

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

CALIFORNIA FORM

3533-B

Do not attach this form to your tax return.

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

Complete this form if you file any of the following business, exempt organization, 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 organization, estate, or trust name

Old additional information (see instructions)

Old mailing address (no., street, room or suite no.). If a PO box, see instructions. PMB no.

<input type="text"/>	<input type="text"/>
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City (If you have a foreign address, see instructions.) State ZIP code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign country name Foreign province/state/county Foreign postal code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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New additional information (see instructions)

New mailing address (no., street, room or suite no.). If a PO box, see instructions. PMB no.

<input type="text"/>	<input type="text"/>
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City (If you have a foreign address, see instructions.) State ZIP code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign country name Foreign province/state/county Foreign postal code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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New business additional information (see instructions)

New business location address (no., street, room or suite no.). PMB no.

<input type="text"/>	<input type="text"/>
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City (If you have a foreign address, see instructions.) State ZIP code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign country name Foreign province/state/county Foreign postal code

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