



# Pacific Maritime Association Payroll Services

## PAYROLL CHANGE OF ADDRESS FORM

All fields are required and must be completed.

Return form by: Mail ► PMA Attn: Longshore Payroll Services  
555 Market Street, 3<sup>rd</sup> Floor, San Francisco, CA 94105  
Fax ► (775) 824-3776  
Email ► [prsmail@pmanet.org](mailto:prsmail@pmanet.org)

|  |  |  |  |                                 |            |
|--|--|--|--|---------------------------------|------------|
| ❶ Name (First, MI, Last)   |  | ❷ Last 4 of Social Security Number<br>XXX-XX- ____ _ |  | ❸ Payroll / Registration Number |            |
| <b>W4 TAX ADDRESS</b>  |  |  |  |                                 |            |
| ❹ New Address (Number and Street or Rural Route)                                     |  | ❺ City   |  | ❻ State                         | ❼ Zip Code |
| <b>OPTIONAL ALTERNATE ADDRESS FOR CHECK AND W2 MAILING (IF DIFFERENT FROM ABOVE)</b> |  |  |  |                                 |            |
| ④ New Address (Number and Street or Rural Route)                                     |  | ⑤ City   |  | ⑥ State                         | ⑦ Zip Code |
| ▶ Signature  |  |  |  | ▶ Date                          |            |