



Sales Tax Office Account Maintenance Form

- If you are cancelling your account this form must be complete upon submission.
- To expedite this process please email this form to salestax@springsgov.com or you may mail to City of Colorado Springs, Sales Tax, PO Box 1575, Colorado Springs, CO 80901-1575.
- There is no fee to update your account. We will contact you for additional information if your FEIN# has changed.

This form must be completed in its entirety; all incomplete forms will not be processed. Write N/A if not applicable.

Account Number (customer ID / tax license number): _____ Today's Date: _____

Name of Business (entity): _____

DBA (doing business as): _____

Business Address (retail location / cannot use PO Box): _____

Business City _____ State: _____ Zip Code: _____

Attention: _____

Mailing Address (PO Box is acceptable for a mailing address): _____

Mailing City: _____ State: _____ Zip Code: _____

Telephone Number: _____ / _____ - _____ Ext: _____

Secondary Number: _____ / _____ - _____ Ext: _____

Email: _____ Website: _____

Primary Contact First & Last Name: _____ Primary Phone: _____

Email: _____ @ _____

▪ Has your Federal Identification Number changed recently (yes/no)? _____ If yes, list here: _____

▪ Has the name of your entity been changed recently (yes/no)? _____ If yes, attach IRS letter 147C.

▪ Has the name of your DBA (doing business as) changed recently (yes/no)? _____

▪ If yes, what is your new DBA (write see above if listed)? _____

▪ Are you requesting to change your filing frequency (yes/no)? _____ What frequency do you request? _____

▪ If no longer in business, list your cancellation date here (month/date/year): _____

▪ Other Request(s): _____

Official Use Only
Employee Initials:
Date Received:
Date Processed:

Signature of Authorized Person: _____

Printed Name (First/Last): _____

Telephone: _____

Email: _____