



CHANGE OF ADDRESS

City of Port Clinton
 Income Tax Department
 1868 E Perry Street
 Port Clinton, OH 43452
 (419) 734-5522, option 4
 (419) 732-6558, Fax
www.portclinton.com

If your last return was a joint return and you are now establishing a residence separate from
 The spouse with whom you filed that return, check here

Please Print

CHANGE YOUR HOME MAILING ADDRESS

YOUR NAME	SOCIAL SECURITY NUMBER
-----------	------------------------

SPOUSE'S NAME (INCLUDING PRIOR NAMES)	SPOUSE'S SSN
---------------------------------------	--------------

OLD ADDRESS

NEW ADDRESS	DATE OF MOVE
-------------	--------------

CHANGE YOUR BUSINESS MAILING ADDRESS OR BUSINESS LOCATION

Check all boxes this change affects: Business Profit Returns Employer Withholding Returns Business Location

BUSINESS NAME	EIN/FIN NUMBER
---------------	----------------

OLD ADDRESS

NEW ADDRESS	DATE OF MOVE
-------------	--------------

SIGNATURE


 _____ Date _____ Business Owner or Officer _____ Date _____
 Your Signature

_____ Date _____ Title _____
 Spouse signature, if filing jointly