



Old information

Your first name	M.I.	Last name	
AAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAA	
Spouse's first name if joint payment	M.I.	Last name	
AAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAA	
Your social security number	Spouse's social security number	Daytime phone number	
999-99-9999	999-99-9999	999-999-9999	
Home address (number and street) If foreign address use Schedule S.		Apartment number	
99999AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		99AAA	
99999AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			
City	State	Zip	
AAAAAAAAAAAAAAAAAAAAAAAA	AA	99999-9999	

New information

Your first name	M.I.	Last name	
AAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAA	
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99999AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		99AAA	
99999AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			
City	State	Zip	
AAAAAAAAAAAAAAAAAAAAAAAA	AA	99999-9999	

Please send form to:
Office of Tax and Revenue
P.O. Box 470
Washington, D.C. 20044-0470



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