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 the Long or Short Form 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				5	Suffix Your SSN or ITIN			
Spouse's/RDP's first	t name	Initial	Last name			[] Suffix	Spouse's	RDP's SSN or ITIN	
							Julia			
Prior name(s) (see instructions) Your name Spouse/RDP										
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										
City (If you have a foreign address, see instructions.) State ZIP code										
Foreign country name Foreign province/state/county								Foreign	postal code	
Spouse's/RDP's old additional information (see instructions)										
Spouse s/ HDF s old	additional information (see 1	ISHUCH	0115)							
Spouse's/RDP's old	street address (number and	street)	or PO box. If	a PO box, see inst	ructions.		Apt. no./Ste. r	וס. ו	PMB/private mailbox	
City (If you have a foreign address, see instructions.)							State Z	IP code		
Foreign country name Foreign province/state/county							Foreign postal code			
New additional information (see instructions)										
New street address (sumbly and street) or PO have life PO have an instructions							Apt. no./Ste. r		DMD/private mailbay	
New street address (number and street) or PO box. If a PO box, see instructions.							Apt. no./Ste. 1	10.	PMB/private mailbox	
City (If you have a foreign address, see instructions.)							State ZIP code			
Foreign country name Foreign province/state/county							Foreign postal code			
To loorp obout vo	ur privo ou righto hou wo			rmation and the	annon an annon far	not providi	ing the requi	acted info	rmation as to	
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131 . To request this notice by mail, call 800.852.5711.										
	Your signature						Date (mn	n/dd/yyyy)		
Cian	X									
Sign Here	If joint tax return should	s/RDP	's signature				Telephon		1 1	
Here	If joint tax return, spouse's/RDP's signature									
	X									

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