



Change of Address Form for Individuals

Personal Information

Full Name:

Last

First

M.I.

SSN or ITIN:

Spouse's
Name:

Last

First

M.I.

SSN or ITIN:

Daytime Phone Number _____ Email Address _____

Your Old Address

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Your New Address

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Sign Here

Your Signature

Date.

Your Spouse's Signature

Date.

Mail the Completed Form to:

New Jersey Division of Taxation – ADD
PO Box 440
Trenton NJ 08646 – 0440

This Form is not for Business Address Changes