8822	Chang	e of Address		
Form UULL (Rev. May 1992)	► Plea	ase type or print.		OMB No. 1545-1163 Expires 5-31-95
Department of the Treasury Internal Revenue Service	See instructions on back.	Do not attach this form to your r	eturn.	Expires 5-51-75
Part I Comple	ete This Part To Change Your Ho	me Mailing Address		
 If your last from the sp Employment to Enter your Gift, estate, or 	is change affects: ome tax returns (Forms 1040, 1040A, 1 return was a joint return and you are no pouse with whom you filed that return, tax returns for household employers (For employer identification number here r generation-skipping transfer tax retur 706 and 706NA, enter the decedent's	ow establishing a residence separat check here	► □ ►	
► Name		Social security num		
	me, initial, and last name)		1	ial security number
5a Spouse's name (firs	st name, initial, and last name)		5b Spouse's	social security number
6 Prior name(s). See	instructions			:
7a Your old address (r	no., street, city or town, state, and ZIP code). If a	P.O. box or foreign address, see instructions		Apt. no.
7b Spouse's old addre	ess, if different from line 7a (no., street, city or town	n state and ZIP code) If a P.O. box or foreig	n address, see in	structions Apt. no.
8 New address (no., s	street, city or town, state, and ZIP code). If a P.O.	box or foreign address, see instructions		Apt. no.
	ete This Part To Change Your Bus	siness Mailing Address or Bus	iness Locat	ion
Check ALL boxes th	•) oto)	
10 Employee pla	excise, and other business returns (Forn returns (Forms 5500, 5500 C/R, and		20, etc.)	
11 Business loca 12a Business name	ltion		12b Employ	er identification number
13 Old address (no., si	treet, city or town, state, and ZIP code). If a P.O. I	box or foreign address, see instructions		Room or suite no.
14 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions				Room or suite no.
15 New business loca	tion (no., street, city or town, state, and ZIP code)). If a foreign address, see instructions		Room or suite no.
Part III Signatu	Ire			
l'art me orgnati				
Daytime telep	hone no. of person to contact (optional) \blacktriangleright ()		
Please				
Sign	stura	Date Spouse's signature. If	ioint return both	should sign Data
Here Your signa				Should sign Date
If Part II co	mpleted, signature of owner, officer, or representative	Date		

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

Privacy Act and Paperwork Reduction Act Notice

We ask for this information 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 also give it to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. And we may give it to foreign governments because of tax treaties they have with the United States.

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 more simple, we would be happy to hear from you. You can write to both the Internal Revenue Service, Washington, DC 20224, Attention: IRS Reports Clearance Officer, T:FP; and the Office of Management and Budget, Paperwork Reduction Project (1545-1163), Washington, DC 20503. DO NOT send this form to either of these offices. Instead, see Where To File on this page.

Purpose of Form

You may 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.

Note: If you moved after you filed your return and you are expecting a refund, also notify the post office serving your old address. This will help forward your check to your new address.

Prior Name(s)

If you or your spouse changed your name due to marriage, divorce, etc., complete line 6. 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 safeguards your future social security benefits.

P.O. Box

If your post office does not deliver mail to your street address and you have a P.O. box, show your P.O. box number instead of your street address.

Foreign Address

If your address is outside of the United States or its possessions or territories, enter the information in the following order: number, street, city, province or state, postal code, and country. **Do not** abbreviate the country name. Be sure to include any apartment, room, or suite number in the space provided.

Employee Plan Returns

A change in the mailing address for employee plan returns must be shown on a separate Form 8822 unless the **Exception** below applies.

Exception. If the employee plan returns were filed with the same service center as your other returns (individual, business, employment, gift, estate, etc.), you do not have to use a separate Form 8822. See **Where To File** below.

Where To File

Send this form to the **Internal Revenue Service Center** shown below for your old address. But if you checked the box on line 10 (employee plan returns), send it to the address shown in the far right column.

If your old address was in:	Use this address:
Florida, Georgia, South Carolina	Atlanta, GA 39901
New Jersey, New York (New York City and counties of Nassau, Rockland, Suffolk, and Westchester)	Holtsville, NY 00501
New York (all other counties), Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	Andover, MA 05501
Alaska, Arizona, California (counties of Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba), Colorado, Idaho, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	Ogden, UT 84201
California (all other counties), Hawaii	Fresno, CA 93888

Indiana, Kentucky, Michigan, Ohio, West Virginia	Cincinnati, OH 45999	
Kansas, New Mexico, Oklahoma, Texas	Austin, TX 73301	
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia	Philadelphia, PA 19255	
Alabama, Arkansas, Louisian Mississippi, North Carolina, Tennessee	a, Memphis, TN 37501	
Illinois, Iowa, Minnesota, Missouri, Wisconsin	Kansas City, MO 64999	
American Samoa	Philadelphia, PA 19255	
Guam	Commissioner of Revenue and Taxation 855 West Marine Dr. Agana, GU 96910	
Puerto Rico (or if excluding income under section 933) Virgin Islands: Nonpermanent residents	Philadelphia, PA 19255	
Virgin Islands: Permanent residents L	V. I. Bureau of Internal Revenue ockharts Garden No. 1A Charlotte Amalie, St. Thomas, VI 00802	
Foreign country: U.S. citizens and those filing Form 2555 or Form 4563	Philadelphia, PA 19255	
All A.P.O. and F.P.O. addresses	Philadelphia, PA 19255	

Employee Plan Returns ONLY (Form 5500 series)

If the principal office of the plan sponsor or the plan administrator was in: Use this address: Connecticut, Delaware, District of Columbia, Foreign Address, Maine, Maryland, Massachusetts, Holtsville, NY 00501 New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virginia Alabama, Alaska, Arkansas, California, Florida, Georgia, Hawaii, Idaho, Louisiana, Mississippi, Nevada, North Atlanta, GA 39901 Carolina, Oregon, South Carolina, Tennessee, Washington Arizona, Colorado, Illinois, Indiana, Iowa, Kansas Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, New Memphis, TN 37501 Mexico, North Dakota, Ohio, Oklahoma, South Dakota, Texas, Utah, West Virginia, Wisconsin, Wyoming All Form 5500EZ filers Andover, MA 05501