



ALABAMA DEPARTMENT OF REVENUE
 INCOME TAX ADMINISTRATION DIVISION
Change of Address Form

10/2021

**Please complete all fields and return the completed form to the mailing address shown below.
 Forms submitted without a Social Security Number will not be processed.**

Date: _____

Name: _____

Spouse's Name: _____

Primary last four digits of Social Security Number: _____

Spouse's last four digits of Social Security Number: _____

Amount of current year Alabama refund or amount owed to Alabama: \$ _____

Daytime Telephone Number: (_____) _____
AREA CODE

Former Mailing Address: _____

ADDRESS

CITY

STATE

ZIP CODE

Date New Mailing Address in Effect: _____

MONTH

DAY

YEAR

New Mailing Address: _____

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

SPOUSE'S SIGNATURE (IF JOINT RETURN, BOTH MUST SIGN)

Mail to: Alabama Department of Revenue, Income Tax Administration Division
 PO Box 327410
 Montgomery, AL 36132-7410