

# FR-COA Change of Name, Address or Identification Number

OFFICIAL USE

This is a FILL-IN format. Please do not **handwrite** any data on this form other than your signature.

|  |   |   |
|--|---|---|
| Taxpayer Identification Number (TIN)<br><input style="width: 100%;" type="text"/>                    | Fill in if <input type="radio"/> FEIN<br>Fill in if <input type="radio"/> SSN | DC assigned account ID<br><input style="width: 100%;" type="text"/> |
| Legal name of entity (or individual) for the TIN listed<br><input style="width: 100%;" type="text"/> |   |   |
| Trade name of business (if different from Legal name)<br><input style="width: 100%;" type="text"/>   |   |   |
| Business address<br><input style="width: 100%;" type="text"/>  |   |   |
| City<br><input style="width: 100%;" type="text"/>  | State<br><input style="width: 100%;" type="text"/>                            | Zip Code + 4<br><input style="width: 100%;" type="text"/>           |
| Mailing address<br><input style="width: 100%;" type="text"/>   |   |   |
| City<br><input style="width: 100%;" type="text"/>  | State<br><input style="width: 100%;" type="text"/>                            | Zip Code + 4<br><input style="width: 100%;" type="text"/>           |
| Name of responsible party<br><input style="width: 100%;" type="text"/>                               |   |   |
| New Taxpayer Identification Number (TIN)<br><input style="width: 100%;" type="text"/>                | Fill in if <input type="radio"/> FEIN<br>Fill in if <input type="radio"/> SSN | DC assigned account ID<br><input style="width: 100%;" type="text"/> |
| New Legal name of entity<br><input style="width: 100%;" type="text"/>                                |   |   |
| New Business address<br><input style="width: 100%;" type="text"/>                                    |   |   |
| City<br><input style="width: 100%;" type="text"/>  | State<br><input style="width: 100%;" type="text"/>                            | Zip Code + 4<br><input style="width: 100%;" type="text"/>           |
| New Mailing address<br><input style="width: 100%;" type="text"/>                                     |   |   |
| City<br><input style="width: 100%;" type="text"/>  | State<br><input style="width: 100%;" type="text"/>                            | Zip Code + 4<br><input style="width: 100%;" type="text"/>           |
| New Name of responsible party<br><input style="width: 100%;" type="text"/>                           |   |   |
| Name of person completing form if not responsible party<br><input style="width: 100%;" type="text"/> |   |   |
| Contact telephone number<br><input style="width: 100%;" type="text"/>                                |   |   |
| Contact email address<br><input style="width: 100%;" type="text"/>                                   |   |   |
| Signature<br><input style="width: 100%;" type="text"/>   | Date<br><input style="width: 100%;" type="text"/>                             |   |

## INSTRUCTIONS

This form may be used to make a name, address or identification number change.

Note: "Articles of Amendment" must be submitted with this form **if** requesting a name change. If requesting a FEIN change, attach a copy of the IRS notification and refer to the rules for the new FEIN in IRS Publication 1635.

Identity of Responsible Party is the true principal officer, general partner, grantor, owner or trustor. This individual or entity, which the IRS will call the "responsible party," controls, manages, or directs the applicant entity and the disposition of its funds and assets.

Mail the completed form along with any attachment to the Office of Tax and Revenue, PO Box 470, Washington, DC 20044-0470

If you are completing this form online, please upload any attachments or your request will be unable to be processed.