

Change of Address

Do not attach this form to your tax return.

Part I For Individuals - Complete This Part to Change Your Home Mailing Address

Complete this part if you filed any of the following individual income tax returns (Forms 540, 540 2EZ, or the Long or Short Form 540NR)

▶ If your last tax return was a joint return and you are now establishing a separate residence, check the box

Your first name	Initial	Last name	Suffix	Your SSN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior name(s) (see instructions)	
Taxpayer	Spouse/RDP
<input type="text"/>	<input type="text"/>

Old additional information (see instructions)

Old street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's/RDP's old additional information (see instructions)

Spouse's/RDP's old street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New additional information (see instructions)

New street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Sign Here

Your signature	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
If joint tax return, spouse's/RDP's signature	Telephone
<input type="text"/>	<input type="text"/>

Change of Address

Include Side 1 and Side 2 when mailing in this form.

Part II For Businesses, Exempt Organizations, Estates and Trusts – Complete This Part to Change Your Business Mailing Address or Business Location Address

Complete this part if you filed any of the following business, estate or trust income tax returns (Forms 100, 100S, 100W, 109, 199, 541, 565, or 568)

California corporation number	California Secretary of State file number	FEIN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business, estate, or trust name

Old additional information (see instructions)

Old mailing address (suite, room or PO box.) If a PO box, see instructions.	PMB/private mailbox
<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New additional information (see instructions)

New mailing address (suite, room or PO box.) If a PO box, see instructions.	PMB/private mailbox
<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New business additional information (see instructions)

New business location address (suite, room or PO box.) If a PO box, see instructions.	PMB/private mailbox
<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sign Here	Signature of owner, officer, or representative	Date (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
	Title	Telephone
	<input type="text"/>	<input type="text"/>