

# 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	Suffix	Your SSN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior name(s) (see instructions) Your name	Prior name(s) (see instructions) Spouse's/RDP's name
<input type="text"/>	<input type="text"/>

Old additional information (see instructions)

Old street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's/RDP's old additional information (see instructions)

Spouse's/RDP's old street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New additional information (see instructions)

New street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/Privacy](http://ftb.ca.gov/Privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/Forms](http://ftb.ca.gov/Forms) and search for 1131 to locate FTB 1131 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.

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
	If joint tax return, spouse's/RDP's signature	Telephone
	<input type="text"/>	<input type="text"/>