

Tax Department Address Change Form

Name(s) on the account:      First                                  MI      Last                                  Jr/Sr/III/IV  
\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_

Account # (If known):                  \_\_\_\_\_

Day-time Phone #:        \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Optional)

Old Address

New Address

Line 1 _____	Line 1 _____
Line 2 _____	Line 2 _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____