

MASSACHUSETTS DEPARTMENT OF REVENUE Taxpayer Change of Address

Name _____ SS. No. _____

Name of Spouse _____ SS. No. _____

Old Address _____

New Address _____

Type of Return Filed:

- | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Form 1 | <input type="checkbox"/> Telefile | <input type="checkbox"/> Form 3 |
| <input type="checkbox"/> Form 1-NR/PY | <input type="checkbox"/> Form 2 | <input type="checkbox"/> Other _____ |

Signature: _____ Date: _____

Send to: Massachusetts Department of Revenue, P.O. Box 7011, Boston, MA 02204.