

ACCOUNT UPDATE FORM

FORM AU
REV 10/21/2019

BUSINESSES WITH AN EXISTING ACCOUNT ONLY



**CITY OF PORTLAND BUSINESS LICENSE TAX
& MULTNOMAH COUNTY BUSINESS INCOME TAX**
111 SW COLUMBIA, SUITE 600, PORTLAND OR 97201
Office: 503-823-5157 ~ TDD: 503-823-6868 ~ FAX: 503-823-5192
Web: www.portlandoregon.gov/biztax



Entity changes generally require the Revenue Division to set up a new account. Please complete a new [registration form](#) and reference your existing account #.

BUSINESS TAX ACCOUNT #: _____

Date of Change: _____

	Account Information	New Information	Add/Change Account Info
Business Name			<i>New info will change old business name</i>
Location Address (physical location)	ADDRESS (including number, street, & apt./suite #)	ADDRESS (including number, street, & apt./suite #)	Add Location <input type="checkbox"/>
	CITY STATE/PROV ZIP	CITY STATE/PROV ZIP	Change Location <input type="checkbox"/>
Mailing Address	ADDRESS <input type="checkbox"/> <i>same as location</i>	ADDRESS <input type="checkbox"/> <i>same as location</i>	<i>New info will change old mailing address</i>
	CITY STATE/PROV ZIP	CITY STATE/PROV ZIP	
Tax ID: FEIN or SSN			Add Tax ID <input type="checkbox"/>
Owner(s)	<i>If ownership change results in a different tax entity, a new registration is required</i>		Add Owner(s) <input type="checkbox"/> Change Owner(s) <input type="checkbox"/>
DBA(s)			Add DBA(s) <input type="checkbox"/> Change DBA(s) <input type="checkbox"/>
Email Address			<i>Changes made to email, FAX, and/or contact name/phone will replace old info</i>
FAX Number			
Contact Name			
Contact Phone			

MAIL or FAX completed form to:
City of Portland Revenue Bureau, 111 SW Columbia St., Suite #600, Portland, OR 97201-5840 ~ FAX: 503-823-5192

I declare that the information on this form is true and that I am authorized to act as a representative of the filer.

Printed Name: _____ **Date:** _____

Signature: _____ **Telephone:** _____