



Change of Address Form for Individuals

Personal Information

Full Name:	
SSN or ITIN:	
Spouse's Name:	
SSN or ITIN:	
Daytime Phone Number:	Email Address:

Your Old Address

Street Address:		Apartment/Unit#:
City:	State:	ZIP Code:

Your New Address

Street Address:		Apartment/Unit#:
City:	State:	ZIP Code:

Sign Here

Signature:	Date:
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Mail the Completed Form to:

New Jersey Division of Taxation – ADD
PO Box 440
Trenton NJ 08646 – 0440

Upload this form using the Tax Correspondence Manager at:

<https://www.njportal.com/DOR/TCM/>

Use PO Box 440

Or FAX this form to: 609-292-4276

This Form is not for Business Address Changes