



Address change form- Staff/ Contractors

Name:

Tax ID:

Previous address:

Current address (if different from above):

Tax document mailing address (if same as current address, leave blank):

Email address:

Bank routing/#-Sort code/swift code/IBAN if needed:

Note: I, agree to make tax payments as due on all payments received from ProLift, Proline or its affiliates to the governmental tax authorities in my jurisdiction. The company(s) will not be responsible for my failure to remit my taxes as due to such authorities.

***Signature(Mandatory):**

Mailing Address: PO Box 20134. Sugar Land, TX 77496

Phone number- 832-886-4420

Thank you,

Management