(Rev. December 2003) Department of the Treasury Internal Revenue Service

Change of Address

► Please type or print.

▶ Do not attach this form to your return.

OMB No. 1545-1163

	Revenue Service	See instructions on back.	► Do not a	ttach this form to your ret	urn.	 	
Par	t i Compl	ete This Part To Change Your H	ome Mailing	Address			
Che	ck all boxes this	change affects:					
_	_	ome tax returns (Forms 1040, 1040A,	1040EZ, TeleF	File, 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 o	r generation-skipping transfer tax retu	irns (Forms 70	06 709 etc.)			
	•	706 and 706-NA, enter the decedent	•		Note		
	7 101101110	700 and 700 mm, onto the account	o namo ana o	oolal oodulity hallbor be	;	:	
	▶ Decedent's	s name		➤ Social security numb	er :		
3a	Your name (first na	me, initial, and last name)			3b Your soc	cial security number	
						•	
					:	•	
4a	4a Spouse's name (first name, initial, and last name)				4b Spouse's	s social security number	
	,	,				:	
						•	
5	Prior name(s). See	instructions		\			
·	11101 1141110(0)1 000	mod double.					
62	Old address (no. s	treet, city or town, state, and ZIP code). If a P.C	hov or foreign a	Idraee saa instructions		Apt. no.	
oa	Old address (no., s	area, and an area area are area.	. box or loreign ac	adress, see matractions.			
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OD	Spouse's old addre	ss, it different from the oa (no., street, city of to	wii, state, and zir	code). If a F.O. box of foreign a	ladress, see ms	uucions.	
7	New eddress (se.	etreet eity or town state and ZID code) If a D () how or foreign s	uddraga, and instructions		Apt. no.	
'	New address (ΠΟ., :	street, city or town, state, and ZIP code). If a P.	J. box or foreign a	ladress, see instructions.		Apt. 110.	
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Par	t II Compl	ete This Part To Change Your B	ucinose Mail	ing Addrose or Busin	nose Locat	l	
Par			usiness man	ing Address of Dusii	less Local	.1011	
	ck all boxes this	_					
8 [excise, income, and other business r		720, 940, 940-EZ, 941,	990, 1041, 1	1065, 1120, etc.)	
9 [n returns (Forms 5500, 5500-EZ, etc.)).				
10 L		tuori			11h ====		
11a	Business name				I ID Employ	er identification number	
40			W DO I /			Room or suite no.	
12	Old mailing addres	s (no., street, city or town, state, and ZIP code).	If a P.O. box or fo	oreign address, see instructions	i.	hoom or suite no.	
		•				•	
[40						Boom or quite no 1	
13	New mailing addre	ss (no., street, city or town, state, and ZIP code). If a P.O. box or	foreign address, see instruction	·S.	Room or suite no.	
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14	New business loca	tion (no., street, city or town, state, and ZIP coo	de). If a foreign add	dress, see instructions.		Room or suite no.	
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Par	t III Signatı	ure					
	Daytime telep	hone number of person to contact (optional)	()	 			
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Siç	an k		1			1	
		ature .	Date	If Part II completed, signature	of owner officer of	or representative. Date	
пе	ere Your signature Date If Part II completed, signature of owner, officer, or representative Date						
	If joint retu	urn, spouse's signature	Date	Title	<u> </u>		

Purpose of Form

You may use Form 8822 to notify the Internal Revenue Service if you changed your home or business mailing address or your business location. If this change also affects the mailing address for your children who filed income tax returns, complete and file a separate Form 8822 for each child. If you are a representative signing for the taxpayer, attach to Form 8822 a copy of your power of attorney.

Changing Both Home and Business Addresses? If you are, use a separate Form 8822 to show each change.

Prior Name(s)

If you or your spouse changed your name because of marriage, divorce, etc., complete line 5. Also, be sure to notify the **Social Security Administration** of your new name so that it has the same name in its records that you have on your tax return. This prevents delays in processing your return and issuing refunds. It also safeguards your future social security benefits.

Addresses

Be sure to include any apartment, room, or suite number in the space provided.

P.O. Box

Enter your box number instead of your street address **only** if your post office does not deliver mail to your street address.

Foreign Address

Enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please **do not** abbreviate the country name.

Signature

If you are completing Part II, the owner, an officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid power of attorney to handle tax matters or is otherwise authorized to sign tax returns for the business.

Where To File

Send this form to the **Internal Revenue Service Center** shown next that applies to you.



If you checked the box on line 2, see Filers Who Checked the Box on Line 2 or Completed Part II for where to file this form.

Filers Who Checked the Box on Line 1 and Completed Part I

Line I and Comple	leu Part I
IF your old home mailing address was in	THEN use this address
Alabama, Florida, Georgia, Mississippi, North Carolina, Rhode Island, South Carolina West Virginia	Atlanta, GA 39901
Arkansas, Colorado, Kentuck Louisiana, New Mexico, Oklahoma, Tennessee, Texas	Austin, TX 73301
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	Fresno, CA 93888
Maine, Massachusetts, New Hampshire, New York, Vermont	Andover, MA 05501
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	Kansas City, MO 64999
Ohio, Virginia	Memphis, TN 37501
Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania	Philadelphia, PA 19255
American Samoa	Philadelphia, PA 19255
Guam: Permanent residents	Department of Revenue and Taxation Government of Guam P.O. Box 23607 GMF, GU 96921
Guam: Nonpermanent residents Puerto Rico (or if excluding income under Internal Revenue Code section 933) Virgin Islands: Nonpermanent residents	Philadelphia, PA 19255
	V. I. Bureau of
Virgin Islands: Permanent residents	Internal Revenue 9601 Estate Thomas Charlotte Amalie St. Thomas, VI 00802
Foreign country: U.S. citizens and those filing Form 2555, Form 2555-EZ, or Form 4563 Dual-status aliens All APO and EPO addresses	Philadelphia, PA 19255

Filers Who Checked the Box on Line 2 or Completed Part II

All APO and FPO addresses

IF your old business address was in	THEN use this address

Connecticut, Delaware,
District of Columbia, Illinois,
Indiana, Kentucky, Maine,
Maryland, Massachusetts,
Michigan, New Hampshire,
New Jersey, New York, North
Carolina, Ohio, Pennsylvania,
Rhode Island, South Carolina,
Vermont, Virginia, West
Virginia, Wisconsin

Alabama, Alaska, Arizona,
Arkansas, California,
Colorado, Florida, Georgia,
Hawaii, Idaho, Iowa,
Kansas, Louisiana,
Minnesota, Mississippi,
Missouri, Montana,
Nebraska, Nevada, New
Mexico, North Dakota,
Oklahoma, Oregon, South
Dakota, Tennessee, Texas,
Utah, Washington,
Wyoming

Ogden, UT 84201

Outside the United States Philadelphia, PA 19255

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. We may give the information to the Department of Justice and to other Federal agencies, as provided by law. We may give it to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may give it to foreign governments because of tax treaties they have with the United States. We may also give this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

Our legal right to ask for information is Internal Revenue Code sections 6001 and 6011, which require you to file a statement with us for any tax for which you are liable. Section 6109 requires that you provide your social security number on what you file. This is so we know who you are, and can process your form and other papers.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The use of this form is voluntary. However, if you fail to provide the Internal Revenue Service with your current mailing address, you may not receive a notice of deficiency or a notice and demand for tax. Despite the failure to receive such notices, penalties and interest will continue to accrue on the tax deficiencies.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 16 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where To File** on this page.