



# DELAWARE F O R M

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

### PERSONAL INCOME TAX REQUEST FOR CHANGE FORM



<b>TAXPAYER ID</b>	<b>SPOUSE TAXPAYER ID</b>

<b>EFFECTIVE DATE</b>	<b>REASON FOR CHANGE</b>

**NAME AND ADDRESS**

<b>NEW NAME AND ADDRESS</b>				
<b>NAME</b>				
<b>ADDRESS</b>				
<b>CITY</b>				
<b>STATE</b>	<b>ZIP CODE</b>	<b>PHONE NUMBER</b>		

**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
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SPOUSE SIGNATURE	DATE
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📞 HOME PHONE NUMBER	📞 BUSINESS PHONE NUMBER

@ EMAIL ADDRESS

