



# 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](http://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
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SPOUSE'S NAME (INCLUDING PRIOR NAMES)	SPOUSE'S SSN
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OLD ADDRESS
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NEW ADDRESS	DATE OF MOVE
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## 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
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OLD ADDRESS
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NEW ADDRESS	DATE OF MOVE
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## SIGNATURE

 \_\_\_\_\_ Date \_\_\_\_\_ Business Owner or Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Your Signature

\_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
 Spouse signature, if filing jointly