

FORM 109-I MARYLAND CHANGE OF ADDRESS FOR INDIVIDUALS

Your First name	Initial	Last name	Social Security number
Spouses First name	Initial	Last name	Spouses Social Security number

OLD ADDRESS

Street Address		APT, STE, RM (if applicable)	
Mailing Address (If different than above, or P.O. Box if Post Office does not deliver to your Street Address)			
City or Town		State	ZIP code
Telephone number	Email address (Optional)		

NEW ADDRESS

Street Address		APT, STE, RM (if applicable)	
Mailing Address (If different than above, or P.O. Box if Post Office does not deliver to your Street Address)			
City or Town		State	ZIP code
Telephone number	Email address (Optional)		

Please update my address information per the information above. I certify that the foregoing information is true, correct and accurate to the best of my knowledge.

_____ Signature _____ Date _____
 Print name

FORM 109-I MARYLAND CHANGE OF ADDRESS FOR INDIVIDUALS INSTRUCTIONS

General Information

You can use Form 109-I to notify the Comptroller of Maryland that you have changed your home mailing address. If you have changed both your home and business mailing addresses, please submit Form 109-I along with Form 109-B.

Filling out Form 109-I

- Please print using blue or black ink.
- Enter OLD address information in the first section; enter NEW address in the second section.
- Be sure to include any apartment, room, or suite number information using the common designators as shown below.

Common Designators

The most common unit designators are:

Apartment	APT
Building	BLDG
Floor	FL
Suite	STE
Unit	UNIT
Room	RM
Department	DEPT

- Only enter P.O. Box information if your post office does not deliver mail to your street address.
- Do not use “#” signs or other special characters, except the dash in the “ZIP code” field when a 9-digit ZIP is used.
- Please remember to sign and date the form prior to submission.

For more information

Visit our Web site at www.marylandtaxes.com or call Taxpayer Service at 410-260-7980 in Central Maryland or 1-800-638-2937 from elsewhere. For the hearing impaired: Maryland Relay Service 711.

Mail to:

**COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
TAXPAYER IDENTIFICATION
110 CARROLL STREET
ANNAPOLIS MD 21411-0001**