

State Department of Revenue

Taxpayer Address Change Form

Instructions: Complete this form to notify the Department of Revenue of a change in your home or business address. Please print this form after completing it, sign and date it, and mail it to the Department of Revenue address listed on your tax returns.

Section 1: Taxpayer Information

Taxpayer / Business Name:

SSN or FEIN:

Spouse Name (if joint filing):

Spouse SSN:

Section 2: Prior Address Information

Street Address:

Apt / Suite / Box:

City:

State:

ZIP Code:

Section 3: New Address Information

Street Address:

Apt / Suite / Box:

City:

State:

ZIP Code:

Effective Date of Change:

Section 4: Contact Information

Phone Number:

Email Address:

Section 5: Signature (Sign after printing)

I certify under penalty of perjury that I am the taxpayer or authorized representative authorized to change this address.

Taxpayer Signature: _____ Date:

Spouse Signature (if joint): _____ Date: