



CHANGE OF ADDRESS

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER
SFN 60488 (1-2018)

You may use this Change of Address form to notify the Office of State Tax Commissioner of an address change. Each taxpayer will need their own form. Check the box for each account type to which the address change should be applied.

Date Requested	Telephone Number	Email Address	
Individual/Business Name		Social Security Number/Federal Employer Identification Number	
Check all tax types that apply	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Spouse SSN (if filing jointly) _____ <input type="checkbox"/> Sales/Use Permit # _____ <input type="checkbox"/> Withholding <input type="checkbox"/> Other _____	
Old Mailing Address (Street, or PO Box)			
City		State	ZIP Code
New Mailing Address (Street, or PO Box)			
City		State	ZIP Code
Old Location Address			
City		State	ZIP Code
New Location Address			
City		State	ZIP Code
The taxpayer or an authorized representative of the taxpayer must sign this form. An authorized representative is an individual who has been authorized by the taxpayer, using a Form 500 (Authorization to Disclose Tax Information), to handle tax matters or is otherwise authorized to sign tax returns for the taxpayer. <i>I declare under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.</i>			
Print Name		Title	
Signature (authorized individual)			Date
Comments			

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, 57-38-31, 57-38-32, 57-38-42, 57-38-60, 57-39.2.11, and 57-40.2-07, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Send completed form to:
Fax: 701.328.0332
Email: taxregistration@nd.gov

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