



Indiana Department of Revenue  
**Business Address Change**

**Complete a Business Address Change form for each location or tax type.**

Section 1			
Business Tax Identification (TID) Number	Business Federal Employer Identification Number (FEIN)	TID/Location Number	
Tax Type <input type="checkbox"/> Retail Sales Tax (RST) <input type="checkbox"/> Withholding (WTH)			
Name of Business			
Current Business Location Address	City	State	ZIP Code
New Business Location Address	City	State	ZIP Code
Current Business Mailing Address	City	State	ZIP Code
New Business Mailing Address	City	State	ZIP Code
Current Legal Mailing Address	City	State	ZIP Code
New Legal Mailing Address	City	State	ZIP Code
Email Address		Phone	

**NOTE:** This form can only be processed if signed by a Power of Attorney (POA) or Responsible Officer is listed on the account. Complete Form POA-1 or ROC-1 if you need to update information.

**Please mail updated form to:**

PO Box 6197  
Indianapolis, IN 46206-6197

or

Fax: 317-615-2608

Signature of POA / Responsible Officer: \_\_\_\_\_

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

Printed Name of POA / Responsible Officer: \_\_\_\_\_