



PRIMARY CONTACT INFORMATION CHANGE FORM

Fax to: 866-568-2490

INSTRUCTIONS:

Primary Contact Name. Please fill in the name of the previous contact and the name of the new contact to whom future confirmations will be sent.

Primary Contact Address. Please fill in the previous information and new information updates to the street address, city, state, zip code, and province, country, and postal codes for the primary contact.

Primary Contact Phone. Please fill in the previous information and new information updates to the primary contact phone number.

E-mail Address. (optional)

Today's Date & Time:

Reference Number: _____

Taxpayer Identification Number (EIN or SSN): _____

Taxpayer's Business Name or Individual's Name: _____

PREVIOUS Information

1. Primary Contact Name:
2. Primary Contact Mailing Street Address:
3. City, State, and Zip Code:
4. International Province, Country & Postal Code:
5. Primary Contact Phone Number:
6. E-mail Address:

NEW Information

7. NEW Primary Contact Name:
8. NEW Primary Contact Mailing Street Address:
9. NEW City, State, and Zip Code:
10. NEW International Province, Country & Postal Code:
11. NEW Primary Contact Phone Number: US _____ / _____ - _____ International 001- area code _____ country _____ city _____ number
12. NEW E-mail Address:

Taxpayer Name (printed)

Taxpayer Title/Position



Taxpayer Name Signature

Date

IMPORTANT: All forms require a signature in order to be processed. All Fields must be completed or it may delay the processing of requested changes.

Fax completed & signed document to 866-568-2490

For questions regarding EFTPS or this Form please call:

EFTPS Customer Service

1-800-555-4477 (24 hours a day, 7 days a week)

For TDD (hearing impaired support)

1-800-733-4829 (8 a.m. to 8 p.m. Eastern Time)

en español

1-800-244-4829 (8 a.m. to 8 p.m. Eastern Time)

For Internal Use Only: Submitted by: _____