

Tax Account Change Form

Select the reason you are using this form. You only need to complete the section of this form that meets your needs. All applicants must complete Section 1.

- I need to update an address or other contact information, ownership change, entity type, etc.
- I need to open or close a tax account (including Earnings or School Income tax)

Save time, do this online:
tax-services@phila.gov
 You can update or close tax accounts online. You will need a user name and password for the Philadelphia Tax Center.

1 Contact Information—All requests must complete this section

Form completed by (print) _____

Date and best phone number _____

Email address _____

Signature _____



Mail completed form to:

Philadelphia Department of Revenue
 PO Box 1401
 Philadelphia, PA 19105-1401

Questions? (215) 686-6600
revenue@phila.gov

2 To update your business address or information

Current business name

Current business street address _____

Current business city, state, and zip code _____

Philadelphia Tax ID Number (PHTIN)

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Employer Identification Number (EIN) (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Social Security Number (if applicable)

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Corrected business name

Corrected business street address _____

Corrected business city, state, and zip code _____

Philadelphia Tax ID Number (PHTIN)

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Employer Identification Number (EIN) (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Social Security Number (if applicable)

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3 To add or close a business tax account Use this section if you already have a PHTIN

My business never materialized If your business closed, what was the last day of business? _____

If adding a new tax type, what is the start date? _____

	Add	Close		Add	Close		Add	Close
Amusement Tax	<input type="checkbox"/>	<input type="checkbox"/>	Net Profits Tax	<input type="checkbox"/>	<input type="checkbox"/>	Valet Parking Tax	<input type="checkbox"/>	<input type="checkbox"/>
Beverage Tax	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Advertising Tax	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Rental Tax	<input type="checkbox"/>	<input type="checkbox"/>
Business Income & Receipts Tax	<input type="checkbox"/>	<input type="checkbox"/>	Parking Tax	<input type="checkbox"/>	<input type="checkbox"/>	Wage Tax	<input type="checkbox"/>	<input type="checkbox"/>
Hotel Tax	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Tax	<input type="checkbox"/>	<input type="checkbox"/>	Use & Occupancy Tax	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Tax	<input type="checkbox"/>	<input type="checkbox"/>						

(For Use & Occupancy changes, complete section 3.A on next page)

3.A Complete if closing or opening a Use & Occupancy Account

Property Street Address

Mailing street address (if different from property address)

Property City, state, and zip code

Mailing city, state, and zip code

OPA Number

Date of Cancellation (if closing the account)

 - -

Select the reason for cancellation

Sold Name of new property owner _____

Vacant Residential

Other reason:

Use & Occupancy Account Number

 -

OR Date of Purchase (if opening the account)

 - -

4 To update or close an Earnings Tax Account

Current registered taxpayer name

Current registered taxpayer street address

Current registered taxpayer city, state, and zip code

Social Security Number

 - -

Date of cancellation (if closing the account)

 - -

Corrected taxpayer name

Corrected registered taxpayer street address

Corrected taxpayer city, state, and zip code

Corrected Social Security Number

 - -

Select the reason for cancellation:

No longer live in Philadelphia

Deceased

Employer now withholding Wage Tax

No longer employed

5 To update or close a School Income Tax Account

Also use this section if your spouse is deceased and you previously filed with your spouse.

Current registered taxpayer name

Current registered taxpayer street address

Current registered taxpayer city, state, and zip code

Social Security Number

 - -

Spouse Social Security Number (if applicable)

 - -

Date of cancellation (if closing the account)

 - -

Corrected taxpayer name

Corrected registered taxpayer street address

Corrected taxpayer city, state, and zip code

Corrected Social Security Number

 - -

Corrected Spouse Social Security Number (if applicable)

 - -

Select the reason for cancellation

No longer live in Philadelphia

No taxable income

Spouse now filing separately

Spouse deceased