



ADDITIONAL ADDRESS FORM
 (Complete Only If Necessary)

(PLEASE PRINT OR TYPE)

LEGAL BUSINESS NAME:				
ADDITIONAL MAILING ADDRESS (Please identify tax type(s) to be mailed to the address below.)				
<input type="checkbox"/> Sales and Use	<input type="checkbox"/> Withholding	<input type="checkbox"/> Amusement	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Tobacco
			<input type="checkbox"/> Fireworks Excise	<input type="checkbox"/> State Hotel-Motel Fee
			<input type="checkbox"/> Motor Fuel Distributor	<input type="checkbox"/> 911 Prepaid Wireless
ADDRESSEE (C/O) (If different from or in addition to the Legal Business Name)			E-MAIL ADDRESS	
NUMBER AND STREET (P.O. BOX, RFD NO.)			FAX NUMBER	
CITY	STATE	ZIP	COUNTY	PHONE NUMBER
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CITY	STATE	ZIP	COUNTY	PHONE NUMBER
SIGNATURE SECTION				
I HAVE EXAMINED THIS FORM, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT.				
_____		_____		_____
SIGNATURE		TITLE		DATE
(MUST BE SIGNED BY OWNER, PARTNER, OR CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION ABOVE.)				