



SALES & USE TAX PERMIT CHANGE OF ADDRESS FORM

OFFICE OF STATE TAX COMMISSIONER

21905

Sales/Use Tax Permit No.		Phone	
Federal Identification No. (if applicable)		Social Security No. (if individual owner)	
Business Name:			
Corporate, Legal, or Owners Name:			
Old Mailing Address: (Street or Post Office Box)			
City		State	Zip Code
New Mailing Address: (Street or Post Office Box)			
City		State	Zip Code
Physical Address of Business: (Street Address)			
City		State	Zip Code
Name: (please print)		Title	
Signature:		Date:	
E-Mail Address:			

Mail to: Office of State Tax Commissioner
Registration Section
600 E. Boulevard Ave. Dept. 127
Bismarck, ND 58505-0599
Phone: 701.328.1241
Fax: 701.328.0332
Web site: www.nd.gov/tax