Form 8822

(Rev. Dec. 2001) Department of the Treasury Internal Revenue Service

Change of Address

▶ Please type or print.

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

OMB No. 1545-1163

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, TeleFile, 1040NR, etc.)		
▶ If your last return was a joint return and you are now establishing a residence separa from the spouse with whom you filed that return, check here	te ▶ □	
2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.) ▶ For Forms 706 and 706-NA, enter the decedents name and social security number I	below.	
▶ Decedents name ▶ Social security nun	}	
3a Your name (first name, initial, and last name)	3b Your social secu	rity number
		i !
13 Spausole name (first name initial and last name)	Ab Spauso's social of	Socurity number
4a Spouse's name (first name, initial, and last name)	4b Spouse's social s	:
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	n address, see instructions	S. 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 Complete This Part To Change Your Business Mailing Address or Bus	siness Legation	
Check all boxes this change affects:	Siliess Location	
8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 949 Employee plan returns (Forms 5500, 5500-EZ, etc.).	1, 990, 1041, 1065, 1	120, etc.)
10 Business location 11a Business name	11b Employer identi	ification number
Tra Business name	:	meation number
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instruction	ons.	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.
		2 "
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) \ ()		
Sign \ \		1
Sign Here Your signature Date If Part II completed, signat	ture of owner, officer, or represen	ntative Date
TIGIC 7 Total Signature 7 Trait if completed, signat	and or owner, orneer, or represen	nante Date
If joint return, spouses signature Date Title		