

Name or Address Change Form

Individual

Current Name:		Current SSN:	
<input type="checkbox"/> I am changing my name. Name return was filed under			
<input type="checkbox"/> I am changing my address.			
Social Security Number	Spouse's Social Security Number (if applicable)	Phone number	Email Address
New Name (include spouse's name if filed jointly)			
New Address (street, city, state, and zip code)			
Signature		Date	

Business

Current Business Name:		Current EIN/SSN:	
<input type="checkbox"/> I am changing my business name: New name			
<input type="checkbox"/> I am changing my address: <input type="checkbox"/> Business Mailing Address <input type="checkbox"/> Business Location Address			
<input type="checkbox"/> I am correcting my EIN. <input type="checkbox"/> New EIN _____ <input type="checkbox"/> Old EIN _____			
<input type="checkbox"/> This change will affect the following tax accounts:			
<input type="checkbox"/> Retailers' Sales Tax	<input type="checkbox"/> Dry Cleaning Surcharge	<input type="checkbox"/> Tire Excise Tax	
<input type="checkbox"/> Withholding Tax	<input type="checkbox"/> Liquor Drink Tax	<input type="checkbox"/> Transient Guest Tax	
<input type="checkbox"/> Consumers' Compensating Use Tax	<input type="checkbox"/> Liquor Enforcement Tax	<input type="checkbox"/> Vehicle Rental Excise Tax	
<input type="checkbox"/> Retailers' Compensating Use Tax	<input type="checkbox"/> Nonresident Contractor	<input type="checkbox"/> Water Protection/Clean Drinking Water Fee	
<input type="checkbox"/> Cigarette Vending Machine Permit	<input type="checkbox"/> Privilege Tax		
<input type="checkbox"/> Corporate Income Tax	<input type="checkbox"/> Retail Cigarette License		
MAILING ADDRESS (please provide EIN above)			
New Mailing Address (street, county, city, state, and zip code)			
Phone Number		Email Address	
LOCATION ADDRESS (please provide EIN above)			Effective Date
Old Location Address (street, county, city, state, and zip code)			<input type="checkbox"/> Outside city limits <input type="checkbox"/> Inside city limits
New Location Address (street, county, city, state, and zip code)			<input type="checkbox"/> Outside city limits <input type="checkbox"/> Inside city limits
Phone Number		Email Address	
Signature		Date	

Mail to: Kansas Department of Revenue, Correspondence, 915 SW Harrison St., Topeka, KS 66625-2007