

Form **8822**

(Rev May 1995)

Department of the Treasury,
Internal Revenue Service**Change of Address**

▶ Please type or print.

▶ Do not attach this form to your return.

OMB No. 1545-1163

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, 1041, 1041-EZ, 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

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

ASSOCIATES ACCOUNTING & TAX SERVICES, INC.

12b Employer Identification Number

59-2612101

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)

Please
Sign
Here

Your Signature

Date

▶ (954) 568-4443

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)

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