E TT-9 City of Columbus, Income Tax Division Change of Address

Part 1	CHANGE YOUR HOME MAILING ADDRESS				
ndividual ir	come tax returns (Forms IR-22, IR-25, IR-21, IR-18 etc.)				
• If your	last return was a joint return and you are now establishing a residence				
separa	te from the spouse with whom you filed that return, check here				
Your name (first name, middle initial and last name)		1a. Your Social Security Number			
2. Spouse's name (first name, middle initial and last name)			2a. Spouse's Social Security Number		
3. Prior na	me(s)				
4. Old add	ress (number, street, city or town, state and zip code)			Apt. No.	
5. New add	ress (number, street, city or town, state and zip code)	Apt. No.	Date of Move		
Part 2	CHANGE YOUR BUSINESS MAILING ADDRESS OR BUS	INESS LO	CATION		
6. Busi	ness net profit returns (Forms BR-25, BR-21, BR-18 etc.) loyer withholding returns (Forms IT-11, IT-13, IT-15 etc.) ness location				
9. Business name			9a. EIN/FID Number		
10. Old mai	ling address (number, street, city or town, state and zip code)			Room or Suite no.	
11. New ma	iling address (number, street, city or town, state and zip code) Room or	Date of Mov	New Telephone	No.	
	Suite No.	Bato or mov	New Fax No.		
D 10	[()		
Part 3	SIGNATURE				
Daytime tele _l	phone number of person to contact (optional) ()				
Sign ▶	Your signature Date If Part 2 completed, signa	ture of owner. off	ficer or represent:	ative Date	
Here	In an 2 sompleted, signal	5. 5. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Date	
	If joint return, spouse's signature Date Title				

Mail to: Columbus Income Tax Division PO Box 183190

PO Box 183190 Columbus, Ohio 43218-3190

Fax: (614) 724-2608