



License and Registration
ARIZONA DEPARTMENT OF REVENUE
PO BOX 29032
Phoenix, AZ 85038-9032
(602) 255- 3381
1 (800) 352-4090

BUSINESS ACCOUNT UPDATE

INSTRUCTIONS: Please check boxes to indicate the change you are requesting and complete the section. Asterisk (*) changes to Transaction Privilege Tax Licenses are subject to a fee of \$12 per location for the state fee and any applicable city fees (see page 3). There are no fees for changes to Corporate Account, Use Tax or Withholding Registrations.

You can now make updates/edits to your Business Account at www.AZTaxes.gov. It is fast and secure.

BONDING REQUIREMENT: A taxpayer in the contracting business MUST maintain a bond for a minimum of 2 years. When requesting change(s) to the Physical Location, Legal Name and/or Business Name, "Doing Business As", within the first 2 years, a Bond Rider to match the change(s) requested MUST be obtained prior to the request and submitted with this Business Account Update Form.

☐ SECTION A: Business Information

Legal Business Name ELMA SOLUTIONS	
License Number 21508874	Federal Employer Identification Number or Social Security Number, <i>required if sole proprietor with no employees</i> 83-2018818
CORRECTION TO: <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Social Security Number	

1. CHANGE(S) TO LICENSE

☐ *Reprint License ☐ *Reinstate License Effective Date: _____ ☐ Cancel License Effective Date: _____
(Date required for Withholding Only)

2. LICENSE TYPE - Check all that apply:

☐ Transaction Privilege Tax License ☐ Use Tax ☐ TPT for Cities ONLY ☐ Withholding/Unemployment Tax Registration (if hiring employees)

☐ 3. TYPE OF ORGANIZATION/OWNERSHIP Use this section to correct organization/owner type. If the ownership changes require a new Employer Identification Number (EIN), a Joint Tax Application is required. DO NOT USE THIS FORM TO CHANGE THE EIN. Acceptable organization/ownership types:

CURRENT TYPE

<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Subchapter S Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Estate	<input type="checkbox"/> Receivership
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Partnership

NEW TYPE

<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Subchapter S Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Estate	<input type="checkbox"/> Receivership
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Partnership

☐ 4. AZTAXES PRIMARY USER: You must enroll to file and pay on www.AZTaxes.gov. DO NOT use this form to change delegates/additional users.

Primary User: Maintains the entire online account and provides access to delegate users. There can only be one Primary User for each account. The Arizona Department of Revenue recommends that this be an officer/owner of the business.

☐ Remove Username: _____ Effective date: _____

Delegate User: Is given specific authority for business account functions by the Primary User. This type of user can be a CPA, Paid Preparer, office managers, additional officer/owner of the company, etc. Please contact primary user for changes to delegate access.

Name of Primary User	Email Address - Your email will become your AZTaxes username
<input type="checkbox"/> 5. OLD Business Name, "Doing Business As" or Trade Name at this Physical Location	NEW Business Name, "Doing Business As" or Trade Name at this Physical Location

☐ 6. NEW Mailing Address - number and street City State ZIP Code

County/Region Country

Business Phone Number (with area code) Email Address Fax Number (with area code)

☐ 7. *LOCATION ☐ Add: First Day of Business: _____ Last Day of Business: _____ ☐ Close Loc Code: _____ ☐ Edit Loc Code: _____

NEW Physical Location of Business or Commercial/Residential Rental Number and street (Do not use PO Box, PMB or route numbers) City State ZIP Code

County/Region Residential Rental Only - Number of Units Reporting City - See "TPT Rate Look Up" on AZTaxes.gov

Additional County/Region Indian Reservation: See "TPT Rate Look Up" on AZTaxes.gov Additional City Region(s): See "TPT Rate Look Up" on AZTaxes.gov

☐ 8. *BUSINESS CODE: Include all State and City that apply - See "TPT Rate Look Up" on AZTaxes.gov. If you need more space, attach Additional Business Location(s) Addendum Available at www.azdor.gov

Name (as shown on page 1) ELMA SOLUTIONS		License, EIN or SSN (as shown on page 1) 21508874	
<input checked="" type="checkbox"/> 9. NAICS CODE: <i>North American Industries Classification System. Only use if adding/deleting/changing codes. Available at www.azdor.gov</i> NAICS Code: Add: 541611 Delete: 999000 Change: _____			
<input type="checkbox"/> 10. FILING FREQUENCY CHANGE(S): Your request to change your filing frequency will be completed in the next available filing period. If your annual transaction privilege tax liability is: <input type="checkbox"/> Less than \$2,000, you may file and pay annually <input type="checkbox"/> Between \$2,000 and \$8,000, you may file and pay quarterly . <input type="checkbox"/> Otherwise, your transaction privilege taxes are due monthly . <input type="checkbox"/> Seasonal – 8 months or less (Select no more than 8 months below) <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC <i>If there are delinquencies on your business account, the filing frequency cannot be changed.</i>			
<input type="checkbox"/> 11. TAX RECORDS PHYSICAL LOCATION – number and street City State ZIP Code <small>(Do not use PO Box, PMB or route numbers)</small>			
County		Country	
Name of Contact		Phone Number (with area code)	Extension

For Transaction Privilege Tax License and Withholding Registration: If the ownership changes require a new Employer Identification Number (EIN), a Joint Tax Application is required. DO NOT USE THIS FORM TO CHANGE THE EIN.

<input type="checkbox"/> SECTION B: Identification of Owner Change, Partners, Corporate Officers, Members/Managing Members or Officials of this Employing Unit							
<small>If you need more space, attach Additional Owner, Partner, Corporate Officer(s) form available at www.azdor.gov. If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own more than 50% of or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers or provide a Power of Attorney (Form 285) which must be filled out and signed by an authorized corporate officer.</small>							
Owner 1 <input checked="" type="checkbox"/> New <input type="checkbox"/> Delete	Social Security No.	Title	Last Name	First Name	Middle Intl.		
	230-37-5352	OWNER	RAINS	MICHAEL	T		
	Street Address		City	State	% Owned		
	25803 NORTH 44TH WAY		PHOENIX	AZ	100		
	ZIP Code	County	Phone Number (with area code)	Country			
	85050	MARICOPA	(512) 971-9053	USA			
Owner 2 <input type="checkbox"/> New <input checked="" type="checkbox"/> Delete	Social Security No.	Title	Last Name	First Name	Middle Intl.		
	397-23-2865	OWNER	RAINS	KATERINA			
	Street Address		City	State	% Owned		
	25803 NORTH 44TH WAY		PHOENIX	AZ	0		
	ZIP Code	County	Phone Number (with area code)	Country			
	85050	MARICOPA	(512) 971-9036	USA			
Owner 3 <input type="checkbox"/> New <input type="checkbox"/> Delete	Social Security No.	Title	Last Name	First Name	Middle Intl.		
	Street Address		City	State	% Owned		
	ZIP Code		County	Phone Number (with area code)	Country		

SECTION C: Required Signatures	
REQUIRED SIGNATURE(S): This document must be signed by an officer legally responsible for the business. I am authorized to complete this update request. Under penalty of perjury I declare that the information provided on this document is true and correct.	
1 Print or Type Name Katerina Rains Title Former Owner Date 08/14/2024 Signature 	2 Print or Type Name Michael T Rains Title Owner Date 08/14/2024 Signature

This form must be completed, signed, and returned as provided by A.R.S. § 23-722.

Equal Opportunity Employer/Program