

NEW RESIDENT/CHANGE OF ADDRESS FORM

Name of Taxpayer A:

Name of Taxpayer B:

CURRENT ADDRESS INFO:

Street Address (must include house number):

_____ P.O. Box (if used):

City, State, Zip: _____

Phone: _____ Email: _____

FORMER ADDRESS INFO:

Street Address (must include house number):

_____ P.O. Box (if used):

City, State, Zip: _____

Mail or fax the completed form to:

**YORK ADAMS TAX BUREAU
1405 N. DUKE STREET
PO BOX 15627
YORK PA 17405-0156**

**PHONE: (717) 845-1584
FAX: (717) 854-6376
WWW.YATB.COM**