Vermont Department of Taxes PO Box 1645 Montpelier, VT 05601-1645 Phone: (802) 828-2865

VT Form **IN-110**

CHANGE OF NAME and/or ADDRESS

for Personal Income and/or Renter Rebate Claim

Prior Name and Address				
Individual Last Name	First Name MI		Social Security Number	
Spouse/CU Partner Last Name	First Name MI		MI	Spouse/CU Partner Social Security Number
Mailing Address				Telephone Number
City	State	ZIP Code		Foreign Country (if not United States)
Current Name and Address				
Individual Last Name	First Na	First Name MI		Social Security Number
Spouse/CU Partner Last Name	First Na	me	MI	Spouse/CU Partner Social Security Number
Mailing Address	1			Telephone Number
City	State	ZIP Code		Foreign Country (if not United States)
Email Address	1	I .		
Are you currently expecting a refund check?				- -
SUPPORTING DOCUMENTS				
Send a copy of: • One valid photo ID, and • One other form of ID, and • Other document(s), if applicable				
SIGNATURE(S) - REQUIRED				
Signature of Taxpayer				Date
Signature of Spouse/CU Partner. If filed jointly, BOTH taxpayers must sign.				Date
Mail completed request, with supporting do	cuments	s, to:		·
Vermont Department of Taxes				

PO Box 1645 Montpelier, VT 05601-1645

For Department Use Only

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Check Number	Date Picked Up	Processed by			