

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **8822**

(Rev December 2008)
Department of the Treasury

Change of Address

► Please type or print.

▶ Do not attach this form to your return.

OMB No 1545-1163

Part I Complete This Part To Change Your Home Mailing Address		
Check all boxes this change affects		
1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)		
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here	e ▶ □	
2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.) For Forms 706 and 706-NA, enter the decedent's name and social security number by	pelow	
➤ Decedent's name ➤ Social security numl	ber	
3a Your name (first name, initial, and last name)	3b Your social se	curity number
	!	;
42 Spougeto warms (first pages united and least game)	4b Spouse's socia	al security number
4a Spouse's name (first name, initial, and last name)	Spouse's social	i security number
5 Prior name(s). See instructions	<u> </u>	
6a Old address (no , street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions		Apt no
Oid address (no , street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions		
6b Spouse's old address, if different from line 6a (no , street, city or town, state, and ZIP code) If a P O box or foreign	address, see instruction	ons Apt no
7 New address (no , street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions		Apt no
Part II Complete This Part To Change Your Business Mailing Address or Bus	siness Location	
Check all boxes this change affects	JIIICGS LOCATION	
8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941	, 990, 1041, 1065	, 1120, etc.)
9 Employee plan returns (Forms 5500, 5500-EZ, etc.)		
10 U Business location -	11h Employer ide	entification number
		•
Knights of Columbus St Stephen, Council 14084		28 05
12 Old mailing address (no, street, city or town, state, and ZIP code) If a PO box or foreign address, see instruction	ons	Room or suite no
P.O. Box 1986, Riverview FL 33568		
13 New mailing address (no , street, city or town, state, and ZIP code) If a PO box or foreign address, see instruction	ions	Room or suite no.
6507 Bridgecrest Dr., Lithia FL 33547		B
14 New business location (no , street, city or town, state, and ZIP code) If a foreign address, see instructions		Room or suite no
Part III Signature		
. c.a. c.a. 1963 1	El Barrie	•,
Daytime telephone number of person to contact (optional) • (8/3) 826 - 4882 Sign Here 3/31/10 18/2	Enemial Secre	tary, Council
a lulani	77,17-0-17	7 1400
Sign Here Youngignature 3/31/10 If Part II completed, signature	ure of ourser officer or requ	pagastatus Data
Here Your signature Date If Part II completed, signature	are or owner, officer, or repr	esentative Date
If roint return, spouse's signature Date Title		

0425876267 Jan. 21, 2010 LTR 2695C 0 R 20-5082805 200906 67 00016414

KNIGHTS OF COLUMBUS ST STEPHEN COUNCIL 14084 PO BOX 1986 RIVERVIEW FL 33568



008422

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Financial Secretary Council 14084

Title