

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

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

**6a** Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no.

**6b** Spouse's old address, 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.

**7** New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no.

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

**13** New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Room or suite no.

**14** New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. Room or suite no.

## Part III Signature

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

**Sign Here** ▶ \_\_\_\_\_  
 Your signature Date

▶ \_\_\_\_\_  
 If joint return, spouse's signature Date

▶ \_\_\_\_\_  
 If Part II completed, signature of owner, officer, or representative Date

▶ \_\_\_\_\_  
 Title