

Change of Address for Individuals

Do not attach this form to your tax return.

Complete This Form to Change Your Mailing Address

Complete this form if you filed any of the following individual income tax returns (Forms 540, 540 2EZ, or 540NR).

▶ If your last tax return was a joint return and you are now establishing a separate residence, check the box

Your first name	Initial	Last name	Suffix	Your SSN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior name (see instructions) Your name	Prior name (see instructions) Spouse's/RDP's name			
<input type="text"/>	<input type="text"/>			

Old additional information (see instructions)

Old street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>
City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's/RDP's old additional information (see instructions)

Spouse's/RDP's old street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>
City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New additional information (see instructions)

New street address (number and street) or PO box. If a PO box, see instructions.	Apt. no./Ste. no.	PMB/private mailbox
<input type="text"/>	<input type="text"/>	<input type="text"/>
City (If you have a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Sign Here	Your signature	Date (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
	If joint tax return, spouse's/RDP's signature	Telephone
	<input type="text"/>	<input type="text"/>