



BERKS EARNED INCOME TAX BUREAU

ACCOUNT CHANGE REQUEST FORM

Change of Address/ Contact Information Terminate Account

Employer Information

Berks EIT account # (required) _____ Federal EIN or SSN _____

Business Name _____

Contact Phone Number _____

Change of Name Only (Federal EIN must remain the same)

New business name _____

Change of Address

New physical business address _____

Effective Date _____

New Mailing Address _____

Change of Email Address

New Contact Email Address _____

Terminate Account

Reason:

Business Sold to _____ as of _____

Business Closed as of _____

Employee Terminated. Date of last payroll _____

Other, please explain _____

I declare under the penalties provided by law that this form has been examined by me and is to the best of my knowledge complete and accurate

SIGNED _____ TITLE _____

PRINTED NAME _____ DATE _____