

Deceased Taxpayer Address Change Request Form

Instructions: Complete this form to change the mailing address for a deceased taxpayer's tax records and future correspondence. Print the completed form, sign it, and mail it to the appropriate tax authority along with legal documentation (such as a Death Certificate or Letters Testamentary) proving your authority to act on behalf of the deceased taxpayer.

1. Deceased Taxpayer Information

First Name:

Middle Initial:

Last Name:

Social Security Number (SSN) or ITIN:

Date of Death (MM/DD/YYYY):

2. Requestor / Authorized Representative Information

Your Full Name:

Relationship to Deceased (e.g., Executor, Administrator, Surviving Spouse):

Phone Number:

Email Address:

3. New Mailing Address for Estate / Correspondence

Street Address (including Apt, Suite, or PO Box):

City:

State:

ZIP Code:

4. Previous Address (As shown on the last tax return filed)

Street Address:

City:

State:

ZIP Code:

5. Authorization and Signature

By signing below, I certify under penalties of perjury that I am the authorized representative (executor, administrator, or surviving spouse) of the deceased taxpayer and am legally empowered to update this address.

Signature of Authorized Representative (Sign after printing):

Date Signed (MM/DD/YYYY):