

Nebraska Change of Address Request for Individual Income Tax Only

FORM 22A

| Social Security Number | | | | |
|--|-----------------------------------|---|-------------|-------------|
| Nebraska ID Number | | | | |
| Previous Name and Mailing Address | | New Name and Mailing Address | | |
| Your First Name and Initial | Last Name | Your First Name and Initial | Last Name | |
| If a Joint Return, Spouse's First Name and Initial | Last Name | If a Joint Return, Spouse's First Name and Initial | I Last Name | |
| Mailing Address (Number and Street or PO Box) | | Mailing Address (Number and Street or PO Box) |) | |
| City, Town, or Post Office | State Zip Co | de City, Town, or Post Office | State | Zip Code |
| Under penalties of law, I declare that | I have examined this request, and | to the best of my knowledge and belief, it is correct and | d complete. | |
| sign | | | | |
| here Duly Authorized Signature | • | | Date | Phone Numbe |
| Email Address | | | | |

You may fax this request to 402-471-5927, or

mail to: Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.

Please keep a copy for your records.