



DELAWARE F O R M

DIVISION OF REVENUE **PIT-REQ**

PERSONAL INCOME TAX REQUEST FOR CHANGE FORM



TAXPAYER ID

SPOUSE TAXPAYER ID

--	--

EFFECTIVE DATE

REASON FOR CHANGE

--	--

NAME AND ADDRESS


--

NEW NAME AND ADDRESS

NAME			
ADDRESS			
CITY			
STATE	ZIP CODE	PHONE NUMBER	

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

MAIL COMPLETED FORM TO: 
Delaware Division of Revenue
PO Box 0830
Wilmington, DE 19899-0830

YOUR SIGNATURE _____
DATE

SPOUSE SIGNATURE _____
DATE

📞 HOME PHONE NUMBER 📞 BUSINESS PHONE NUMBER

@ EMAIL ADDRESS

