



VFW Auxiliary

New Accountable Officer /Auxiliary Treasurer



- ▣ Needs to notify the IRS of change in responsible party.
- ▣ Needs to file form 8822-B with the IRS within 60 days of election.
- ▣ Ensures IRS correspondence goes to the address of the new Treasurer.
- ▣ Only new Treasurers file this.

NOTE: This completed form must be mailed to the following address:

**Internal Revenue Service
Kansas City, MO 64999**

BELOW IS A SAMPLE OF HOW TO COMPLETE THE 8822-B:

Form 8822-B (Rev. December 2019) Department of the Treasury Internal Revenue Service		Change of Address or Responsible Party — Business ▶ Please type or print. ▶ See instructions on back. ▶ Do not attach this form to your return. ▶ Go to www.irs.gov/Form8822B for the latest information.		OMB No. 1545-1163
Before you begin: If you are also changing your home address, use Form 8822 to report that change.				
If you are a tax-exempt organization (see instructions), check here <input type="checkbox"/>				
Check all boxes this change affects.				
1 <input checked="" type="checkbox"/> Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)				
2 <input type="checkbox"/> Employee plan returns (Forms 5500, 5500-EZ, etc.)				
3 <input type="checkbox"/> Business location				
4a Business name VFW OF THE US AUXILIARY TO XXXXXX POST 12345		4b Employer identification number 00-0000000		
5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. 1234 ANY STREET, KANSAS CITY, MO 64111				
Foreign country name		Foreign province/county		Foreign postal code
6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. 6789 MY STREET, ST. LOUIS MO 63123				
Foreign country name		Foreign province/county		Foreign postal code
7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.				
Foreign country name		Foreign province/county		Foreign postal code
8 New responsible party's name SUZIE Q. SMITH				
9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM 55-4 TO SEE WHO MAY USE AN EIN.) 123-45-6789				
10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Daytime telephone number of person to contact (optional) ▶ 816-555-1234				
Sign Here	Signature of owner, officer, or representative TREASURER			Date
	Title			
Where To File Send this form to the address shown here that applies to you.				
IF your old business address was in . . .		THEN use this address . . .		
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin		Internal Revenue Service Kansas City, MO 64999		
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States		Internal Revenue Service Ogden, UT 84201-0023		
For Privacy Act and Paperwork Reduction Act Notice, see back of form.				