



**COMMUNICATIONS SERVICES TAX REGISTRATION CHANGE REQUEST**

**CHANGE FROM:**

**COMPANY**

Company Name

CST Registration Number

Business Name

Taxpayer Identification Number

Number & Street Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

**CHANGE TO:**

Company Name

If changing taxpayer identification number,  
new registration is needed.

Business Name

Number & Street Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

**CHANGE FROM:**

**DESIGNATED FILING AGENT**

Designated Filing Agent Name

Taxpayer Identification Number

Number & Street Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

**CHANGE TO:**

Designated Filing Agent Name

Taxpayer Identification Number

Number & Street Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Under penalties of perjury, I declare that I have examined this document, and to the best of my belief it is true, correct and complete.

Signature of Authorized Representative

MMDDYYYY

Print Signatory Name & Title