

Form 8822 (Rev. October 2015)

Department of the Treasury - Internal Revenue Service

Change of Address

Please type or print clearly. This form is used to notify the Internal Revenue Service of a change in your home or business mailing address.

Part I: Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

Individual income tax return (Form 1040, 1040A, 1040EZ, etc.):

Gift, estate, or generation-skipping transfer tax return (Form 706, 709, etc.):

1a Your name (first name, initial, and last name) <input type="text"/>	1b Your social security number <input type="text"/>
2a Spouse's name (first name, initial, and last name) <input type="text"/>	2b Spouse's social security number <input type="text"/>
3 Prior name(s) (see instructions) <input type="text"/>	
4 Spouse's prior name(s) (see instructions) <input type="text"/>	
5 Old address (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. <input type="text"/>	
6 Spouse's old address (if different from line 5) (no., street, apt. no., city or town, state, and ZIP code). <input type="text"/>	
7 New address (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. <input type="text"/>	

Part II: Complete This Part To Change Your Business Mailing Address

Check if this change affects:

Employment, excise, income, or other business returns (Forms 720, 940, 941, 1120, 1065, etc.):

Employee plan returns (Forms 5500, 5500-SF, etc.):

8 Business name <input type="text"/>	9 Employer identification number (EIN) <input type="text"/>
10 Old business address (no., street, room or suite no., city or town, state, and ZIP code). <input type="text"/>	
11 New business address (no., street, room or suite no., city or town, state, and ZIP code). <input type="text"/>	

Part III: Signature

Please sign and date below.

Your Signature (Type name to sign electronically) <input type="text"/>	Date (MM/DD/YYYY) <input type="text"/>
---	---

Spouse's Signature (If joint return, type name to sign)

Date (MM/DD/YYYY)

Title (If Part II is completed, enter your title here)