

# 2005 D-40N SUB Change of Name or Address

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## 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		
City	State	Zipcode
ABCDEFGHIJKLMN	AB	123456789

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## 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		
City	State	Zipcode
ABCDEFGHIJKLMN	AB	123456789

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