



ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
Change of Address Form

3/2016

Please complete all fields and return the completed form to the mailing address shown below.
Forms submitted without a Social Security Number will not be processed.

Date: _____

Name: _____

Spouse's Name: _____

Social Security Number: _____ - _____ - _____

Spouse's Social Security Number: _____ - _____ - _____

Amount of current year AL refund or amount owed to AL: \$ _____

Daytime Phone Number: (_____) _____
AREA CODE

Former Mailing Address: _____
ADDRESS

_____ CITY STATE ZIP

Date New Mailing Address in Effect: _____
MONTH DAY YEAR

New Mailing Address: _____
ADDRESS

_____ CITY STATE ZIP

SIGNATURE SPOUSE'S SIGNATURE (IF JOINT RETURN, BOTH MUST SIGN)

Mail to: Alabama Department of Revenue I/C Tax Division
PO Box 327464
Montgomery, AL 36132-7464