



(6/23)

Change of Address Form for Individuals

Use this form to update your address for Individual Income Tax or Property Tax relief programs. You must include a copy of your government-issued identification with the completed form.

This form is not for business address changes.

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:

Signature	Date
If you are an authorized representative of the taxpayer, you must include a copy of your client's government-issued ID and a completed and signed Form M-5008-R, Appointment of Taxpayer Representative .	

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	FAX this form to: 609-292-4276
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We will not process this form if you do not include a copy of your government-issued identification with your request.