

Account Number

Notice of Change or Discontinuance

Check this box if you have not received a current set of SUW forms.

Legal Business Name and Address	Mailing Name and Address
Change Our Legal Business Name and Address To: (If P.O. Box Number, you must include a street address)	Change our Mailing Name and Address To:

Use this form only if you discontinued or made changes to your business. Complete this form and mail to: Michigan Department of Treasury, Registration Unit, P.O. Box 30778, Lansing, MI 48909-8278. Forms can also be faxed to (517) 636-4520.

The following information is requested to complete the change or discontinuance of your business. Complete all that apply.

1. Correct Federal Employer Identification Number: _____
 The business was changed to a: LLC Ltd. Partnership Sole Proprietorship Corporation Partnership

2. Discontinuance date of your business: _____
 Enter on the front of Form 163 your contact address after the discontinuance or sale of your business.
 Date on which part or all (circle one) of the business was sold: _____
 Buyer's name and address: _____

3. From the following list, check the appropriate box to add or delete a tax or license from your registration (check all that apply):
- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|
| ADD | DEL | ADD | DEL | ADD | DEL |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales Tax | | Motor Carrier License | | Gasoline Wholesaler's License | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use Tax | | Diesel Dealer License | | Motor Fuel Tax License or Exempt Certificate | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Michigan Business Tax | | LPG Dealer License | | Tobacco Products Tax License | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| Income Tax Withholding ** | | | | | |

** To add withholding, complete *Application for Registration* (Form 518) available at www.michigan.gov/business

4. Enter the correct business name on page 1 of this form if it is different than the name listed.
 5. If you are a seasonal business, months your business is open: _____
 6. Attach to this form additional information explaining other changes (e.g. mergers) to your business.
 7. Effective date(s) for the changes provided: _____

Preparer's Signature	Preparer's Telephone Number	Date
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