Change of Address for Individuals

Do not attach this form to your tax return.

Complete This Form to Change Your Mailing Address

Complete this form if you filed any of the following individual income tax returns (Forms 540, 540 2EZ, or 540NR).

▶ If your last tax return was a joint return and you are now establishing a separate residence, check the box

Your first name	Initial Last name			e		Suffix	Your SSN or ITIN	
Spouse's/RDP's first n	first name Initial Last name					Suffix	Spouse's/RDP's SSN or ITIN	
Prior name(s) (see ins	structions)				Prior name(s) (see instructions)			
Your name Spouse's/RDP's name								
Old additional informa	tion (see instructions)							
Old street address (number and street) or PO box. If a PO box, see instructions.						Apt. no./Ste. I	no. PMB/private mailbox	
City (If you have a foreign address, see instructions.)						State Z	ZIP code	
Foreign country name Foreign province/state/county							Foreign postal code	
						<u> </u>		
Spouse's/RDP's old a	dditional information (see	nstructior	ns)					
Spouse's/RDP's old st	treet address (number and	street) of	r PO box. It a	PO box, see inst	ructions.	Apt. no./Ste.	no. PMB/private mailbox	
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City (If you have a foreign address, see instructions.) State ZIP code							ZIP code	
				E			Franking and the de	
Foreign country name				Foreign province	'state/county		Foreign postal code	
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Now additional inform	ation (see instructions)							
Now street address (n	umber and street) or PO t	ov If c D		otructiono		Apt. no./Ste.	no PMP/privato mailbox	
New street address (II			O DOX, SEE II			Api. 110./Sie.	no. PMB/private mailbox	
City (If you have a for	eign address, see instructi	one				State Z	ZIP code	
	eigh address, see mairdon							
Foreign country name Foreign province/state/cou					/state/county		Foreign postal code	
Our privacy notice can	h be found in annual tax bo 31 EN-SP Franchise Tax B	oklets or	online. Go to	ftb.ca.gov/Privat	cy to learn about our privacy polic	cy statement, o 338 0505 and e	or go to ftb.ca.gov/Forms and search f	
	EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this form by mail, call 800.338.0505 and enter form code 948 when instructed. Your signature Date (mm/dd/yyyy)							
Cian	X	X						
Sign Here	If joint tax return, spouse's/RDP's signature					Telephone		
псіс	X							
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				7331			FTB 3533 2021	

CALIFORNIA FORM

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