



# MASSACHUSETTS DEPARTMENT OF REVENUE

## Taxpayer Change of Address

Name \_\_\_\_\_ SS. No. \_\_\_\_\_

Name of Spouse \_\_\_\_\_ SS. No. \_\_\_\_\_

Old Address \_\_\_\_\_

\_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_

Type of Return Filed:

Form 1

Telefile

Form 3

Form 1-NR/PY

Form 2

Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: **Massachusetts Department of Revenue, P.O. Box 7011, Boston, MA 02204.**