CALIFORNIA FORM

Change of Address

3533

Do not attach this form to your return.

Part I Complete This Part to Change Your Home Mailing Address

Complete this part if the address change affects any of the following individual income tax returns (Forms 540, 540A, 540 2EZ, or the Long or Short Form 540NR)

▶ If your last return was a joint return and you are now establishing a separate residence, check the box . . . . . ▶ ☐

1a Your first name / **Initial** / **Last name**		**1b Your SSN or ITIN**
2a Spouse's/RDP's first name / **Initial** / **Last name**		**2b Spouse's/RDP's SSN or ITIN**
3 Prior name(s) See instructions.		
4a Old address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.		Apt. no./Ste no.
4b Spouse's/RDP's old address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.		Apt. no./Ste. no.
5 New address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.		Apt. no./Ste. no.

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

Check **ALL** boxes this change affects:

6 ☐ Business, Estate, or Trust returns (Forms 100, 100S, 100W, 109, 199, 541, 565, or 568)

7a ☐ Business, Estate, or Trust location (Also complete line 11)

7b California corporation number

7c California Secretary of State file number

8a Business, Estate, or Trust name

8b FEIN

9 Old mailing address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.

10 New mailing address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.

11 New business location address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.

Part III Signature

Daytime telephone number of person to contact ▶ ( )

Please Sign Here (see instructions)

▶ Your signature / Date

▶ If Part II complete, signature of owner, officer, or representative / Date

▶ If joint return, spouse's/RDP's signature / Date

▶ Title

General Information

For purposes of California income tax, references to a spouse, husband, or wife also refer to a California registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Purpose

Use form FTB 3533, Change of Address, to change your home or business mailing address or your business location. This address change will be used for future correspondence. Generally, complete only one form FTB 3533 to change your home or business address. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, attach a copy of your form FTB 3520, Power of Attorney, to this form.

You may also go to **ftb.ca.gov** and search for **myftb account** (individuals only) or call 800.852.5711 to change your address. If you change your address online or by phone, you do not need to file this form.

Prior Name(s)

If you or your spouse/RDP changed your name because of marriage, divorce, etc., complete line 3.

Addresses

Include any apartment number, suite number, or private mail box (PMB) in the address field. Write the "PMB" first, then the box number. Example: 111 Main St. PMB 123.

PO Box

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

Foreign Address

If your address is outside the United States or its possessions or territories, enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country name.

Signature

If you complete Part II, the owner, officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who maintains a valid power of attorney to handle tax matters.

Where to File

Mail this form to:

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002

If you moved after you filed your return and you are expecting a refund, notify the post office serving your old address to assist in forwarding your check to the new address.