

Address Change

Date Received _____

Questions?
 (503)378-4034

OREGON BOARD OF TAX PRACTITIONERS

Fax (503)585-5797

Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Website: www.oregon.gov/OBTP

OAR 800-010-0041 Address and Telephone

Licenseses shall file with the Board their current mailing address, residence address, e-mail address and telephone number(s). In addition, licenseses and non-licensed business owners shall file with the Board their current tax preparation business address, telephone number and a year-round address and telephone where clients and the Board may contact the licensee. Whenever any of the information in this section changes, the licensee shall notify the Board in writing within 15 business days.

Also refer to OAR 800-025-0020(2) and OAR 800-025-0023

INSTRUCTIONS: PRINT OR TYPE all information in the appropriate spaces below.
 Fax or mail completed form to the Board (address above)

Check Your OBTP Status: OBTP# _____ Business Reg# **B-** _____

Licensed Consultant	<input type="checkbox"/>	Licensed Preparer	<input type="checkbox"/>	Applicant	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
---------------------	--------------------------	-------------------	--------------------------	-----------	--------------------------	-------------	--------------------------

Print your PREVIOUS mailing address and telephone # below

Your Name:		
Business Name, if applicable:		
Street:		
City:	State:	Zip:
Residence Telephone:	Business Phone:	

Check here if you have a WEB ADVERTISEMENT that needs to be updated with this change.

Print NEW Address, telephone and fax number(s)

Check box to indicate change

Business Name, if applicable:		Mailing <input type="checkbox"/>	Physical <input type="checkbox"/>	Business <input type="checkbox"/>
Street:				
City:	County:	ST:	Zip:	
Home Ph:	Cell Ph:	Work Ph:	Fax:	

Print MAILING Address, if different than NEW Address above

Street Address or POBox:			
City:	County:	ST:	Zip:

Email – If your email address has changed, please update it below:

Previous:	New:
-----------	------

Signature: _____ **Effective Date of Change** _____

Return completed form to the Board by regular mail, email or fax