

Taxpayer Information Change Request

Form P-706 may be used to change your Social Security number, name, address, e-mail address, or consent to receive e-mail notices. If you have any questions please call (608) 266-2772. Please complete the form as indicated in each section. Forms submitted without a social security number will not be processed.

Section 1 – Old Information – Complete ALL Items

Name			Social Security Number
Name (spouse)			Social Security Number
Address			E-Mail Address
City	State	Zip	

Section 2 – New Information – Enter CHANGES ONLY

Name			Social Security Number
Name (spouse)			Social Security Number
Address			E-Mail Address
City	State	Zip	

Mark those that apply.

- Name Change
- Separated/Divorced
- Social Security Number Correction
- Other _____
- E-mail address correction
- I agree to receive notices from the Wisconsin Department of Revenue through the e-mail address provided
- I revoke my agreement to receive notices from the Wisconsin Department of Revenue through the e-mail address provided
- Permanent Address Change (effective date _____)

Your Signature	Date
If Joint Return, Spouse's Signature	Date
Daytime Telephone Number of Contact Person	

Note: If you are changing information for any person other than yourself, a Power of Attorney form must be provided for the changes to take place.

Please mail the completed form to: Taxpayer Information Changes
 Wisconsin Department of Revenue
 PO Box 8949
 Madison WI 53708-8949