



# Change of Address Notification for Individual Income Tax

Date Requested	Daytime Phone Number	Hours that you can be reached at this number
Name: (last name, first name, middle initial)		Social Security No.
Spouse's Name: (last name, first name, middle initial)		Social Security No.
Old Address (# Street, City, State and Zip Code)		Apt. #
New Mailing Address (# Street, City, State and Zip Code)		Apt. #

PLEASE  
SIGN  
HERE

\_\_\_\_\_  
Signature of Taxpayer  
(Do not print)

\_\_\_\_\_  
Date

## Instructions

### Purpose of this form

You may use this Change of Address Form to notify the Office of State Tax Commissioner if you changed your mailing address. If this change also affects the mailing address for your children who filed income tax returns with this office, each child will need to complete and file a Change of Address Form with this office.

### Addresses

Be sure to include any apartment, room or suite number in the space provided. If you are entering a foreign address, follow the country's practice for entering the postal code. Do not abbreviate the country's name.

### Signature

This form must be signed by the taxpayer or a representative of the taxpayer making the request for the address change. A representative is a person who has a valid power of attorney to handle tax matters or is otherwise authorized to sign tax returns for the taxpayer. If you are a representative signing for the taxpayer, also attach a copy of your power of attorney.

### Where to Send Address Change

Mail this completed form to:

Office of State Tax Commissioner  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599