

CHANGE OF EMPLOYER STATUS

Please use this form to report any changes of mailing address, name merger information, or out of business information

FEDERAL EMPLOYER'S I. D. NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail to  
CITY OF MIAMISBURG  
INCOME TAX DEPARTMENT  
10 N.FIRST ST.  
MIAMISBURG. OH 45342

BUSINESS NAME	
OWNER'S NAME	
NEW MAILING ADDRESS	
CITY	
STATE	
ZIP CODE	TELEPHONE NUMBER