

FORM BR-401 Instructions

Change in Business Principals with Fiscal Responsibility

General Information

Please print in BLUE or BLACK ink only.

You must include the title, Social Security Number, name and address of all individuals who are responsible for the fiscal aspects of your business. These may be partners, shareholders and/or officers such as the president, treasurer, comptroller, etc.



VT Form BR-401	CHANGE IN BUSINESS PRINCIPALS WITH FISCAL RESPONSIBILITY
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List all CURRENT Business Principals with Fiscal Responsibility. Attach additional pages, if necessary.

Business Name		FEIN	
Address	City	State	ZIP Code

ADD NEW PRINCIPAL #1

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
Email Address			Telephone Number
Signature - REQUIRED			Date Signed

ADD NEW PRINCIPAL #2

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
Email Address			Telephone Number
Signature - REQUIRED			Date Signed

ADD NEW PRINCIPAL #3

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
Email Address			Telephone Number
Signature - REQUIRED			Date Signed

ADD NEW PRINCIPAL #4

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
Email Address			Telephone Number
Signature - REQUIRED			Date Signed

Entity Name
Federal ID Number



List all Business Principals who had Fiscal Responsibility who should be REMOVED from the account.
 Attach additional pages, if necessary.

REMOVE PRINCIPAL #1

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
Email Address			Telephone Number

REMOVE PRINCIPAL #2

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
Email Address			Telephone Number

REMOVE PRINCIPAL #3

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
Email Address			Telephone Number

REMOVE PRINCIPAL #4

Last Name	First Name	Initial	Social Security Number
Address			Title
City	State	ZIP Code	Effective Date (mm dd yyyy)
Email Address			Telephone Number