# 109-I MARYLAND CHANGE OF ADDRESS FOR INDIVIDUALS

First Name		 Initial	Last Name			SSN	
Spouse's First Name Init			itial Last Name			Spouse's SSN	
OLD ADDRESS							
Mailing Address - Line 1							-
Mailing Address - Line 2 (PO	Box, Apt No., Suite	No.)					-
City or Town				State	ZIP Code + 4		-
Telephone number	Email address						
NEW ADDRESS							
Current Mailing Address - Lir	ne 1						
Current Mailing Address - Lir	ne 2 (PO Box, Apt No	., Suite	e No.)				
City or Town				State	ZIP Code + 4		-
Telephone number	Email address						
Please undate my addres	s information por	the in	formation above. I certify tha	at the forecoi	na information i	s true cor	rect and
accurate to the best of m	y knowledge.	uie ifi	iormation above. I certify the	ic the foregor	ng imormation i	s crue, corr	ect and
Print nan	ne	-	Signature			Date	

# FORM MARYLAND CHANGE OF ADDRESS 109-I FOR INDIVIDUALS

#### **General Information**

You can use Form 109-I to notify the Comptroller of Maryland that you have changed your home mailing address. If you have changed both your home and business mailing addresses, please submit Form 109-I along with Form 109-B.

# Filling out Form 109-I

- Please print using blue or black ink.
- Enter OLD address information in the first section; enter NEW address in the second section.
- Be sure to include any apartment, room, or suite number information using the common designators as shown below.

### **Common Designators**

The most common unit designators are:

Apartment	APT		
Building	BLDG		
Floor	FL		
Suite	STE		
Unit	UNIT		
Room	RM		
Department	DEPT		

- Only enter P.O. Box information if your post office does not deliver mail to your street address.
- Do not use "#" signs or other special characters, except the dash in the "ZIP code" field when a 9-digit + 4 ZIP is used.
- Please remember to sign and date the form prior to submission.

# For more information

Visit **www.marylandtaxes.gov** or call Taxpayer Service at 410-260-7980 in Central Maryland or 1-800-638-2937 from elsewhere. For the hearing impaired: Maryland Relay Service 711.

#### Mail to:

COMPTROLLER OF MARYLAND REVENUE ADMINISTRATION DIVISION TAXPAYER IDENTIFICATION 110 CARROLL STREET ANNAPOLIS MD 21411-0001