

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

CALIFORNIA FORM

3533-B

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

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

Old additional information (see instructions)

Old mailing address (no., street, room or suite no., city or town, state, and ZIP code) 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/country 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., city or town, state, and ZIP code) 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/country 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., city or town, state, and ZIP code) 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/country 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"/>

2018 Instructions for Form FTB 3533-B

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

General Information

Purpose

Use form FTB 3533-B, Change of Address for Businesses, Exempt Organizations, Estates and Trusts, to change your business mailing address or your business location. Only the changes to your mailing address will be used for future correspondence. Generally, complete only one form FTB 3533-B to change your business address. If you are a representative filing for the business, go to ftb.ca.gov and search for **poa**.

You may also go to ftb.ca.gov and login or register for MyFTB or call 800.852.5711 to change your address. If you change your address online or by phone, you do not need to file this form.

Who Must File

Complete FTB 3533-B only 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.

Entity Number, Name and Address

Enter a California corporation number or California Secretary of State file number, if applicable. In addition, enter the entity's federal employer identification number (FEIN). Enter the business, exempt organization, estate or trust name and address.

Additional Information

Use the Additional Information field for owner, representative, or attention name or supplemental address information only.

PO Box

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

Foreign Address

If you have a foreign address, follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. Do not abbreviate the country name.

Signature

The owner, officer, or a representative must sign and enter their title. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who maintains a valid power of attorney to handle tax matters.

Where to File

Mail this form to:

**FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002**

If the business moved after you filed the income tax return and the business is expecting a refund, notify the post office serving your old business address to assist in forwarding your check to the new business address.