## Form **8822**

**Change of Address** 

► Please type or print.

QMB No.	1545-1163

(Rev. December 2003)

Department of the Treasury Internal Revenue Service

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

Part I Complete This Part To Change Your Home Mailing Address	<u>'</u>	
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, <del>709</del> , etc.)		
► For Forms 706 and 706-NA, enter the decedent's name and social security number be	elow.	
➤ Decedent's name   ➤ Social security numb	oor	
3a Your name (first name, initial, and last name)	3b Your social security number	
Ja Tour Hame (Hist Hame, Hittal, and last Hame)	Sb Your Social Security Humber	
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number	
The operation (were married married married)	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
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.	
<b>6b</b> 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.	
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 Lemployee plan returns (Forms 5500, 5500-EZ, etc.).		
10 Business location	11b	
11a Business name	11b Employer identification number	
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instruction	Room or suite no	
12 Old Mailing address (10., Street, City of town, State, and Zir Code). If a r.o. box of foleign address, see instruction	is.	
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instruction	ns. Room or suite no	
10 How maining data out (10,1, street, only of form, state, and 211 code). If a 1.0. box of following data out, see instruction		
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) ▶ ( )		
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Sign A	I	
Sign Here Your signature Date If Part II completed, signature	e of owner, officer, or representative Date	
TIGIC , roa signature , signature , signature ,	o o owner, omeer, or representative Date	
If joint return, spouse's signature Date Title		