

Form 8822

(Rev May 1995)

Department of the Treasury
Internal Revenue Service

Change of Address

OMB No. 1545-1163

Please type or print.

Do not attach this form to your return.

Part I Complete This Part to Change Your Home Mailing Address

Check all boxes this change affects:

- 1
- ☐
- Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc)

▶ 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 ☐

- 2
- ☐
- Employment tax returns for household employers (Forms 942, 940 and 940-EZ, etc)

▶ Enter your employer identification number here _____

- 3
- ☐
- Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc)

▶ For Forms 706 and 706NA, enter the decedent's name and social security number below.

▶ Decedent's name _____

▶ Social Security Number _____

4a Your name (first name, initial, and last name)

4b Your Social Security Number

5a Spouse's name (first name, initial, and last name)

5b Spouse's Social Security Number

6 Prior name(s). See instructions

7a Old address (no., street, city or town, state, and ZIP Code). If a P.O. box or foreign address, see instructions

5901 NW 31 AVENUE

FORT LAUDERDALE, FL 33309

Apt no.

7b Spouse's old address, if different from line 7a (no., street, city or town, state, & ZIP Code). If a P.O. box or foreign address, see instructions

Apt no.

8 New address (no., street, city or town, state, and ZIP Code). If a P.O. box or foreign address, see instructions

Apt no.

Part II Complete This Part to Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

- 9
- ☒
- Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc)

- 10
- ☐
- Employee plan returns (Forms 5500, 5500 C/R, and 5500-EZ)

- 11
- ☒
- Business location

12a Business name

GEMINI INVESTMENTS, INC.

12b Employer Identification Number

59-1926889

13 Old address (no., street, city or town, state, & ZIP Code). If a P.O. box/foreign address, see instrs

5901 NW 31 AVENUE

FORT LAUDERDALE FL 33309

Room or suite no.

14 New address (no., street, city or town, state, & ZIP Code). If a P.O. box/foreign address, see instrs

P.O. BOX 590910

FORT LAUDERDALE FL 33359-0910

Room or suite no.

15 New business location (no., street, city or town, state & ZIP Code). If a foreign address, see instrs

1881 NE 26 STREET

WILTON MANORS FL 33305

Room or suite no.

218/BOX D-10

Part III Signature

Daytime telephone number of person to contact (optional)

▶ (954) 568-4479

Please
Sign
Here

Your Signature

Date

If Part II completed, signature of owner, officer, or representative

Date

If joint return, spouse's signature

Date

▶ CATHERINE CORSO, PRESIDENT

Title

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8822 (Rev 5-95)

KS 7/24