



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

NEW Information

1. Primary Contact Name:	7. NEW Primary Contact Name:
2. Primary Contact Mailing Street Address:	8. NEW Primary Contact Mailing Street Address:
3. City, State, and Zip Code:	9. NEW City, State, and Zip Code:
4. International Province, Country & Postal Code:	10. NEW International Province, Country & Postal Code:
5. Primary Contact Phone Number:	11. NEW Primary Contact Phone Number: US ____ / ____ - ____ International 001- - - <small>area code country city number</small>
6. E-mail Address:	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:

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|------------------------------------|----------------|---------------------------------|
| 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: _____