

3c. Account type to change (mark only the accounts affected by this change; submit additional copies of this form as needed)

TC-69C_2

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Beer tax | <input type="checkbox"/> Motor fuel | <input type="checkbox"/> Rail car | <input type="checkbox"/> Restaurant tax |
| <input type="checkbox"/> Brine shrimp | <input type="checkbox"/> Special fuel supplier | Sales Taxes | <input type="checkbox"/> Sales and use tax |
| <input type="checkbox"/> Corporate/partnership | <input type="checkbox"/> Gross receipts | <input type="checkbox"/> E-911 emergency srvcs. | <input type="checkbox"/> Sexually explicit business |
| Fuel Taxes | <input type="checkbox"/> Insurance premium | <input type="checkbox"/> Energy | <input type="checkbox"/> Transient room |
| <input type="checkbox"/> Aviation fuel | <input type="checkbox"/> Mining severance | <input type="checkbox"/> Lubricating oil | <input type="checkbox"/> Waste tire |
| <input type="checkbox"/> Compressed natural gas | <input type="checkbox"/> Oil & gas conservation | <input type="checkbox"/> Multi-channel video/audio | <input type="checkbox"/> Self-insurer's |
| <input type="checkbox"/> Environment assur. fee | <input type="checkbox"/> Oil & gas severance | <input type="checkbox"/> Municipal telecom | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Liquefied natural gas | <input type="checkbox"/> Radioactive waste | <input type="checkbox"/> MV rental tax | <input type="checkbox"/> Withholding (employer) |
| | | <input type="checkbox"/> Prepaid disp. cell phones | <input type="checkbox"/> Withholding mineral production |

3d. New mailing address for account

The Tax Commission will mail any tax returns to this address (if different from 2a):

Address: _____

City, State, ZIP: _____

3e. New physical location for account

The Tax Commission will not mail to this address:

Address: _____

City, State, ZIP: _____

3f. New email address for account

The Tax Commission will send all electronic mail to this address:

Email: _____

3g. New phone number(s) for account

Day: _____ Evening: _____ Mobile: _____

4 — Outlet Changes

If changing more than one outlet, attach additional sheets in this format.

Use Section 4 of this form to report CHANGES to EXISTING outlets. To add NEW SALES TAX outlets, use form TC-69B.

► **Current physical street address for this sales tax outlet**

City	County	State	ZIP code

Close sales tax outlet Closure date: _____ Outlet number*: _____

Close transient room outlet Closure date: _____ Outlet number*: _____

Close tobacco outlet Closure date: _____ License number: _____

Change phone number: _____

Other: _____

*The outlet number is printed on the sales tax license.

5 — Authorized Signature

This form will be rejected without a signature.



Authorized Applicant or Owner

Date

TC-69C Instructions

Use this form to report changes to existing businesses already registered with the Tax Commission.

Do not use this form to register a new business.

To register a **new business**, use form TC-69, or register online at:

taxexpress.utah.gov

To register a **new business location** (outlet) for an existing sales tax account, use form TC-69B.

Get forms online at:

tax.utah.gov/forms

Section Instructions

Section 1 Fill out Section 1 completely.

Provide your business information as it was or is before the change you are reporting on this form. For example, if you're changing your business name, enter the old business name in Section 1.

Section 2 Use Section 2 to report business entity or sole proprietor changes. Changes made in this section will affect all your Utah tax accounts.

Section 3 Use Section 3 to report changes for or to close a individual tax account(s) registered under the business entity.

Only report changes for one Utah account number on this form. If you need to report changes for multiple account numbers, submit separate copies of this form.

Section 4 Use section 4 to report changes to single sales outlets/locations, such as closure or a new phone number.

Section 5 Sign and date. We will not process this form without an authorized signature.

Return this form to:

**Master File Maintenance
Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-3310**

or fax to 801-297-3573.

If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at 801-297-3811 or TDD 801-297-3819. Please allow three working days for a response.