

Change of Address

3533

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	Your SSN or ITIN
Spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN
Prior name(s) (See instructions)			
Taxpayer _____		Spouse/RDP _____	

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
City (If you have a foreign address, see instructions.)	State	ZIP Code
Foreign Country Name	Foreign Province/ State/ County	Foreign Postal Code

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
City (If you have a foreign address, see instructions.)	State	ZIP Code
Foreign Country Name	Foreign Province/ State/ County	Foreign Postal Code

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
City (If you have a foreign address, see instructions.)	State	ZIP Code
Foreign Country Name	Foreign Province/ State/ County	Foreign Postal Code

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
-------------------------------	---	------

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

City (If you have a foreign address, see instructions.)

State ZIP Code

Foreign Country Name

Foreign Province/ State/ County

Foreign Postal Code

New additional information (See instructions)

New mailing address (suite, room or PO Box). If a PO box, see instructions.

PMB/Private Mailbox

City (If you have a foreign address, see instructions.)

State ZIP Code

Foreign Country Name

Foreign Province/ State/ County

Foreign Postal Code

New business additional information (See instructions)

New business location address (suite, room or PO Box). If a PO box, see instructions.

PMB/Private Mailbox

City (If you have a foreign address, see instructions.)

State ZIP Code

Foreign Country Name

Foreign Province/ State/ County

Foreign Postal Code

Part III Signature

Daytime telephone number of person to contact

()

Sign Here

Your signature

Date (mm-dd-yyyy)

If joint tax return, spouse's/RDP's signature

Date (mm-dd-yyyy)

If Part II is completed, provide signature of owner, officer, or representative

Date (mm-dd-yyyy)

Title

2014 Instructions for Form FTB 3533

Change of Address

General Information

For purposes of California income tax, references to a spouse, husband, or wife also refer to a California registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic “partner” and a California registered domestic “partnership,” as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Purpose

Use form FTB 3533, Change of Address, to change your home or business mailing address or your business location. This address change will be used for future correspondence. Generally, complete only one form FTB 3533 to change your home or business address. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, attach a copy of your form FTB 3520, Power of Attorney, to this form and write “copy” at the top of form FTB 3520.

You may also go to ftb.ca.gov and search for **myftb account** (individuals only) or call 800.852.5711 to change your address. If you change your address online or by phone, you do not need to file this form.

Part I Home Mailing Address

Complete Part I only if you file any of the following individual income tax returns: Forms 540, 540 2EZ, or the Long or Short Form 540NR.

Part II Business Mailing Address or Business Location Address

Complete Part II only if you file any of the following business, estate or trust income tax returns: Forms 100, 100S, 100W, 109, 199, 541, 565, or 568.

Name and Address

If you complete Part I, enter your first name, middle initial, last name, social security number (SSN) or individual taxpayer identification number (ITIN), and address in the spaces provided. If a joint tax return, enter the name and SSN of your spouse/RDP.

If you complete Part II, enter the business, estate, or trust name and address. Enter a California corporation number or California Secretary of State file number and federal employer identification number (FEIN).

Prior Name(s)

If you or your spouse/RDP changed your name because of marriage, divorce, etc., enter the prior last name **only** in the “Prior name(s)” field in Part I.

Additional Information

If you complete Part I, use the Additional Information field for “In-Care-Of” name or other supplemental address information only.

If you complete Part II, use the Additional Information field for owner, representative, or attention name or supplemental address information only.

PO Box

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

Foreign Address

If you have a foreign address enter the city, foreign country name, foreign province/state/county name, and foreign postal code in the appropriate boxes. **Do not** abbreviate the foreign country name. Follow the country’s practice for entering the province/state/county name and foreign postal code.

Part III Signature

If you complete Part I, you must sign in the space provided. If you filed a joint tax return, your spouse/RDP must also sign.

If you complete Part II, the owner, officer, or a representative must sign and enter their title. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who maintains a valid power of attorney to handle tax matters.

Where to File

Mail this form to:

**FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002**

If you moved after you filed your tax return and you are expecting a refund, notify the post office serving your old address to assist in forwarding your check to the new address.