



**Individual Income Tax  
Name and Address Change Form**

Check all the boxes that this change affects:

Effective Date of Change: \_\_\_\_\_

- Your last individual income tax return was a joint return, and you are now establishing a residence separate rate from the spouse with whom you filed that return.
- Address change
- Name change

Your name	last	first	mi	Social Security Number
Spouse's name	last	first	mi	Social Security Number
Former Name	last	first	mi	

New Address	Street	Apt/Suite	City/State	Zip
-------------	--------	-----------	------------	-----

Old Address	Street	Apt/Suite	City/State	Zip
-------------	--------	-----------	------------	-----

Contact person and daytime telephone number

( ) -

Your signature	Date
Spouse's signature	Date

Request must be mailed or faxed to:

Louisiana Department of Revenue  
P. O. Box 201  
Baton Rouge, LA 70821  
Fax Number: 225-219-2348

