| Form 8822 | Cha | nge of Addre | ess | | | |
|---|---|---|---------------------------------|--------------------------|------------------|----------------|
| (Rev. December 2004) | | ► Please type or print. OMB No. 1545-1163 | | | | |
| Department of the Treasur Internal Revenue Service | See instructions on back | | | nis form to your return. | | |
| | plete This Part To Change Your | Home Mailing Ac | ddress | | | |
| 1 ☐ Individual ► If your I from th | his change affects: income tax returns (Forms 1040, 1040 ast return was a joint return and you a e spouse with whom you filed that ret | are now establishing turn, check here | a residence separate | | | |
| | e, or generation-skipping transfer tax ms 706 and 706-NA, enter the decede | | | elow. | : | |
| Decede | nt's name | • | Social security number | | | |
| 3a Your name (firs | t name, initial, and last name) | | | 3b Your so | cial security | number |
| 4a Spouse's name | (first name, initial, and last name) | | | 4b Spouse' | s social sec | urity number |
| 5 Prior name(s). | See instructions. | | | i | i | |
| 6a Old address (no | o., street, city or town, state, and ZIP code). If a | P.O. box or foreign addre | ss, see instructions. | | | Apt. no. |
| 6b Spouse's old a | ddress, if different from line 6a (no., street, city o | r town, state, and ZIP cod | e). If a P.O. box or foreign a | address, see in: | structions. | Apt. no. |
| 7 New address (r | ao., street, city or town, state, and ZIP code). If a | P.O. box or foreign addro | ess, see instructions. | | | Apt. no. |
| Part II Con | plete This Part To Change Your | Business Mailing | Address or Busi | ness Loca | tion | |
| 8 Employme | his change affects: nt, excise, income, and other busines plan returns (Forms 5500, 5500-EZ, e ocation | | 0, 940, 940-EZ, 941, | 990, 1041, | 1065, 112 | 0, etc.) |
| 11a Business name | | | | yer identifica | ation number | |
| | | | | | | |
| 12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. | | | | | Roo | m 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. F | | | | | Roo | m or suite no. |
| 14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. | | | | | Roo | m or suite no. |
| Part III Sigr | ature | | | | | |
| Daytime t | elephone number of person to contact (optional) | ► <u>(</u>) | | | | |
| Sign Here | ignature | Date | If Part II completed, signature | of owner, officer, | or representativ | e Date |
| | | | | | | |
| If joint | return, spouse's signature | Date | Title | | | |

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

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.

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

| Enter i and comple | | |
|---|--|--|
| IF your old home mailing address was in | THEN use this address | |
| Alabama, Florida, Georgia, Mississippi, North Carolina Rhode Island, South Caroli West Virginia | | |
| Arkansas, Colorado, Kentuc Louisiana, New Mexico, Oklahoma, Tennessee, Texa | Austin, TX 73301 | |
| Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Virg Washington, Wyoming | inia, Fresno, CA 93888 | |
| Maine, Massachusetts, New Hampshire, New York, Vermont | Andover, MA 05501 | |
| Connecticut, Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin | Kansas City, MO 64999 | |
| Ohio* | Memphis, TN 37501 | |
| 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 | |
| Virgin Islands: Permanent residents | V. I. Bureau of Internal Revenue 9601 Estate Thomas Charlotte Amalie St. Thomas VI 00802 | |

| | 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 FPO addresses | Philadelphia, PA 19255 | | | | |
| *If you live in Ohio and mail Form 8822 after | | | | | |

If you live in Ohio and mail Form 8822 after June 30, 2005, send it to: Internal Revenue Service Center, Fresno, CA 93888.

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, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin | Cincinnati, OH 45999 |

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Ogden, UT 84201 Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming 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 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 vour 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 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.