Form 8822	Change of Address				OMB No. 1545-1163
(Rev. December 2003) Department of the Treasury		► Please type or print.			
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					
Check all boxes this 1 ☐ Individual inco ► If your last from the sp 2 ☐ Gift, estate, o		1040EZ, TeleF now establishir n, check here urns (Forms 70	le, 1040NR, etc.) g a residence separate · · · · · · ► 6, 709, etc.)		
Decedent's	Decedent's name Social security number				
3a Your name (first nam	3a Your name (first name, initial, and last name)				ial security number
4a Spouse's name (firs	st name, initial, and last name)			4b Spouse's	s social security number
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.
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 Comple	ete This Part To Change Your B	usiness Maili	ng Address or Busi	ness Locat	tion
	excise, income, and other business render business render the second states of the second states and the secon		720, 940, 940-EZ, 941,	990, 1041,	1065, 1120, etc.)
11a Business name					
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.					Room 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.					Room or suite no.
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 Signatu	lre				
	hone number of person to contact (optional) ►	() Date	If Part II completed, signature	of owner, officer, t	or representative Date
If joint retu	ırn, spouse's signature	Date	Title		

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