Change of Address

► Please type or print.

QMB No.	1545-1163

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

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

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, TeleFile, 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 be	elow.	
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► Decedent's name		<u> </u>
3a Your name (first name, initial, and last name)	3b Your social security	y number
		!
4a Spouse's name (first name, initial, and last name)	4b Spouse's social see	curity number
F. Determinant (A) Constitutional State (B)		<u> </u>
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.
old address (10., street, city of town, state, and 211 code). If a 1.0. box of foleigh address, see instructions.		7,611.101
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	ness 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 L Business location	T -	
11a Business name	11b Employer identific	cation number
	1	
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.		om 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.		om or suite no.
13 New maining address (no., sheet, city of town, state, and zir code). If a P.O. box of foleigh address, see instruction	115.	on or suite no.
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.	Ro	om or suite no.
14 New business location (no., street, etty or town, state, and 21 code). If a foreign address, see instructions.		
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Part III Signature		-
· 3		
Daytime telephone number of person to contact (optional) ▶ ()	Requi	ired
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Sign \		1
Sign Here Your signature Date If Part II completed, signature	e of owner, officer, or representat	ivo Dato
TICLE 7 TOOL SIGNALUTE Date 7 II Part II completed, signalure	s or owner, officer, or representat	ive Date
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If joint return spouse's signature Date Title		