

REQUEST FOR CHANGE TO ESTIMATED INCOME TAX INFORMATION

COMPLETE AND FORWARD TO THE DIVISION OF REVENUE IF:
(Check all that apply)



DF64319019999

- 1) YOUR LAST NAME IS INCORRECT
- 2) YOUR ADDRESS WILL BE DIFFERENT FROM THAT ON YOUR FINAL DELAWARE INDIVIDUAL INCOME TAX RETURN FILED THIS YEAR*

REMIT COUPON TO: DELAWARE DIVISION OF REVENUE
P.O. BOX 830, WILMINGTON, DE 19899-0830

TAXPAYER ID NO.									

CORRECTED INFORMATION

DATE MM DD YY

SPOUSE'S TAXPAYER ID NO.									

NAME							
ADDRESS							
CITY							
STATE	ZIP	PHONE					

X

AUTHORIZED SIGNATURE

I declare under penalties of perjury that this is a true, correct and complete return.

DATE MM DD YY

* IF YOU FILED A FINAL RETURN WITH YOUR NEW ADDRESS, NEXT YEAR'S COUPONS WILL BE CORRECT. YOU DO NOT NEED TO SUBMIT THIS FORM OR RE-FILE YOUR ADDRESS.

DETACH HERE AND MAIL COMPLETED TOP PORTION.