Change of Address for Individuals

Do not attach this form to your tax return.

CALIFORNIA FORM

3533

•	s Form to Change Your rm if you filed any of the foll				/Earma 540 540 257 ar	E40ND)					
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► If your last t	tax return was a joint return	and you	ı are now es	stablishing a sepa	rate residence, check the	DOX				▶∟	
Your first name In			Initial Last name Suf					ffix Your SSN or ITIN			
Spouse's/RDP's fi	rst name	Initial	Last name	LSı			uffix	Spouse's/RDP's SSN or ITIN			
Prior name(s) (se	e instructions)				Chause's /DDD's name						
rour name					Spouse's/RDP's name						
Old additional info	ormation (see instructions)										
	(**************************************										
Old street address (number and street) or PO box. If a PO box, see in				estructions.			t. no./Ste.	no.	o. PMB/private mailbox		
City (If you have a foreign address, see instructions.)							State ZIP code				
oreign country name				Foreign province/state/county				Foreign	Foreign postal code		
Spouse's/RDP's o	ld additional information (see i	nstructio	ons)								
1 /0001									DMD/ :		
Spouse's/RDP's o	ld street address (number and	street)	or PO box. If	a PO box, see inst	ructions.	Apt	t. no./Ste	. no.	PMB/privat	e mailbox	
City (If you have a	ı foreign address, see instruction	one)					State	ZIP code			
ony (ii you nave a	rioreign address, see mstruction	J113.)					Jiaie	Zii code			
oreign country n	ame			Foreign province	/state/county			Foreign	postal code		
				Transfer protinite	,				, p		
New additional inf	formation (see instructions)										
New street address (number and street) or PO box. If a PO box, see instructions.							t. no./Ste	. no.	PMB/privat	e mailbox	
City (If you have a	a foreign address, see instruction	ons.)				S	State	ZIP code			
Foreign country name			Foreign province/state/county			Foreign postal code					
To learn about y	your privacy rights, how we	may u	se your info	ormation, and the	e consequences for not p	providing	the requ	uested info	rmation, go	to	
τɒ.ca.gov/form	//forms and search for 1131. To request this notice by mail, call 800.852.5711. Your signature						Date (mm/dd/yyyy)				
Ciar	X							Date (IIIII) day yyyyy			
Sign Here	If joint tax return, spouse's/RDP's signature						Telephone				
пеге		X									
	Λ										