



Vermont Department of Taxes
 Business Tax Division
 PO Box 547
 Montpelier, VT 05601-0547

Phone: (802) 828-2551, option #3
 Fax: (802) 828-5787

NOTICE OF CHANGE	Form B-2
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**This is not a return.
 Use for account changes only.**

A Owner's Name	Federal ID Number
Business Name	VT Account Number
Business Location Street Address	
Business Location City, State, ZIP Code	

B Check all appropriate boxes below and mail to us at the address above.

Cancel Account*

Tax Type: _____ Account No: _____ Date taxable activity discontinued: ____/____/____

Tax Type: _____ Account No: _____ Date taxable activity discontinued: ____/____/____

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* If you are requesting a cancellation of a Sales and Use tax and/or Meals and Rooms tax account(s), please also enclose the tax license you were issued, or explain the absence of same below (i.e.: lost, destroyed, etc.). LICENSES ARE NOT TRANSFERABLE TO NEW OWNER OR ENTITY.

Name, Address, Federal ID No. changed as noted below.

NEW Name _____

NEW Business Location _____

NEW Mailing Address _____

NEW Federal ID Number _____

Business sold to: _____ Date sold: ____/____/____

Change of entity type** (Example: Sole Proprietor to Corporation). Describe: _____

** You may use this form to cancel the original account, but you need to register the new entity by completing Form S-1, Application for Business Tax Account. Both forms can be mailed in the same envelope.

C EXPLANATION

Reason for requesting this change: _____

D SIGNATURE

Signature of Officer or Authorized Agent	Date
Printed Name of Officer or Authorized Agent	Title
	Telephone Number