

(Rev. January 2011)

▶ Please type or print.

Department of the Treasury
Internal Revenue Service

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

Before you begin: If you are changing both your home and business address, use a separate Form 8822 to report each change.

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, 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 below.
 - ▶ Decedent's name _____
 - ▶ Social security number _____

| | |
|--|---------------------------------------|
| 3a Your name (first name, initial, and last name) | 3b Your social security number |
|--|---------------------------------------|

| | |
|--|---|
| 4a Spouse's name (first name, initial, and last name) | 4b Spouse's social security number |
|--|---|

5a Your prior name. See instructions.

5b Spouse's prior name. See instructions.

6a Old address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

6b Spouse's old address, if different from line 6a (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

7 New address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Part II Complete This Part To Change Your Business Mailing Address or Business 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 Business location

| | |
|--------------------------|---|
| 11a Business name | 11b Employer identification number |
|--------------------------|---|

12 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

13 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

14 New business location if different from mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, see instructions.

Part III Signature

Daytime telephone number of person to contact (optional) ▶ _____

| | | | | |
|------------------|-------------------------------------|------|--|------|
| Sign Here | Your signature | Date | If Part II completed, signature of owner, officer, or representative | Date |
| | If joint return, spouse's signature | Date | Title | |