



**City of Pittsburgh**  
**Department of Finance**  
 414 Grant Street Room 207  
 Pittsburgh, PA 15219

Assistance? Call: (412) 255-8822  
 Email: taxcompliance@pittsburghpa.gov  
 Fax: (412) 255-6821

# Change in Business Status Form

This form can be used to make changes to your business account with the City of Pittsburgh. This form will not be processed or considered complete until this form is signed and dated.

## Section 1: Current Account Information

1. City ID / Account Number		2. Federal EIN / SSN		3. Legal Name	
4. Trade Name				5. Type of Business	
6. Street Address		City	State	Zip Code	

## Section 2: Change in Business Account Information

**A Business Address Change** YES NO If Yes, List Date of Move \_\_\_\_\_

1. Enter the New Business Address: \_\_\_\_\_

2. Is the Business Mailing Address the same as the new address? YES NO

3. If Mailing Address is different, please list address: \_\_\_\_\_

4. Are all of the operations ceasing at the present location listed under Section 1 of this form? YES NO

5. Will Business activity be conducted in Pittsburgh after the move? YES NO

**NOTE:** If a Business is no longer located in the City of Pittsburgh limits, but performs any type of service - Contractual or otherwise within the City limits that business will still have tax liability due to Pittsburgh.

**B Business Name Change** YES NO

1. Enter the New Business Name \_\_\_\_\_

2. Enter the New Trade Name \_\_\_\_\_

3. Did the FEIN # Change? YES NO

If Yes, Please submit a completed New Business Registration Form, New FEIN #, and IRS confirmation document. If No, please submit IRS confirmation documentation.

**C Change in Business Structure** YES NO

1. Enter the New Type of Business Structure : \_\_\_\_\_

2. Did the FEIN # Change? YES NO

If Yes, Please submit a completed New Business Registration Form, New FEIN #, and IRS confirmation documentation.  
 If No, Please submit IRS confirmation documentation

**D Business Sold or Closed** SOLD CLOSED or DISCONTINUED OPERATIONS IN THE CITY

1. List the date business was sold: \_\_\_\_\_ 2. Name of New Owner(s): \_\_\_\_\_

3. New Owner's Address: \_\_\_\_\_

4. New Owner's Contact Information: \_\_\_\_\_

5. List the final date of business operations in the City: \_\_\_\_\_ Last Pay Date: \_\_\_\_\_

6. Reason for Closing: \_\_\_\_\_

7. Are you opening a new business? YES NO 8. Date of Opening: \_\_\_\_\_

9. Will your business still have employees operating in the City? YES NO

**E Additional Information**

1. Is there any additional information that you wish to provide? \_\_\_\_\_

2. Has the Business Acquired the Services of a Payroll Agent to file your returns? YES NO

3. If Yes, Provide Name of Payroll Agent: \_\_\_\_\_ Agent's FEIN: \_\_\_\_\_

## Section 3 : Signature (REQUIRED)

I, the undersigned, do hereby affirm that this document has been examined by me and to the best of my knowledge and belief, is true, correct and complete.

Signature of Owner/Officer	Print Name	Date Signed
Email:	Phone Number:	