

**CITY OF PORT HURON INCOME TAX
NOTICE OF CHANGE OR DISCONTINUANCE**

PH-5 (Revised 12/17)

Changes effective on (give date)
Federal Employer Identification Number (FEIN)

Mailing address	CHANGE OUR MAILING ADDRESS TO:
Withholding address (if withholding forms are to be sent to a different address)	CHANGE OUR WITHHOLDING ADDRESS TO:

1. The Internal Revenue Service has assigned us a federal employer identification number _____ FEIN

2. Our federal employer identification number as shown is wrong. The correct number is: _____ FEIN

3. We discontinued our business on _____ Date The address where we may be reached after the discontinuance of business:

 Number & Street City State ZIP code

4. We are registered for withholding purposes only. We are not doing business in the City of Port Huron and no longer wish to withhold the tax.

5. We sold our business on: _____ Date
 If a partial sale, explain on the back SOLD TO: _____

 Give purchaser's name, street address, city, state and ZIP code

6. Change in ownership (explain on the back of the form or in a attached statement).

7. We have incorporated. Our corporate name is: _____ Name

8. We have added, eliminated, or changed the name of a business location in the City of Port Huron as follows:

<input type="checkbox"/> DELETE	Business name in Port Huron (DBA)	Approximate number of employees
<input type="checkbox"/> ADD	Address in Port Huron (number and street)	
<input type="checkbox"/> DELETE	Business name in Port Huron (DBA)	Approximate number of employees
<input type="checkbox"/> ADD	Address in Port Huron (number and street)	

9. Other changes. Explain on the back of this form or in an attached statement.

If we have questions about this form who should we call?

Name	Telephone number & area code
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Type or print the name of owner or officer responsible for filing tax returns	Title
Signature	Date