

# NOTICE OF CHANGE OR DISCONTINUANCE for ALBION CITY TAXES

Issued under authority of P.A. 284 of 1964. Filing is voluntary.

Use this form to report all changes that affect the filing of Albion partnership/corporate or withholding taxes. Do not write on the returns.

Federal Employer Identification Number (FEIN)

Effective Date of Change(s)

Company Name and Legal Address (where all legal contact should be made).

Mailing Address, (where all Albion forms will be sent, if different from your legal address.)

Change Our Legal Business Address To: (If PO Box include street address)

Change our mailing address to:

Complete all items that apply.

- 1. The FEIN above is wrong. The correct number is:
- 2. The name reported above is wrong. The correct name is:
- 3. The entire business in Albion was discontinued on:
- 3a. Address and phone number of person to contact:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 4. The entire business in Albion was sold on:
- 4a. The purchaser's name and address is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 5. Seasonal business dates have changed. The new dates are:

\_\_\_\_\_

- 6. Fiscal year dates have changed. The new dates are:

\_\_\_\_\_

These dates are effective:

\_\_\_\_\_

- 7. Please add or delete these taxes:

	ADD	DELETE	Reason for deleting:
Albion withholding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Albion Corporate Income Tax	<input type="checkbox"/>	<input type="checkbox"/>	_____
Albion Partnership Income Tax	<input type="checkbox"/>	<input type="checkbox"/>	_____

- 8. Change in Banking Information, complete all items even if not all are changing.

Bank Name \_\_\_\_\_

Bank ABA or Routing Number \_\_\_\_\_

Account type, circle one:    Checking                      Savings

Your Account Number \_\_\_\_\_

Mail this form and any correspondence to:

**City of Albion, Income Tax Department, 112 W. Cass St., Albion, MI 49224**