

VT Form B-2	NOTICE OF CHANGE
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This is not a return. Use for account changes only.

A	Owner's Name	FEIN or SSN
	Business Name	VT Account Number
	Business Location Street Address	
	Business Location City, State, ZIP Code	

B Check all appropriate boxes below and mail to us at the address above.

Cancel Account

If you are requesting a cancellation of a Sales and Use tax and/or Meals and Rooms tax account(s), please also enclose the tax license you were issued, or explain the absence of same below (i.e.: lost, destroyed, etc.). Licenses are not transferable to new owner or entity.

Tax Type	Account Number	Date taxable activity discontinued (mmddyyyy)
Tax Type	Account Number	Date taxable activity discontinued (mmddyyyy)
Tax Type	Account Number	Date taxable activity discontinued (mmddyyyy)

Change Commence Date

Use Section C to explain why the commence date changed.

Tax Type	Account Number	Date taxable activity discontinued (mmddyyyy)
Tax Type	Account Number	Date taxable activity discontinued (mmddyyyy)
Tax Type	Account Number	Date taxable activity discontinued (mmddyyyy)

Name, Address, Federal ID Number changed

NEW Name	NEW Federal ID Number
NEW Business Location	
NEW Mailing Address	

Business sold

Business sold to	Date sold (mmddyyyy)
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Change of entity type
 (Example: Sole Proprietor to Corporation)

Change entity type from	Change entity type to
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You may use this form to cancel the original account, but you need to register the new entity by completing Form BR-400, Application for Business Tax Account. Both forms may be mailed in the same envelope.

C EXPLANATION

Reason for requesting this change: _____

D SIGNATURE

I hereby certify that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer	Date
Printed Name of Officer	Title Telephone Number