



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