

Change of Address for Businesses, Exempt Organizations, Estates and Trusts

CALIFORNIA FORM

3533-B

Complete This Form to Change Your Business Mailing Address or Business Location Address

Complete this form if you filed any of the following business, exempt organizations, 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Business, exempt organizations, estate, or trust name

Old additional information (see instructions)

Old mailing address (no., street, room or suite no., city or town, state, and ZIP code) If a PO box, see instructions. PMB no.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Foreign country name Foreign province/state/country Foreign postal code

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

New additional information (see instructions)

New mailing address (no., street, room or suite no., city or town, state, and ZIP code) If a PO box, see instructions. PMB no.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Foreign country name Foreign province/state/country Foreign postal code

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

New business additional information (see instructions)

New business location address (no., street, room or suite no., city or town, state, and ZIP code) PMB no.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Foreign country name Foreign province/state/country Foreign postal code

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

| | | |
|------------------|--|----------------------|
| Sign Here | Signature of owner, officer, or representative | Date (mm/dd/yyyy) |
| | <input type="text"/> | <input type="text"/> |
| | Title | Telephone |
| | <input type="text"/> | <input type="text"/> |