Form **IT-9** City of Columbus, Income Tax Division

# Change of Address

## Part 1 CHANGE YOUR HOME MAILING ADDRESS

Individual income 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 separate from the spouse with whom you filed that return, check here..... ▶ ☐

| | |
|---|---|
| **1. 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 name(s)** | |
| **4. Old address** (number, street, city or town, state and zip code) | Apt. No. |
| **5. New address** (number, street, city or town, state and zip code) | Apt. No. / Date of move |

## Part 2 CHANGE YOUR BUSINESS MAILING ADDRESS OR BUSINESS LOCATION

Check all boxes this change affects:

6. ☐ **Business net profit returns (Forms BR-25, BR-21, BR-18 etc.)**
7. ☐ **Employer withholding returns (Forms IT-11, IT-13, IT-15 etc.)**
8. ☐ **Business location**

| | |
|---|---|
| **9. Business name** | **9a. EIN/FID Number** |
| **10. Old mailing address** (number, street, city or town, state and zip code) | Room or Suite no. |
| **11. New mailing address** (number, street, city or town, state and zip code) | Room or suite no. / Date of move / New telephone number ( ) / New fax number ( ) |

## Part 3 SIGNATURE

Daytime telephone number of person to contact (optional) ▶ (_____)_____

Print Form Reset Form

**Sign Here**

▶ Your signature _____ Date _____

▶ If joint return, spouse's signature _____ Date _____

▶ If Part 2 completed, signature of owner, officer or representative _____ Date _____

▶ Title _____

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