Change of Address

Part I Complete	This Part to Change Your Home Maili	ng Address						
Complete this part if t	the address change affects individual ir	ncome tax ret	urns. (Form	ıs 540, 540A, 540 2EZ, or Long	g or Sho	ort Form 540NR)		
► If your last return	n was a joint return and you are now es	stablishing a r	residence se	eparate from the spouse with v	vhom			
you filed that retu	urn, check the box to the right						▶□	
1a Your first name	ne Initial Last name					1h Your social security number		
					l ,			
2a Spouse's first name Initial Last name						2h Snouse's social security number		
3 Prior name(s) See instructions.								
4a Old address (no., street, city or town, state, and ZIP Code). If a PO box or foreign address, see instructions.						Apt no.	PMB no.	
,								
4b Spouse's old address, (no., street, city or town, state, and ZIP Code). If a PO box or foreign address, see instruction						Apt no.	PMB no.	
This lie.								
5a New address (no., street, city or town, state, and ZIP Code). If a PO box or foreign address, see instructions.						Apt no.	PMB no.	
The wardings (110., street, city of town, state, and zir code). If a robox of foreign address, see instructions.						Apt 110.	FINID IIO.	
Part II Complete This Part to Change Your Business Mailing Address or Business Location Address								
Check ALL boxes this change affects:					7b California corporation number			
6 Business, Estate, or Trust returns (Forms 541, 565, 568, 100, 100W, 100S, 109, and 199)								
7a ☐ Business, Estate, or Trust location (Also complete line 11)						Secretary of State file number		
8a Business, Estate, or Trust name					8b FEIN			
9 Old mailing address. If a PO box or foreign address, see instructions.							 	
No. Street City or Town					State	ZIP Code	PMB no.	
							1	
10 New mailing address. If a PO box or foreign address, see instructions.								
No. Street			City or Town		State	ZIP Code	I WID NO.	
At No. 1 days to the K. BOL of the H.						1	 	
11 New business location address. If a PO box or foreign address, see instructions. No. Street City or Town					I State	I ZIP Code	PMB no.	
140.	oli del		Oity of Tow	"	Otato	Zii Gode		
Part III Signature	E					1		
- art III Olgilatai	<u></u>							
Day	time telephone number of person to con-	tact (optional))				
Please		1				1		
				\				
	r signature	Date		If Part II completed, signature	of owne	r, Date	•	
Here		ı		officer, or representative				
(see instructions)				\				
▼ If jo	int return, spouse's signature	Date		Title				

For Privacy Act Notice (Individual), get form FTB 1131.

A Purpose

You may use this form if you change your home or business mailing address or your business location. This address change will be used for any 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, attach a copy of your power of attorney to this form.

Note: You may also notify the FTB of a change of address by calling (800) 852-5711. If you have called the FTB and reported a change of address, you do not need to file this form.

B Prior Name(s)

If you or your spouse changed your name because of marriage, divorce, etc., complete line 3.

C Addresses

Be sure to include any apartment, room, or suite number.

D PO Box

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

If you lease a private mailbox (PMB) from a private business rather than a PO box from the United States Postal Service, include the box number in the field labeled "PMB no." in the address area.

E Foreign Address

If your address is outside the United States or its possessions or territories, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the

postal code. Please do not abbreviate the country name.

F Signature

If you are completing Part II, the owner, officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid power of attorney to handle tax matters.

G Where to File

Mail this form to:

FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0002

Note: If you moved after you filed your return and you are expecting a refund, also notify the post office serving your old address. This will help forward your check to your new address.