



MISSOURI DEPARTMENT OF REVENUE
 PO BOX 100
 JEFFERSON CITY MO 65105-0100
ADDRESS CHANGE REQUEST FORM

FORM
4160
 (REV. 02-2011)

IMPORTANT NOTE:
 YOU MAY COMPLETE THIS FORM TO UPDATE
 YOUR MAILING ADDRESS IN OUR FILES.
 IF HANDWRITING THE INFORMATION,
PLEASE PRINT CLEARLY.

NAME	
NAME (LAST, FIRST, MIDDLE)	LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER _____

OLD ADDRESS INFORMATION			NEW ADDRESS INFORMATION		
MAILING ADDRESS			MAILING ADDRESS		
CITY			CITY		
COUNTY	STATE	ZIP CODE _____	COUNTY	STATE	ZIP CODE _____
SIGNATURE		DAYTIME TELEPHONE NUMBER (_____) _____ - _____	E-MAIL ADDRESS		

RECORDS TO BE UPDATED

DRIVER LICENSE RECORDS Driver License Record Address Change Questions: (573) 751-2730

NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	BIRTHDATE (MM/DD/YYYY) ___ / ___ / ___
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This change includes instruction permits and nondriver licenses.
NOTE: You must complete a Driver License Application at a Missouri License Office if you want your Missouri Driver License to reflect your new address.

INDIVIDUAL INCOME TAX RECORDS Individual Income Tax Address Change Questions: (573) 751-3505

MOTOR VEHICLE RECORDS Motor Vehicle Record Address Change Questions: (573) 526-3669

<p>LIST ALL PASSENGER CAR, TRUCK, RECREATIONAL VEHICLE, MOTORCYCLE AND TRAILER PLATES BELOW:</p> <table border="1"> <thead> <tr> <th>LICENSE PLATE NUMBER</th> <th>EXP. YEAR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	LICENSE PLATE NUMBER	EXP. YEAR																	<p>LIST ALL DISABLED PLACARDS BELOW:</p> <table border="1"> <thead> <tr> <th>DISABLED PLACARD NUMBER</th> <th>EXP. YEAR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>LIST ALL BOAT OR OUTBOARD TITLE NUMBERS BELOW:</p> <table border="1"> <thead> <tr> <th>BOAT OR OUTBOARD MOTOR TITLE NUMBER</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>	DISABLED PLACARD NUMBER	EXP. YEAR					BOAT OR OUTBOARD MOTOR TITLE NUMBER					
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BUSINESS TAX RECORDS Business Tax Address Change Questions: (573) 751-5860
 To request a change of address for a business, complete a Registration Change Request (Form 126), which can be obtained on our web site at: <http://dor.mo.gov/forms/126.pdf>

FOR MORE INFORMATION, VISIT OUR WEB SITE AT: WWW.DOR.MO.GOV