

Change of Address

Do not attach this form to your tax return.

Part I For Individuals - Complete This Part to Change Your Home Mailing Address

Complete this part if you filed any of the following individual income tax returns (Forms 540, 540 2EZ, or the Long or Short Form 540NR)

▶ If your last tax return was a joint return and you are now establishing a separate residence, check the box

Your first name	Initial	Last name	Suffix	Your SSN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior name(s) (see instructions) Taxpayer	Spouse/RDP
<input type="text"/>	<input type="text"/>

Old additional information (see instructions)

Old street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's/RDP's old additional information (see instructions)

Spouse's/RDP's old street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New additional information (see instructions)

New street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Sign Here

Your signature

Date (mm/dd/yyyy)

If joint tax return, spouse's/RDP's signature

Telephone

Include Side 1 and Side 2 when mailing in this form.

Part II For Businesses, Exempt Organizations, Estates and Trusts – Complete This Part to Change Your Business Mailing Address or Business Location Address

Complete this part if you filed any of the following business, estate or trust income tax returns (Forms 100, 100S, 100W, 109, 199, 541, 565, or 568)

California corporation number	California Secretary of State file number	FEIN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business, estate, or trust name

Old additional information (see instructions)

Old mailing address (suite, room or PO box.) If a PO box, see instructions.	PMB/private mailbox
<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New additional information (see instructions)

New mailing address (suite, room or PO box.) If a PO box, see instructions.	PMB/private mailbox
<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New business additional information (see instructions)

New business location address (suite, room or PO box.) If a PO box, see instructions.	PMB/private mailbox
<input type="text"/>	<input type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sign Here	Signature of owner, officer, or representative	Date (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
	Title	Telephone
	<input type="text"/>	<input type="text"/>

2015 Instructions for Form FTB 3533

Change of Address

General Information

For purposes of California income tax, references to a spouse, husband, or wife also refer to a California registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic “partner” and a California registered domestic “partnership,” as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Purpose

Use form FTB 3533, Change of Address, to change your home or business mailing address or your business location. Only the changes to your mailing address will be used for future correspondence. Generally, complete only one form FTB 3533 to change your home or business address. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, go to ftb.ca.gov and search for **poa**.

You may also go to ftb.ca.gov and search for **myftb account** (individuals only) or call 800.852.5711 to change your address. If you change your address online or by phone, you do not need to file this form.

Part I Home Mailing Address

Complete Part I only if you file any of the following individual income tax returns: Forms 540, 540 2EZ, or the Long or Short Form 540NR.

Part II Business Mailing Address or Business Location Address

Complete Part II only if you file any of the following business, estate or trust income tax returns: Forms 100, 100S, 100W, 109, 199, 541, 565, or 568.

Name and Address

If you complete Part I, enter your first name, middle initial, last name, social security number (SSN) or individual taxpayer identification number (ITIN), and address in the spaces provided. If a joint tax return, enter the name and SSN of your spouse/RDP.

Use the Suffix field for generational name suffixes such as “SR”, “JR”, “III”, “IV”. Do not enter academic, professional, or honorary suffixes.

If you complete Part II, enter the business, estate, or trust name and address. Enter a California corporation number or California Secretary of State file number and federal employer identification number (FEIN).

Prior Name(s)

If you or your spouse/RDP changed your name because of marriage, divorce, etc., enter the prior last name **only** in the “Prior name(s)” field in Part I.

Additional Information

If you complete Part I, use the Additional Information field for “In-Care-Of” name or other supplemental address information only.

If you complete Part II, use the Additional Information field for owner, representative, or attention name or supplemental address information only.

PO Box

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

Foreign Address

If you have a foreign address, follow the country’s practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. Do not abbreviate the country name.

Signature

If you complete Part I, you must sign in the space provided. If you filed a joint tax return and this change of address is also for your spouse/RDP, your spouse/RDP must also sign the form.

If you complete Part II, the owner, officer, or a representative must sign and enter their title. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who maintains a valid power of attorney to handle tax matters.

Where to File

Mail this form to:

**FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002**

If you moved after you filed your tax return and you are expecting a refund, notify the post office serving your old address to assist in forwarding your check to the new address.