



Form AI-1

Change of Address/Information

ACCOUNT ID NUMBER	FOR CALENDAR YEAR	Indicate the business taxes you are registered for: <input type="checkbox"/> Withholding <input type="checkbox"/> Room occupancy <input type="checkbox"/> Sales <input type="checkbox"/> Meals <input type="checkbox"/> Sales on services
Enter below any change in name, address or identification number. See instructions on reverse.		If business no longer active, indicate reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Sold <input type="checkbox"/> Change in organization <input type="checkbox"/> Other _____ _____ _____ _____ <input type="checkbox"/> Transferred. Last day of business _____
Account ID number	Signature	
Name	Title	
Street	Phone no. _____ Date _____	
City/Town _____ State _____ Zip _____	Send to: Massachusetts Department of Revenue, PO Box 7011, Boston, MA 02204.	
Date of change	Do not include this form with your voucher/tax return and payment.	