Maine Income Tax Withholding
Business Change Notification

Complete this form to report a change in your withholding account, contact information or to cancel your withholding account. Incomplete forms will not be processed.

Mail to: Maine Revenue Services, Central Registration Unit
P.O. Box 1057, Augusta, ME 04332-0057
Fax: 207-287-6975
Email: taxregistration@maine.gov

Step 1
Identify your business as currently on file with Maine Revenue Services.

Current Legal Name: __________________________ DBA: ____________________________
Current Address: _______________________________________________________________
Current Phone Number: _________________________________________________________
Withholding Account Number: _______________________

Step 2
List your new contact information; enter only if different from current information.

New Legal Name: __________________________ New DBA: __________________________
New ATTN Line: __________________________________________________________________
New Address: _____________________________________________________________________
New Email Address: _________________________________________________________ (PRINT CLEARLY)
New Phone Number: ___________________________Effective Date of Change___________________

NOTE: Do not enter a payroll processor’s address or other contact information here.

Step 3
Reason for Cancellation. Check the appropriate box:

☐ Business Closed (Do not include a seasonal or temporary business closure)
☐ Business Sold to: Name: __________________________ FEIN: _______________________
    Address: _________________________________________________________________
    Phone: __________________________
    Date Business Sold: __________/________/________
☐ Other _________________________________________________________________

Date the business no longer had employees __________/________/________
Date of last payroll __________/________/________

Step 4
Under penalties of perjury, I certify that the information contained on this form is true and correct.

Print Name: __________________________
Signature: __________________________ Title: __________________________
Date: __________/________/________ Daytime Phone: ________________________

For Paid Preparers Only

Paid Preparer’s Signature: _______________________________________________________
Date: __________/________/________
Firm’s Name (or yours if self-employed): __________________________
Phone: ______________________
Address: _________________________________________________________________
EIN/SSN: __________________________ Maine Payroll Processor License Number: __________