



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, 3rd Floor, San Francisco, CA 94105
➤ Fax: (775) 824-3776
➤ Email: prsmail@pmanet.org

❶ Name (First, MI, Last)		❷ Last 4 of Social Security Number XXX-XX- ____		❸ Payroll / Registration Number	
W4 TAX ADDRESS (Must be California, Oregon, or Washington only)					
❹ New Address (Street Number and Name, Apt. Number)		❺ City	❻ State	❼ Zip Code	❽ County
OPTIONAL ALTERNATE ADDRESS FOR CHECK AND W2 MAILING (IF DIFFERENT FROM ABOVE)					
❹ New Address (Street Number and Name, Apt. Number)		❺ City	❻ State	❼ Zip Code	❽ County
▶ Signature				▶ Date	