



Indiana Department of Revenue  
**Individual Address Change**

Section 1			
Individual SSN	Name		
Previous Address	City	State	ZIP Code
New Address	City	State	ZIP Code
Email	Phone		

Section 2 – Required for Taxpayers with “Married Filing Joint” tax filing status	
Spouse SSN	Spouse Name

**Please mail updated form to:**

PO Box 7207  
Indianapolis, IN 46207-7207  
or  
Fax # (317) 615-2608

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (Required: if most current filing status is “Married Filing Joint”):

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please note this form is used for address changes only.