

NASH BUSINESS SERVICES, INC. Tax Income /Payroll/Sales/Bookkeeping/Business License Prep

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ADDRESS & NAME CHANGE?

LEGAL ADDRESS= MAP BOOK, PAGE #, PARCEL #. **ADDRESS**= ACTUAL ADDRESS. **MAILING ADDRESS**

CO:	NAME	DATE
PHONE:	CELL	FAX
OLD ADDRESS		EMAIL
NEW ADDRESS		

Y/N	SEND	FORM	WEB	PHONE	Y/N	OFFICE SOFTWARE
	IRS	8822 OR CALL	www.irs.gov	800 829-1040	Y	PROSERIES
	BOE	BOE 345 OR CALL	www.boe.ca.gov	800 400-7115	Y	CFS
	FTB	3533 OR CALL	www.ftb.ca.gov	800 338-0505	Y	OUTLOOK
	EDD	Call	www.edd.ca.gov	866 564-4288	Y	QUICKBOOK
	SOS	SI200	www.sos.ca.gov	213 897-3062		
	LA CNTY ASS	ASSR-451	www.assessor.la.county.gov	818 833-6000		
	COUNTY LA	DBA FICT. REFILE	www.lavote.net	800 815-2666		
	DEPT. OF CORP	CALL TO UPDATE	www.corp.ca.gov	916 327-7585		
	CITY OF LA 571	WRITE LETTER	www.lacity.org/finance	213978-1532		

Dear Client

We need you to fill out above name Company contact information, old and new Address.

We will update the address from our system, we need you to contact all Governmental agencies for address change if not we have to charge you \$ 50 for our services. If you agree please sign, date and send this form back ASAP. You could fill out USPS form below and send it to all your creditors they will update your records. Thank you

By Signing this form I Allow NBS to send all Governmental Agencies for \$50

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

Please PRINT items 1-9 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions)
 Individual (#5) Entire Family (#5) Business (#6) Temporary?

2. Is This Move
 Yes No

3. Start Date: (ex. 02/27/07)
 4. If TEMPORARY move, print date to discontinue forwarding: (ex. 03/27/07)

5a. LAST Name & Jr./Sr./etc.

5b. FIRST Name and MI

6. If BUSINESS Move, Print Business Name

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

7a. OLD Mailing Address

7a. OLD APT or Suite

7c. OLD CITY

7d. State

7e. ZIP

PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

8a. NEW Mailing Address

8a. NEW APT/Ste or PMB

8c. NEW CITY

8d. State

8e. ZIP

9. Print and Sign Name (see conditions on reverse)

Print:

Sign:

10. Date Signed:

(ex. 01/27/07)

OFFICIAL USE ONLY

Zone/Route ID No.

Date Entered on Form 3982

M M D D Y Y

Expiration Date

M M D D Y Y

Clerk/Carrier Endorsement

OFFICIAL USE ONLY