Form

(Rev. October 2015)

Change of Address

(For Individual, Gift, Estate, or Generation-Skipping Transfer Tax Returns)

Department of the Treasury Internal Revenue Service

► Please type or print. ► See instructions. ▶ Do not attach this form to your return. ▶ Information about Form 8822 is available at www.irs.gov/form8822.

OMB No. 1545-1163

Part I Complete This Part To Change Your Home Mailing Address				
Chec	k all boxes this change affects:			
1	Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.) ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here			
2	Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.) ► For Forms 706 and 706-NA, enter the decedent's name and social security number below.			
	► Decedent's name		 Social security number 	
3a	Your name (first name, initial, and last name)			3b Your social security number
4a	Spouse's name (first name, initial, and last name)			4b Spouse's social security number
5a	Your prior name(s). See instructions.			
5b Spouse's prior name(s). See instructions.				
6a	Your old address (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.			
Foreig	n country name	Foreign province/county		Foreign postal code
6b Spouse's old address, if different from line 6a (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.				
Foreig	n country name	Foreign province/county		Foreign postal code
7 New address (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.				
Foreign country name		Foreign province/county		Foreign postal code
Pa	t II Signature		-	
Daytime telephone number of person to contact (optional)				
Sig	N Company of the Comp	Date	Signature of representative, executo	r, administrator/if applicable Date

Title

If joint return, spouse's signature