

Change of Address

▶ **Please type or print.**

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

Before you begin: If you are changing both your home and business address, use a separate Form 8822 to report each change.

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

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

5a Your prior name. See instructions.

5b Spouse's prior name. See instructions.

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

6b Spouse's old address, if different from line 6a (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

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

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

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

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

14 New business location, if different from mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, see instructions.

Part III Signature

Daytime telephone number of person to contact (optional) ▶ _____

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