

Check all the boxes that this change affects:

whom you filed that return.

Address change

Name change

## Individual Income Tax Name and Address Change Form

Request must be mailed, faxed or emailed to the following:

**PLEASE PRINT OR TYPE** 

6680

Louisiana Department of Revenue P.O. Box 1469 Baton Rouge, LA 70821

Fax: (225) 219-0806 Email: <u>CentralReg@LA.GOV</u>

You can also change your address through our Contact Us webpage at <a href="https://esweb.revenue.louisiana.gov/ContactUs/AddressChange.aspx">https://esweb.revenue.louisiana.gov/ContactUs/AddressChange.aspx</a>.

Your last individual income tax return was a joint return, and you are now establishing a residence separate from the spouse with

New First Name  Former Last Name  Former First Name  Former First Name  Spouse's Information  Spouse's First Name  New Address Street  New Address Street  Apt/Suite  City  State  ZIP  Authorization  Your Signature  Spouse's Signature  Spouse's Signature  Spouse's Signature  New First Name  New Address  Apt/Suite  Authorization  Your Contact Mumber  Spouse's Contact Number  Date (mmi/dd/yyyy)	Name Change								
Spouse's Last Name Spouse's First Name MI Spouse's Social Security Number    New Address	New Last Name	New First Name			MI	Social	Security	Number	
Spouse's Last Name Spouse's First Name MI Spouse's Social Security Number    New Address									
Spouse's Last Name    Spouse's First Name   Spouse's First Name   Mi   Spouse's Social Security Number	Former Last Name	Former First Name			MI				
Spouse's Last Name    Spouse's First Name   Spouse's First Name   Mi   Spouse's Social Security Number									
Spouse's Last Name    Spouse's First Name   Spouse's First Name   Mi   Spouse's Social Security Number	Spouse's Information								
New Address  Street  Apt/Suite City State ZIP  Old Address  Street  Apt/Suite City State ZIP  Authorization  Your Name  Your Email Address  Your Signature  Spouse's Name  Spouse's Email Address	Spouse's Last Name				MI	Spouse's Social Security Number			
Street Apt/Suite City State ZIP  Old Address Street Apt/Suite City State ZIP  Apt/Suite City State ZIP  Apt/Suite City State ZIP  Authorization  Your Name Your Email Address  Your Signature Spouse's Name Spouse's Email Address	·	·							
Street Apt/Suite City State ZIP  Old Address Street Apt/Suite City State ZIP  Apt/Suite City State ZIP  Apt/Suite City State ZIP  Authorization  Your Name Your Email Address  Your Signature Spouse's Name Spouse's Email Address									
Street  Old Address  Street  Apt/Suite City State ZIP  Authorization  Your Name Your Email Address  Your Signature  Spouse's Name Spouse's Email Address		New A	ddress						
Street Apt/Suite City State ZIP  Authorization  Your Name Your Email Address  Your Signature Your Contact Mumber Date (mmiddlyyyy)  Spouse's Name Spouse's Email Address	Street		Apt/Suite	City			State	ZIP	
Street Apt/Suite City State ZIP  Authorization  Your Name Your Email Address  Your Signature Your Contact Mumber Date (mmiddlyyyy)  Spouse's Name Spouse's Email Address									
Authorization  Your Name  Your Email Address  Your Contact Mumber  Date (mm/dd/yyyy)  Spouse's Name  Spouse's Email Address		Old Ac							
Your Name     Your Email Address       Your Signature     Your Contact Mumber     Date (mm/dd/yyyy)       Spouse's Name     Spouse's Email Address	Street		Apt/Suite	City			State	ZIP	
Your Name     Your Email Address       Your Signature     Your Contact Mumber     Date (mm/dd/yyyy)       Spouse's Name     Spouse's Email Address	L								
Your Name     Your Email Address       Your Signature     Your Contact Mumber     Date (mm/dd/yyyy)       Spouse's Name     Spouse's Email Address									
Your Name     Your Email Address       Your Signature     Your Contact Mumber     Date (mm/dd/yyyy)       Spouse's Name     Spouse's Email Address									
Your Name     Your Email Address       Your Signature     Your Contact Mumber     Date (mm/dd/yyyy)       Spouse's Name     Spouse's Email Address									
Your Signature Your Contact Mumber Date (mm/dd/yyyy)  Spouse's Name Spouse's Email Address									
Spouse's Name  Spouse's Email Address	Your Name		Your Email Address						
Spouse's Name  Spouse's Email Address	Vous Cianatura	Your Contact Mumber					Date (marketellarium)		
	Your Signature		Your Contac	t Mumber				Date (mm/aa/yyyy)	
Spouse's Signature Spouse's Contact Number Date (mm/dd/yyyy)	Spouse's Name		Spouse's Email Address						
Spouse's Signature Spouse's Contact Number Date (mm/dd/yyyy)									
	Spouse's Signature		Spouse's Contact Number				Date (mm/dd/yyyy)		