

2004 D-40N SUB Change of Name or Address

Old information

Your first name	M.I.	Last name
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN
Spouse's first name if joint payment	M.I.	Last name
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN
Your social security number	Spouse's social security number	Daytime phone number
123456789	123456789	1234567890
Home address (number and street) If foreign address use Schedule S.	Apartment number	
12345ABCDEFGHIJKLMN	99ABC	
ABCDEFGHIJKLMN	ABCDEFGHIJKLMN	
City	State	Zipcode
ABCDEFGHIJKLMN	AB	123456789

New information

Your first name	M.I.	Last name
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN
Spouse's first name if joint payment	M.I.	Last name
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN
Your social security number	Spouse's social security number	Daytime phone number
123456789	123456789	1234567890
Home address (number and street) If foreign address use Schedule S.	Apartment number	
12345ABCDEFGHIJKLMN	99ABC	
ABCDEFGHIJKLMN	ABCDEFGHIJKLMN	
City	State	Zipcode
ABCDEFGHIJKLMN	AB	123456789

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