



### CHANGE OF ADDRESS

Complete this form to notify the Department of Revenue of address changes for your account.

1. CHECK ALL TAX TYPES AFFECTED BY THIS CHANGE:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> SALES or USE TAX                 | <input type="checkbox"/> FRANCHISE and EXCISE TAXES | <input type="checkbox"/> TOBACCO TAX                      |
| <b>ALCOHOLIC BEVERAGES TAXES:</b>                         | <b>GROSS RECEIPTS TAXES:</b>                        | <b>PRIVILEGE TAXES:</b>                                   |
| <input type="checkbox"/> Beer Barrelage                   | <input type="checkbox"/> Bottlers                   | <input type="checkbox"/> Auto Rental Surcharge            |
| <input type="checkbox"/> Brand Registration               | <input type="checkbox"/> Mixing Bars                | <input type="checkbox"/> Bail Bondsmen                    |
| <input type="checkbox"/> Liquor-by-the-Drink              | <input type="checkbox"/> Gas, Water, Electric       | <input type="checkbox"/> Business Tax                     |
| <input type="checkbox"/> Wholesale Beer                   | <input type="checkbox"/> Power & Light              | <input type="checkbox"/> Litigation Tax                   |
| <input type="checkbox"/> Wholesale Gallonage              |   | <input type="checkbox"/> Professional Privilege Tax       |
| <b>SOLID WASTE TAXES:</b>                                 | <b>SEVERANCE TAXES:</b>                             | <input type="checkbox"/> Realty Transfer and Mortgage Tax |
| <input type="checkbox"/> Tire                             | <input type="checkbox"/> Coal                       |   |
| <input type="checkbox"/> Used Oil                         | <input type="checkbox"/> Crude Oil/Natural Gas      | <input type="checkbox"/> <b>MOTOR FUEL TAXES</b>          |
| <input type="checkbox"/> OTHER TAX (Please specify) _____ | <input type="checkbox"/> Mineral                    |   |

2. TAXPAYER'S LEGAL NAME AND CURRENT INFORMATION REFLECTED IN DEPARTMENT OF REVENUE RECORDS.

|                         |                       |
|-------------------------|-----------------------|
| Name: _____             | Phone Number: _____   |
| Street: _____           | FEIN/SSN: _____       |
| City, State, Zip: _____ | Tax Account No: _____ |

3. PLACE (a), (b), or (c), AS APPROPRIATE, IN THE SPACE NEXT TO THE ADDRESS BEING CHANGED.

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Mailing Address         | <input type="checkbox"/> Location Address | <input type="checkbox"/> Primary Address               | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Personal Representative | <input type="checkbox"/> Attorney         | <input type="checkbox"/> Other (Please specify): _____ |  |

3(a). New Address and Identifying Information

|                         |                       |
|-------------------------|-----------------------|
| Name: _____             | FEIN/SSN: _____       |
| Street: _____           | Tax Account No: _____ |
| City, State, Zip: _____ | Fax No: _____         |
| Phone Number: _____     | E-mail Address: _____ |

3(b). New Address and Identifying Information

|                         |                       |
|-------------------------|-----------------------|
| Name: _____             | FEIN/SSN: _____       |
| Street: _____           | Tax Account No: _____ |
| City, State, Zip: _____ | Fax No: _____         |
| Phone Number: _____     | E-mail Address: _____ |

3(c). New Address and Identifying Information

|                         |                       |
|-------------------------|-----------------------|
| Name: _____             | FEIN/SSN: _____       |
| Street: _____           | Tax Account No: _____ |
| City, State, Zip: _____ | Fax No: _____         |
| Phone Number: _____     | E-mail Address: _____ |

When all required blocks are fully and correctly completed, sign below.

4. I declare that the information on this application is correct and complete to the best of my knowledge and belief.

Print Name: \_\_\_\_\_

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT USE ONLY**

## INSTRUCTIONS FOR COMPLETING CHANGE OF ADDRESS FORM

**Return this change of address form to the Tennessee Department of Revenue, Taxpayer Services Division, Andrew Jackson Office Building, 500 Deaderick Street, Nashville, Tennessee 37242.**

**BLOCK 1:** Place a check mark in the space next to every tax type that will be affected by the change of address provided. If you are registered for a tax that is not specified in this block, place a check mark beside the block for "Other", and specify the additional tax type(s) for which you are registered. This will ensure that all accounts are properly updated.

**BLOCK 2:** Provide the taxpayer's legal name, address, FEIN/SSN and tax account numbers as currently reflected in the taxpayer's records on file with the Department of Revenue.

**BLOCK 3:** Complete the information for the change of address being submitted. Place the letter of the address change block in the space next to the type of address being changed. For example, if new mailing address information is entered in Block 3(a), place the letter "(a)" in the space provided next to "Mailing Address" in Block 3. If a change of address for a person holding a power of attorney for the taxpayer is entered in Block 3(b), place a "(b)" in the space provided next to "Power of Attorney" in Block 3.

**BLOCK 4:** When all address changes are entered in Block 3, the appropriate title has been indicated for each address change and all affected tax types have been indicated in Block 1, the taxpayer or the taxpayer's registered representative must complete and sign the change of address form in Block 4.