



MF-629
State Form 49089
(R7 / 7-24)

Indiana Department of Revenue
Change of Name / Address Form
Do not use this form to report changes in ownership.

Check all that apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change
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Location: Physical Mailing

Previous Name and/or Address

Taxpayer Name		
DBA		
Address		
City	State	ZIP Code

New Name and/or Address

Taxpayer Name		
DBA		
Address		
City	State	ZIP Code

Please provide all license numbers to which the above change applies.

1. Taxpayer Identification Number (TID): _____
2. Special Fuel License Number: _____
3. Gasoline Distributor's License Number: _____
4. Indiana Gasoline Use Tax License Number: _____
5. Indiana Aviation Fuel Excise Tax License Number: _____

Taxpayer Identification Number (TID): _____ Date Signed: _____

Signature: _____ Printed Name: _____

Title: _____ Telephone Number: _____

Email: _____

For assistance, call 317-615-2630 or email the Fuel Tax Section at fetax@dor.in.gov.

Please mail the completed form to: Indiana Department of Revenue
Special Tax Division
P.O. Box 6080
Indianapolis, IN 46206