

# Change of Address

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.

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

Check **all** boxes this change affects:

- 1  Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)  
 ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here . . . . . ▶
- 2  Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)  
 ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.  
 ▶ Decedent's name \_\_\_\_\_ ▶ Social security number \_\_\_\_\_

<b>3a Your name</b> (first name, initial, and last name)	<b>3b Your social security number</b>
<b>4a Spouse's name</b> (first name, initial, and last name)	<b>4b Spouse's social security number</b>

5 **Prior name(s).** See instructions.

<b>6a Old address</b> (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
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<b>6b Spouse's old address</b> , if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
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<b>7 New address</b> (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
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## Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

- 8  Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)  
 9  Employee plan returns (Forms 5500, 5500-EZ, etc.)  
 10  Business location

<b>11a Business name</b>	<b>11b Employer identification number</b>
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<b>12 Old mailing address</b> (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
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<b>13 New mailing address</b> (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
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<b>14 New business location</b> (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.	Room or suite no.
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## Part III Signature

Daytime telephone number of person to contact (optional) ▶ \_\_\_\_\_

<b>Sign Here</b> ▶ _____	Date	▶ If Part II completed, signature of owner, officer, or representative _____	Date
▶ If joint return, spouse's signature _____	Date	▶ Title _____	