____</p> <p><input type="checkbox"/> No Assets</p>	<p>6 COMPLETE IF BUSINESS SOLD</p> <p style="text-align: right; font-size: small;">DATE OF SALE YYYY / MM / DD</p> <p>NAME OF PURCHASER _____</p> <p>ADDRESS OF PURCHASER – Include postal code _____</p>
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7 CERTIFICATION – I certify that the information on this statement is correct to the best of my knowledge and belief and I understand that false information may result in penalties and/or prosecution.

NAME	TITLE
TELEPHONE NO. ()	FAX NO. ()