

Massachusetts Department of Revenue

Form AI-1

Business Taxpayer Change of Address and/or Information

Name of taxpayer	Accoun	t Identification number	Calendar year
Previous address			
City/Town	State	Zip	
New address			
City/Town	State	Zip	
Business tax type(s) for which you are registered:	bancy C) Meals	Date of change
If business is no longer active, indicate reason: O Discontinued O Sold O Change in organization O Transfe	erred C	Other	Last date of business

Important notice

To expedite your address change request, notify DOR electronically at mass.gov/masstaxconnect. The online service is quick, easy and secure, and you will receive immediate confirmation that your address request has been submitted. If you have any questions about your MassTaxConnect account, call us at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089.

Signature