CALIFORNIA FORM

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Change of Address

Do not attach this form to your tax return.

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Do not attaon tino it	orni to your tax rotariii							
Part I For Indiv	iduals - Complete This F	Part to C	hange Your Home Mailing Add	dress				
Complete this part if	f you filed any of the follo	wing ir	dividual income tax returns (F	orms 540, 540 2EZ, or	the Long or Short I	Form 540NR)		
► If your loot toy r	raturn waa a jaint raturn (and you	are now establishing a separa	to regidence, check the	a hay	. □		
II your last tax i	etuili was a joilit retuili a	anu you	are now establishing a separa	tte residence, check thi	6 DOX			
Your first name		Initial	Last name		Suffix	Your SSN or ITIN		
Spouse's/RDP's first i	nama	Initial	Last name		L Suffix	Spouse's/RDP's SSN or ITIN		
Spouse s/RDF's liist i	name		Last name		Sullix	Spouses/RDF's 33N OF THIN		
Prior name(s) (see instance Taxpayer	structions)			Spouse/RDP				
Old additional informs	ation (see instructions)							
Old additional informa	ation (see instructions)							
Old street address (no	umber and street) or PO bo	ox. If a P	O box, see instructions.		Apt. no./Ste.	no. PMB/private mailbox		
City (If you have a for	eign address, see instruction	ons.)			State	ZIP code		
Foreign country name	9		Foreign province/s	state/county		Foreign postal code		
Spouse's/RDP's old a	dditional information (see i	nstructio	ons)					
Spouse's/RDP's old s	treet address (number and	street)	or PO box. If a PO box, see instru	uctions.	Apt. no./Ste.	no. PMB/private mailbox		
решения								
City (If you have a for	eign address, see instruction	one)			LState	ZIP code		
City (ii you have a lon	eigir address, see msirdeit	J113.)			State	Zii code		
						F		
Foreign country name			Foreign province/s	tate/county		Foreign postal code		
New additional inform	nation (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 for	eign address, see instruction	ons.)			State	ZIP code		
Foreign country name	•		Foreign province/s	state/county		Foreign postal code		
				•				
To learn about your	r privacy rights, how we	may u	se your information, and the	consequences for not	t providing the requ	uested information, go to ftb.ca.gov		
and search for priv	· · · · · · · · · · · · · · · · · · ·	this no	tice by mail, call 800.852.57	11.	Data (m	m/dd/yyyy)		
•	Your signature				Date (m	писи уууу)		
Sign Here	X	(
Here	If joint tax return, spouse	If joint tax return, spouse's/RDP's signature				Telephone		
- -	Χ				()		

Change of Address

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Include Side 1 and Side 2 when mailing in this form.

Complete this p	art if you filed any of the	following business, estate or trust income tax returns (Forms 100, 10	00S, 100W, 109, 199, 541, 565, or 568)
California corpora	ation number	California Secretary of State file number	FEIN
usiness, estate,	or trust name		
old additional info	ormation (see instructions)		
old mailing addre	ess (suite, room or PO box.	If a PO box, see instructions.	PMB/private mailbox
City (If you have a	a foreign address, see insti	uctions.)	State ZIP Code
Foreign country r	name	Foreign province/state/county	Foreign postal code
lew additional in	formation (see instructions		
lew mailing addr	ress (suite, room or PO box	PMB/private mailbox	
ity (If you have a	a foreign address, see insti	uctions.)	State ZIP code
oreign country r	name	Foreign province/state/county	Foreign postal code
ew business ad	ditional information (see in	structions)	
ew business loc	cation address (suite, room	PMB/private mailbox	
ity (If you have a	a foreign address, see insti	State ZIP code	
oreign country r	name	Foreign province/state/county	Foreign postal code
	Signature of owner,	officer, or representative	Date (mm/dd/yyyy)
Sign Here	X Title		Telephone
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