REVENUE DIVISION
Individual Income Tax
1816 W 7th St., Room 2300
Post Office Box 3628
Little Rock, Arkansas 72203-3628
Phone: (501) 682-1100
Fax: (501) 682-7691
http://www.arkansas.gov/dfa

STATE OF ARKANSAS

Individual Income Tax Account Change Form

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Please type or print when filling out this form

SECTION I - COMPLETE THIS PART TO CHANGE YOUR INDIVIDUAL NAME AND/OR ADDRESS

Check all that apply: ☐ Name Change ☐ Address Change ☐ Lost or Stolen Check ☐ Remail Check

1A Your Name (first name, initial, and last name)	**1B** Your Social Security Number
2A Spouse's Name (first name, initial, and last name)	**2B** Spouse's SSN
3A Your Prior Name (if any)	
3B Spouse's Prior Name (if any)	
4A Old Mailing Address, City, State, and Zip Code	
4B New Mailing Address, City, State, and Zip Code	

SECTION II - COMPLETE THIS PART TO CHANGE BUSINESS ADDRESS OR LOCATION

Check all that apply: ☐ Partnership ☐ Fiduciary

5A Business, Estate, or Trust Name	**5B** Federal Identification Number
6A Old Mailing Address, City, State, and Zip Code	
6B New Mailing Address, City, State, and Zip Code	
7 New Business Location (if different from mailing address)	

SECTION III - SIGNATURE

If Part I Completed

Your Signature | Date | Phone Number

If Joint Return, Spouse's Signature | Date | Phone Number

If Part II Completed

Signature of Owner, Officer, or Representative | Date | Title | Phone Number

Address Change (R 10/25/12)

MAIL COMPLETED FORM TO:

ARKANSAS STATE INCOME TAX
PO BOX 3628
LITTLE ROCK, AR 72203

OR

FAX COMPLETED FORM TO:

501-682-7691