

Taxpayer Mailing Address Correction Request Form

Instructions: Complete this form online, print it, sign and date the authorization section, and mail it to the appropriate tax authority department.

1. Taxpayer Identification Information

Taxpayer Full Name (or Business Name):

Social Security Number (SSN) / Employer Identification Number (EIN):

Contact Phone Number:

Contact Email Address:

2. Previous Mailing Address (Currently on File)

Street Address / P.O. Box:

Apartment / Suite / Room Number:

City:

State:

ZIP Code:

3. New Mailing Address (Corrected)

Street Address / P.O. Box:

Apartment / Suite / Room Number:

City:

State:

ZIP Code:

4. Authorization and Signature

I hereby certify that I am the taxpayer listed above, or an authorized representative, and that this request is made to correct the mailing address for official tax correspondence.

Authorized Printed Name:

Signature (Sign after printing):

Date (MM/DD/YYYY):