Department of Revenue Services State of Connecticut PO Box 2937 Hartford CT 06104-2937

# Form CT-8822 Change of Address

(Rev. 12/10)

Complete in blue or black ink only. This form can be filed electonically; see instructions on reverse. Do not attach this form to your return.

| Part I  | Complete this par  | rt to change individua      | I income tax,          | estate ta | ax, and gift tax address i         | nformat                             | ion.      |  |
|---|--|-----------------------------|------------------------|-----------|------------------------------------|-------------------------------------|-----------|--|
| Check   | all boxes this change af   | fects:                      |                        |           |                                    |                                     |           |  |
| 1. 🔲  | ☐ Connecticut individual income tax returns (Forms CT-1040 and CT-1040NR/PY)             |                             |                        |           |                                    |                                     |           |  |
|   | If your last return was a joint return and you are now establishing a residence separate |                             |                        |           |                                    |                                     | _         |  |
|   | from the spouse with who   | om you filed that return, o | check here             |           |                                    |                                     | Ц         |  |
| 2. $\square$  | Connecticut estate and g   | ift tax return (Form CT-7   | 706/709)               |           |                                    |                                     |           |  |
| 3a. Your first name, middle initial, and last name  3b. Your Social Secu  |  |                             |                        |           |                                    | ty Number                           |           |  |
| 4a. Spouse's first name, middle initial, and last name  |  |                             |                        |           | 4b. Spouse's Social Se             | 4b. Spouse's Social Security Number |           |  |
| 5. Prior  | name(s): See instructions.   |                             |                        |           | I                                  |                                     |           |  |
| 6a. Your old address (number, street, city or town, state, and ZIP code): If a PO box or foreign address, see instructions.   |  |                             |                        |           |                                    |                                     | Apt. No.  |  |
| 6b. Spouse's old address, if different from Line 6a (number, street, city or town, state, and ZIP code): If a PO box or foreign address, see instructions.  |  |                             |                        |           |                                    |                                     | Apt. No.  |  |
|   |  |                             |                        |           |                                    |                                     |           |  |
| 7. <b>New</b> address (number, street, city or town, state, and ZIP code): If a PO box or foreign address, see instructions.  |  |                             |                        |           |                                    |                                     | Apt. No.  |  |
| 8. Effect   | ive date of address change   | 9. Reason for address chang | je                     |           |                                    |                                     |           |  |
| Part I  | Complete this par  | │<br>rt to change business  | mailing addr           | ess or bi | usiness location.                  |                                     |           |  |
| Check   | all boxes this change af   |                             |                        |           |                                    |                                     |           |  |
|   | Other income tax returns   |                             | CT-1065/CT-11          | 20SI. etc | .)                                 |                                     |           |  |
|   | Business returns (Form   | •                           |                        |           | -,                                 |                                     |           |  |
|   | Business location  | ,                           | <i>-</i>               |           |                                    |                                     |           |  |
| 13a. Business name 13b. Connecticut Tax Registration Number 13c. Federal Employer Identification Nur  |  |                             |                        |           |                                    |                                     |           |  |
| 100. Dusi   | ness name  | Tob. Goline                 | ollout Tax Progistrati | on Number | Too. Teacral Employer Identificati | on Number                           |           |  |
| 14. Old mailing address (number, street, city or town, state, and ZIP code): If a PO box or foreign address, see instructions.  |  |                             |                        |           |                                    | Ror                                 | om number |  |
| 11. 2.2   |  |                             |                        |           |                                    |                                     |           |  |
| 45. Old husiness leading /number street situations at the set 710 and 210 and |  |                             |                        |           |                                    |                                     |           |  |
| 15. Old business location (number, street, city or town, state, and ZIP code): If a PO Box or foreign address, see instructions.  |  |                             |                        |           |                                    |                                     | om number |  |
|   |  |                             |                        |           |                                    |                                     |           |  |
| 16. <b>New</b> mailing address (number, street, city or town, state, and ZIP code): If a PO box or foreign address, see instructions.   |  |                             |                        |           |                                    |                                     | om number |  |
| 17. New business location (number, street, city or town, state, and ZIP code): If a PO box or foreign address, see instructions.  |  |                             |                        |           |                                    |                                     | om number |  |
|   |  |                             |                        |           |                                    |                                     |           |  |
| 18. Effect  | ive date of address change   | 19. Reason for address char | nge                    |           |                                    |                                     |           |  |
| Part I  | II Signature   |                             |                        |           |                                    |                                     |           |  |
|   | Your signature Date Spouse's signature (if joint return)                                 |                             |                        |           |                                    |                                     | Date      |  |
| Please  |  |                             |                        |           |                                    |                                     |           |  |
| sign<br>here.   | If Part II completed, signature of owner, officer, or representative                     |                             |                        | Title     |                                    |                                     |           |  |
|   | Daytime telephone number (op   | otional)                    |                        |           |                                    |                                     |           |  |

# Form CT-8822 Instructions

# File Electronically Through the Taxpayer Service Center (*TSC*)

The *TSC* is a self-service interactive tool that can be accessed through the Connecticut Department of Revenue Services (DRS) website for a free, fast, easy, and secure way to conduct business with DRS. Taxpayers can access the *TSC* to file tax returns, pay Connecticut tax responsibilities, and update account information, such as a change of address, electronically. If you file electronically, you do not have to mail in a paper Form CT-8822. Visit the DRS website at www.ct.gov/DRS, click on the *TSC* logo, and follow the instructions.

# File by Paper

Use Form CT-8822 to notify DRS that you changed your home or business mailing address or the physical location of your business.

If this change affects the mailing address of your children who filed Connecticut income tax returns, complete and file a separate Form CT-8822 for each child.

If you received a Connecticut tax return with an incorrect address on the preprinted mailing label, and a return has not yet been filed, note the new address on the return. There is no need to file this form. If a return is not due at this time or a return with the corrected address information was not filed, use this form to notify DRS of the new address.

If the change of address occurred after the return was filed and a refund is expected, also notify the post office serving the old address. This will help forward the refund to the proper address.

#### Prior Name(s)

If you or your spouse changed your name due to marriage, divorce, etc., complete Line 5.

#### PO Box

If the post office does not deliver mail to your street address, write the PO box number instead of the street address.

## **Apartment Number or Suite**

Be sure to include any apartment, room, or suite number in the space provided.

### **Foreign Address**

If the address is outside the United States or its possessions or territories, enter the information in the following order: Number, Street, City, Province or State, Postal Code, and Country. **Do not** abbreviate the country name.

#### Signature

If you are completing Part I, you must sign this form and in the case of a joint return, both you and your spouse must sign this form. In the case of gift tax, the donor must sign this form.

Part III requires the owner, an officer, or a representative of the business entity to sign this form. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid Power of Attorney to handle tax matters. If you are a representative signing for the taxpayer, attach a copy of your Power of Attorney to Form CT-8822. In the case of trusts and estates, the fiduciary or an officer representing the fiduciary must sign this form.

#### Where to File

Mail to: Department of Revenue Services

State of Connecticut Registration Unit PO Box 2937

Hartford CT 06104-2937