

Meredith, Elkins & Feldman, PLLC

Certified Public Accountants

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Member: American Institute of Certified Public Accountants
Tennessee Society of Certified Public Accountants
Tennessee Association of Accountants

Information Change Form

Taxpayer name: _____

SSN: ____-____-____

Fill out only what has changed:

New Address

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

New Dependent(s)

<u>Dependent Name</u>	<u>SSN</u>	<u>Birth Date</u>	<u>Relationship</u>	<u>Legal Custody (if minor)</u>	
_____	____-____-____	___/___/____	_____	Y	N
_____	____-____-____	___/___/____	_____	Y	N

Remove Dependent(s)

_____	____-____-____	___/___/____	_____	Y	N
_____	____-____-____	___/___/____	_____	Y	N

Got Married (Please provide spouse's prior year tax return)

Spouse Name on current social security card: _____

SSN: ____-____-____

Date of Birth: ___/___/____

Got Divorced Check Box, if divorce was final in 2023 []

Death of Spouse or Dependent

Name of decedent: _____ Date of Death: ___/___/____

Taxpayer Signature: _____ Date: _____