



Missouri Department Of Revenue  
**Change Of Name or Address**

Please complete only those lines that require changing.

Please use this form to report any changes of mailing address or name.

New Name

Social Security Number

Spouse's Social Security Number

Spouse's New Name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Previous Name And Mailing Address

New Mailing Address

City

**Mail To:**

Missouri Department of Revenue  
P.O. Box 555  
Jefferson City, MO 65105-0555

State

Zip Code