



Old information

Your first name M.I. Last name
ABCDEFGHIJKLMABC A ABCDEFGHIJKLMABCDEFGHI
Spouse's/domestic partner's first name M.I. Last name
ABCDEFGHIJKLMABC A ABCDEFGHIJKLMABCDEFGHI
Your social security number Spouse's/domestic partner's social security number Daytime phone number
123456789 123456789 1234567890
Home address (number, street and apartment number) *If foreign address use Schedule S.*
12345ABCDEFGHIJKLMABCDEFGHIJLA
12345ABCDEFGHIJKLMABCDEFGHIJLA
City State Zipcode + 4
ABCDEFGHIJKLMABCDEFGHI AB 123456789

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12345ABCDEFGHIJKLMABCDEFGHIJLA
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City State Zipcode + 4
ABCDEFGHIJKLMABCDEFGHI AB 123456789

Contact person

ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIKI

Contact telephone number

1234567890

Please send this form to:

Office of Tax and Revenue, PO Box 470, Washington, DC 20044-0470