

# **FORM BR-401 Instructions**

## **Change in Business Principals with Fiscal Responsibility**

### **General Information**

**Please print in BLUE or BLACK ink only.**

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You must include the title, Social Security Number, name and address of all individuals who are responsible for the fiscal aspects of your business. These may be partners, shareholders and/or officers such as the president, treasurer, comptroller, etc.



<b>VT Form BR-401</b>	<b>CHANGE IN BUSINESS PRINCIPALS WITH FISCAL RESPONSIBILITY</b>
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List all CURRENT Business Principals with Fiscal Responsibility. Attach additional pages, if necessary.

Business Name		Federal ID Number	
Address	City	State	ZIP Code

**ADD NEW PRINCIPAL #1**

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
E-mail Address			Telephone Number
Signature - REQUIRED			Date signed

**ADD NEW PRINCIPAL #2**

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
E-mail Address			Telephone Number
Signature - REQUIRED			Date signed

**ADD NEW PRINCIPAL #3**

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
E-mail Address			Telephone Number
Signature - REQUIRED			Date signed

**ADD NEW PRINCIPAL #4**

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
E-mail Address			Telephone Number
Signature - REQUIRED			Date signed

Entity name
Federal ID Number



List all Business Principals who had Fiscal Responsibility which should be REMOVED from the account.  
 Attach additional pages, if necessary.

**REMOVE PRINCIPAL #1**

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
E-mail Address			Telephone Number

**REMOVE PRINCIPAL #2**

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
E-mail Address			Telephone Number

**REMOVE PRINCIPAL #3**

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
E-mail Address			Telephone Number

**REMOVE PRINCIPAL #4**

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
E-mail Address			Telephone Number