

# Change of Address for Individuals

Do not attach this form to your tax return.

## Complete This Form to Change Your Mailing Address

Complete this form if you filed any of the following individual income tax returns (Forms 540, 540 2EZ, or 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            | Suffix               | Your SSN or ITIN     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                           |                      |                      |                      |                            |
|---------------------------|----------------------|----------------------|----------------------|----------------------------|
| Spouse's/RDP's first name | Initial              | Last name            | Suffix               | Spouse's/RDP's SSN or ITIN |
| <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       |

|   |                      |
|---|----------------------|
| Prior name(s) (see instructions)<br>Your name | Spouse's/RDP's name  |
| <input type="text"/>                          | <input type="text"/> |

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  |
| <input type="text"/>   | <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/county | Foreign postal code  |
| <input type="text"/> | <input type="text"/>          | <input type="text"/> |

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  |
| <input type="text"/>  | <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/county | Foreign postal code  |
| <input type="text"/> | <input type="text"/>          | <input type="text"/> |

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  |
| <input type="text"/>   | <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/county | Foreign postal code  |
| <input type="text"/> | <input type="text"/>          | <input type="text"/> |

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

|                  |   |                      |
|------------------|---|----------------------|
| <b>Sign Here</b> | Your signature                                | Date (mm/dd/yyyy)    |
|                  | <input type="text"/>                          | <input type="text"/> |
|                  | If joint tax return, spouse's/RDP's signature | Telephone            |
|                  | <input type="text"/>                          | <input type="text"/> |