



STATE OF ARKANSAS
Individual Income Tax Account
Change Form

REVENUE DIVISION
Individual Income Tax
 1816 W 7th St., Room 2300
 Post Office Box 3628
 Little Rock, Arkansas 72203-3628
 Phone: (501) 682-1100
 Fax: (501) 682-7691
<http://www.arkansas.gov/dfa>

Please type or print when filling out this form

SECTION I - COMPLETE THIS PART TO CHANGE YOUR INDIVIDUAL NAME AND/OR ADDRESS			
Check all that apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Lost or Stolen Check <input type="checkbox"/> Remail Check			
1A Your Name (first name, initial, and last name)		1B Your Social Security Number	
2A Spouse's Name (first name, initial, and last name)		2B Spouse's SSN	
3A Your Prior Name (if any)			
3B Spouse's Prior Name (if any)			
4A Old Mailing Address, City, State, and Zip Code			
4B New Mailing Address, City, State, and Zip Code			
SECTION II - COMPLETE THIS PART TO CHANGE BUSINESS ADDRESS OR LOCATION			
Check all that apply: <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Composite			
5A Business, Estate, or Trust Name		5B Federal Identification Number	
6A Old Mailing Address, City, State, and Zip Code			
6B New Mailing Address, City, State, and Zip Code			
7 New Business Location (if different from mailing address)			
SECTION III - SIGNATURE			
If Part I Completed			
_____		_____	_____
Your Signature		Date	Phone Number
_____		_____	_____
If Joint Return, Spouse's Signature		Date	Phone Number
If Part II Completed			
_____		_____	_____
Signature of Owner, Officer, or Representative		Date	Title Phone Number

Address Change (R 5/7/2018)

MAIL COMPLETED FORM TO:

ARKANSAS STATE INCOME TAX
PO BOX 3628
LITTLE ROCK, AR 72203

OR

FAX COMPLETED FORM TO:

501-682-7691