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Thomas O. Forslund, Director

Governor Matthew H. Mead

TAX REFUND FOR THE ELDERLY AND DISABLED

CHANGE OF ADDRESS

Name: _____ Phone # _____
(Please Print) Last Name First Name

FORM NUMBER FROM APPLICATION # _____

OLD ADDRESS

Physical: _____
Street City State Zip

Mailing: _____
Street City State Zip

NEW ADDRESS

Physical: _____
Street City State Zip

Mailing: _____
Street City State Zip

Signature: _____ Date: _____

NOTE: Unsigned and undated address change requests will not be accepted.

NOVEMBER 25TH IS THE DEADLINE TO HAVE THIS FORM SUBMITTED TO BE GUARANTEED THAT YOU'RE CHECK WILL BE MAILED TO THE CORRECT ADDRESS.

Tax Refund for Elderly & Disabled
460 Hathaway Building, Cheyenne WY 82002
E-Mail: edtax.refund@wyo.gov Web Page: www.health.wyo.gov
Toll- Free Number: 1-866-989-8901 FAX: (307) 777-5896