

## **CHANGE OF ADDRESS FORM**

CITY of CANFIELD 104 LISBON ST. CANFIELD, OH 44406

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Part 1   CHANGE YOUR HOME N	MAILING ADDRES	S (use this section if you are	an individua	l)	
If your last return was a joint return an	•				
residence separate from the spouse w	ith whom you filed	that return, check box			
A. V No (Chapter and all the testing of	dlast says	la v		1	
Your Name (first name, middle initial and last name)		1a. Your social security numb	er		
2. Spouse's Name (first name, middle initia	2a. Spouse's social security no	ımber			
			1		
3. Prior name(s)					
4. Old address (number, street, city or town, state and zip code)					
5. New address (number, street, city or town, state and zip code)			Date of Mo	Date of Move	
	S MAILING ADD	RESS OR BUSINESS LOCATION	V		
Check all boxes this change affects:					
6. Business net profit returns					
7. Employer withholding returns					
8. Business Location					
9. Business name					
10. Old mailing address (number, street, city or town, state and zip code)					
11. New mailing address (number, street, city or town, state and zip code)			Date of Mo	Date of Move	
Part 3   SIGNATURE					
	I			I	
X		X			
Your Signature Date		If part 2 completed signature of owner, Da		<u>Date</u>	
.,		officer	,		
X					
If joint return, spouse's signature Date		Title			