

Mail or FAX completed forms to:
PO Box 44215, Jacksonville, FL 32232-4215
Fax: 866-812-3144

Questions? Call us at 1-800-HRBLOCK

Account Owner	
Name (Print Clearly)	Contact Phone Number: □ □ □ - □ □ □ - □ □ □ □
Account Number: □ □ □ □ □ □ □ □ □ □	SSN/TIN: □ □ □ - □ □ - □ □ □ □ □ □
Account Number: □ □ □ □ □ □ □ □ □ □	Account Number: □ □ □ □ □ □ □ □ □ □

New Address	
Permanent Address (Cannot be a PO Box):	
Street	
City	State Zip
Mailing Address for Statements & Correspondence (if different from permanent address)	
Street or PO Box	
City	State Zip
Phone Number: □ □ □ - □ □ □ □ - □ □ □ □ □ □	E-mail Address:
Alternate Phone Number: □ □ □ - □ □ □ □ - □ □ □ □ □ □	

Signature(s):	
Owner _____	Date: _____
Co-Owner (if applicable) _____	Date: _____

Clarify Case# _____