STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES PO Box 2937 Hartford CT 06104-2937

(Rev. 3/00)

# FORM CT-8822 Change of Address

	Please type or print.	See instructions on re	everse.	Do	not attach this form to your	return.	
Part	Complete this Part t	o Change Individual Inco	me Tax	and Gift	Tax Address Information	n	
Check A	<b>ALL</b> boxes this change affe	ects:					
1.  Connecticut individual income tax returns (Forms CT-1040, CT-1040EZ, and CT-1040NR/PY)  If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here							]
2. 🗆 0	Connecticut gift tax return (I	Form CT-709)					
3a. Your F	Your First Name, Middle Initial, and Last Name  3b. Your Social						
4a. Spous	a. Spouse's First Name, Middle Initial, and Last Name					4b. Spouse's Social Security Number	
5. Prior I	Name(s). (See instructions)						
6a. Your 0	Old Address (No., Street, City or T	own, State, and ZIP Code). If a PO	Box or fo	oreign addre	ss, see instructions.	A	pt. No.
6b. Spous	e's Old Address, if different from L	ine 6a (No., Street, City or Town, Sta	te, and ZII	Code). If a	PO Box or foreign address, see ins	structions. A	pt. No.
7. New A	Address (No., Street, City or Town, S	tate, and ZIP Code). If a PO Box or	foreign ac	ldress, see ir	nstructions.	A	pt. No.
8. Effecti	ive Date of Address Change: 9	. Reason for Address Change:					
Part I	Complete this Part to 0	Change Business Mailing Ad	ddress	or Busines	ss Location, including Trust	s and Esta	tes
10. [ 11. [ 12. [	ALL boxes this change affe  Other income tax returns  Business returns  Business location  ness Name	s (Forms CT-1041, CT-106			13c. Federal Employer ID Numb	er	
14. Old Mailing Address (No., Street, City or Town, State, and ZIP Code). If a PO Box or foreign address, see instructions.						Room	or Suite No
15. Old Business Location (No., Street, City or Town, State, and ZIP Code). If a foreign address, see instructions.						Room	or Suite No
16. New	Mailing Address (No., Street, City of	or Town, State, and ZIP Code). If a F	O Box or	foreign add	ress, see instructions.	Room	or Suite No
							or Suite No
	ctive Date of Address Change: 1	9. Reason for Address Change:					
Part II	_			T			
Please	Your Signature		Date	Spouse's	Signature (if joint return)		Date
Sign Here	(If Part II completed) Signature of	of Owner, Officer, or Representative	e Date	Title			
	Daytime Telephone Number (O	ptional)					

## FORM CT-8822 Instructions

## **Purpose**

Use **Form CT-8822** to notify the Connecticut Department of Revenue Services (DRS) that you changed your home or business mailing address, or the physical location of your business.

If this change affects the mailing address of your children who filed Connecticut income tax returns, complete and file a separate **Form CT-8822** for each child.

If you received a Connecticut tax return with an incorrect address on the preprinted mailing label, and a return has not yet been filed, note the new address on the return. There is no need to file this form. If a return is not due at this time or a return with the corrected address information was not filed, use this form to notify DRS of the new address.

**NOTE:** If the change of address occurred after the return was filed and a refund is expected, also notify the post office serving the old address. This will help forward the refund to the proper address.

## Prior Name(s)

If you or your spouse changed your name due to marriage, divorce, etc., complete Line 5.

#### PO Box

If the post office does not deliver mail to your street address, show the PO box number instead of the street address.

## **Apartment Number or Suite**

Be sure to include any apartment, room, or suite number in the space provided.

## **Foreign Address**

If the address is outside the United States or its possessions or territories, enter the information in the following order: Number, Street, City, Province or State, Postal Code, and Country. **Do not** abbreviate the country name.

## **Signature**

If you are completing Part I, you must sign this form and in the case of a joint return, both you and your spouse must sign this form. In the case of gift tax, the donor must sign this form.

Part II requires the owner, an officer, or a representative of the business entity to sign this form. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid Power of Attorney to handle tax matters. If you are a representative signing for the taxpayer, attach a copy of your Power of Attorney to **Form CT-8822**. In the case of trusts and estates, the fiduciary or an officer representing the fiduciary must sign this form.

#### Where to File

Mail to: State of Connecticut

Department of Revenue Services

Registration Unit PO Box 2937

Hartford CT 06104-2937