



# DELAWARE F O R M

## DIVISION OF REVENUE **PIT-REQ**

### PERSONAL INCOME TAX REQUEST FOR CHANGE FORM



TAXPAYER ID

SPOUSE TAXPAYER ID

EFFECTIVE DATE

REASON FOR CHANGE

NAME AND ADDRESS

NEW NAME AND ADDRESS

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

**BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

**MAIL COMPLETED FORM TO:**

Delaware Division of Revenue  
PO Box 0830  
Wilmington, DE 19899-0830

YOUR SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

HOME PHONE NUMBER

BUSINESS PHONE NUMBER

EMAIL ADDRESS