



**Massachusetts Department of Revenue**  
**Form COA**  
**Taxpayer Change of Address**

Name of taxpayer Social Security number

Name of taxpayer's spouse Social Security number

Previous address

City/Town State Zip

New address

City/Town State Zip

Type of return filed (fill in one only):  
 Form 1    Form 1-NR/PY    Form 2    Form 3    Other

**Important notice**

To expedite your address change request, notify DOR electronically at [mass.gov/masstaxconnect](http://mass.gov/masstaxconnect). The online service is quick, easy and secure, and you will receive immediate confirmation that your address request has been submitted. If you have any questions about your MassTaxConnect account, call us at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089.

Signature Date

Mail to: **Massachusetts Department of Revenue, PO Box 7011, Boston, MA 02204.**