



**CHANGE OF NAME/ADDRESS
FOR
EMPLOYEES
INDEPENDENT CONTRACTORS
(Please Print)**

EMPLOYER (CONSUMER)/REPRESENTATIVE COMPLETES:

| | |
|----------------------------|-------|
| Employer/Consumer Name: | |
| Consumer's CDC+ ID Number: | Date: |

**EMPLOYEE/INDEPENDENT CONTRACTOR COMPLETES:
CURRENT (OLD) INFORMATION**

| | | | |
|----------------------|--------|--------------------------------|------|
| Last Name: | | First Name: | |
| Phone: ()) | | | |
| Address: | | | |
| City: | State: | Zip: | DOB: |
| Employee SSN: | | Independent Contractor Tax ID: | |

NEW INFORMATION

| | | | |
|----------------------|--------|--------------------------------|------|
| Last Name: | | First Name: | |
| Phone: ()) | | | |
| Address: | | | |
| City: | State: | Zip: | DOB: |
| Employee SSN: | | Independent Contractor Tax ID: | |

If you are an employee and you are completing this form because of a name change, please give a copy of your **new** Social Security card to your employer. This form and a copy of the **new** Social Security card must be sent to the fiscal agent. The fiscal agent is responsible for sending employees' W-2 Forms and Independent Contractors' Forms 1099-MISC at the end of the calendar year. The fiscal agent is required to maintain the employee's and independent contractor's correct mailing address.