



GOVERNMENT OF BERMUDA

Ministry of Finance

Office of the Tax Commissioner

### TAXPAYER CHANGE OF STATUS FORM

If there has been a change to your name, address, telephone number or a change in your business ownership, please complete this form. If there has been a change in the name of the business or the legal entity, please complete a new Registration form.

<b>Please indicate the type of change</b>	<input type="checkbox"/> Change of name	<input type="checkbox"/> Change of telephone, fax or e-mail
	<input type="checkbox"/> Change of address	<input type="checkbox"/> Change of ownership
	<input type="checkbox"/> Change contact person	

#### Current Information

<b>Taxpayer identification #</b>	
<b>Owner's name</b>	
<b>Business name</b>	
<b>Street address</b>	
<b>Mailing address</b>	
<b>Phone &amp; Fax</b>	
<b>Email</b>	

#### New Information

<b>New owner's name</b>	
<b>Business name</b>	
<b>Contact Person for Payroll Tax purposes</b>	
<b>Street address</b>	
<b>Mailing address</b>	
<b>Registered Office (if applicable)</b>	
<b>Phone &amp; Fax</b>	
<b>Email</b>	
<b>Nature of business</b>	

#### Declaration

<b>I certify that the information given above is true to the best of my knowledge and belief.</b>	Name of employer/authorized person in block capitals _____
	Signature of employer/authorized person _____
	Date _____
	Telephone numbers _____ (H) _____ (W) _____ (C)

<b>FOR OFFICE USE ONLY</b>	Form vetted by: _____ Date _____
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