

Individual Change of Address

▶ DO NOT USE THIS FORM FOR CHANGING BUSINESS ADDRESS ◀

Individuals may use this form to notify the West Virginia State Tax Department of a change in address. To complete this form, provide the information requested. This form must be signed and dated, including spouse (if applicable). **Incomplete AND illegible forms will not be processed.** This form is intended for use by individuals. If you wish to change a business address, please register to use or logon to MyTaxes at mytaxes.wvtax.gov. Instructions for submitting address change for businesses may be found by accessing Help, Business/Tax Professional, Account/Names/Addresses section.

First Name	MI	Last Name	Last 4 digits of SSN or 8 Digit Account ID
First Name (SPOUSE, if applicable)	MI	Last Name (Spouse)	Last 4 digits of SSN or 8 Digit Account ID

NEW Resident Address			Unit/APT
City	State	Zip/Postal Code	County
NEW Mailing Address (If different from resident address)			Unit/APT
City	State	Zip/Postal Code	County

FORMER Resident Address			Unit/APT
City	State	Zip/Postal Code	County
FORMER Mailing Address (If different from resident address)			Unit/APT
City	State	Zip/Postal Code	County

By signing below, you are authorizing the West Virginia State Tax Department to change this address and certify to the best of your knowledge and belief that this report is true.

Primary Taxpayer 

Signature _____ Date _____

E-mail Address _____ Daytime Phone _____

The West Virginia State Tax Department may contact me using the following method (mark all that apply):

E-mail YES NO Phone YES NO Mail YES NO

Spouse 

Spouse's Signature _____ Date _____

E-mail Address _____ Daytime Phone _____

The West Virginia State Tax Department may contact me using the following method (mark all that apply):

E-mail YES NO Phone YES NO Mail YES NO

Mail completed form to West Virginia State Tax Department, Personal Income Tax Unit, PO Box 2389, Charleston, WV 25328-2389