Clear Form

OREGON DEPARTMENT OF REVENUE

Change of Address / Name

For office use only
Date received

- You may fill this form out on your computer, print it, and send it to us; or you may print it, fill it out by hand, and send it to us.
- We **can not accept** e-mailed forms because of disclosure laws (which protect your confidentiality). You must send your form to us.
- **Do not attach** this form to your return.
- Send your signed and completed form to the address or fax number listed below.

Check **all** the boxes that apply:

☐ You are establishing a residence separate from the spouse included on the last individual income tax return filed.

☐ Address change.

☐ Name change.

☐ I am signing as the taxpayer's representative and have attached a completed Authorization to Represent form.

Effective date of change(s): _____

	Last	First	M.I.	
Your name				Your Social Security number
Spouse's name				Spouse's Social Security number
Former name				Other former name(s)

	City	State	ZIP / Postal code	Country
New mailing address				
Old mailing address				
Spouse's old mailing address (if different than above)				

Under penalties for false swearing, I declare that I have examined this document and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact: ( )

SIGN HERE	Your signature X	Date
	Spouse's signature (if joint) X	Date

INSTRUCTIONS

Purpose of Form

This form may be used to notify the Oregon Department of Revenue of changes to your home mailing address or name. One form may be used if the change applies to both you and your spouse. Separate forms should be used if the change applies only to you. If the change also affects the mailing address for your children who filed income tax returns, complete and send us a separate form for each child. Attach an Authorization to Represent form if you are a representative signing for the taxpayer.

Spouse's Name and Social Security Number

Complete this section if an address change affects both you and your spouse. Do not complete this section if the change affects only you.

Former Name(s)

Complete this section if you changed your name because of marriage, divorce, etc. Also list any other former name(s).

Mailing Addresses

Be sure to include any apartment, room, or suite number.

Where to Send

Fax your signed, completed form to: **503-945-8073**

Mail your signed, completed form to:

TPID Unit
Oregon Department of Revenue
955 Center Street NE
Salem OR 97301-2555