# (Rev. December 2006)

# **Change of Address**

► Please type or print.

OMB No. 1545-1163

Department of Internal Revenu		► See instruct	tions on back	▶ Do not at	tach this form to your re	aturn		
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		me tax returns (Form	s 1040 1040A	1040F7 1040N	NR etc.)			
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7 New a	address (no., st	reet, city or town, state, ar	nd ZIP code). If a P.0	O. box or foreign ac	ddress, see instructions.			Apt. no.
Part II	Comple	te This Part To Cl	nange Your B	usiness Mail	ing Address or Bus	iness Lo	cation	
		change affects:			<b>g</b>			
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9 🗌 Em	nployee plan	returns (Forms 5500		•		·		,
	siness locat	ion						
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Here	Your signature Date If Part II completed, signature of owner, officer, or					er, or representat	ive Date	
	If joint return	n, spouse's signature		Date	Title			

Page 2 Form 8822 (Rev. 12-2006)

## Purpose of Form

You can 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.

# "In Care of" Address

If your business receives its mail in care of a third party (such as an accountant or attorney), enter "C/O" followed by the third party's name and street address or P.O. box.

## 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. Generally, it takes 4 to 6 weeks to process your change of address.



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

Andover, MA 05501-0023
Atlanta, GA 39901-0023
Austin, TX 73301-0023
Fresno, CA 93888-0023
Kansas City, MC 64999-0023
Philadelphia, PA 19255-0023
Austin, TX 73301-0023

Guam: Permanent residents	Department of Revenue and Taxation
	Government of Guam
	P.O. Box 23607
	GMF, GU 96921

V.I. Bureau of Virgin Islands: Internal Revenue Permanent residents 9601 Estate Thomas Charlotte Amalie St. Thomas, VI 00802

\*If your old home mailing address was in Kentucky or Pennsylvania and you file this form after June 30, 2007, use: Kansas City, MO 64999-0023

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

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,	Cincinnati, OH
New Jersey, New York, North	45999-0023

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, any place outside the United States

Ogden, UT 84201-0023

**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 also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies 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 burden for individual taxpayers filing this form is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form 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 Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see Where To File on this page.