NEBRASKA Good Life, Great Service. DEPARTMENT OF REVENUE					FORM 22A		
Social Security	Number				I		
Nebraska ID Nu	Imber						
Previous Name and Mailing Address				New Name and Mailing Address			
Your First Nam	e 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 Initia	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 Code		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 complete.							
here	Duly Authorized Signature			Date		Phone Number	
_	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.

8-548-1996 Rev. 11-2016 8-548-1996 Rev. 9-2014