

Individual Income Taxpayer Change of Address Form

Please complete this form to notify the department of your change of address. Once completed, print the form, sign, and mail it to the designated tax authority.

Section 1: Taxpayer Identification

Taxpayer First Name: M.I.: Last Name:

Social Security Number (SSN):

Spouse First Name (if joint return): M.I.: Last Name:

Spouse Social Security Number (if joint return):

Section 2: Prior Address Information

Street Address (or P.O. Box):

Apartment, Suite, or Room Number:

City: State: ZIP Code:

Section 3: New Address Information

Street Address (or P.O. Box):

Apartment, Suite, or Room Number:

City: State: ZIP Code:

Section 4: Contact and Effective Date

Effective Date of Change:

Phone Number: Email Address:

Section 5: Signatures (Sign after printing)

By signing below, I certify that I am the taxpayer (or authorized representative) whose address is changing.

Taxpayer Printed Name: Date:

Spouse Printed Name (if joint return): Date: