# Change of Address Form

Theater City and State: _____ Theater No. _____

Social Security Number: _____ Lawson ID: _____

First Name (on social security card): _____

Middle Name (on social security card): _____

Last Name (on social security card): _____

Address: _____

Address 2 (ex: apartment number): _____

City (please no abbreviations): _____

County (please no abbreviations): _____

State: _____

Zip Code: _____

Home Phone: _____
area code phone number

Cell Phone: _____
area code phone number

Other Phone: _____
area code phone number

Email Address: _____

Ohio Residents: Complete the state required Change of Address Form (Form IT-4) to ensure the W-2 Form is mailed to the correct address.

**Mail to:** Cinemark USA, Inc.
Attn: Payroll Department
3900 Dallas Pkwy, Suite 500
Plano, TX 75093
**Fax:** 972-665-1007
**Email:** human.resources@cinemark.com

For Office Use:

_____ _____
Date Request Received Date Address Updated

_____
Payroll Processor