

KANSAS DEPARTMENT OF REVENUE
Division of Taxation
NAME OR ADDRESS CHANGE FORM

Individual

Current Name: _____ Current SSN: _____

- I am changing my name. (Name return was filed under)
I am changing my address

Social Security Number Contact me by Home Phone Number Old Email Address

Spouse Social Security Number Contact me by Cell Phone Number Current Email Address

New Name (Include spouse's full name if filed jointly)

New Address (street, city, state and zip code)

Signature Date

Business

Current Business Name: _____ Current EIN/SSN: _____

- I am changing my business name. New Name:
I am changing my address: Business Mailing Address Business Location Address
I am correcting my EIN: New EIN Old EIN

This change will affect the following tax accounts:

- Retailers' Sales Tax Dry Cleaning Surcharge Tire Excise Tax
Withholding Tax Liquor Drink Tax Transient Guest Tax
Consumers' Compensating Use Tax Liquor Enforcement Tax Vehicle Rental Excise Tax
Retailers' Compensating Use Tax Nonresident Contractor Water Protection/Clean Drinking Water Fee
Cigarette Vending Machine Permit Privilege Tax Charitable Gaming
Corporate Income Tax Retail Cigarette License

Mailing Address:

New Mailing Address (street, county, city, state and zip code)

Contact me by Home Phone Number Old Email Address

Contact me by Cell Phone Number Current Email Address

Location Address: Effective Date (mm/dd/yyyy): _____

Old Location Address (street, county, city, state and zip code) Outside City Limits Inside City Limits

New Location Address (street, county, city, state and zip code) Outside City Limits Inside City Limits

Contact me by Home Phone Number Old Email Address

Contact me by Cell Phone Number Current Email Address

(Signature) (Printed Name) (Date)

Mail to: KDOR - Taxpayer Assistance Center, PO Box 3506, Topeka KS 66675-3506 or fax to 785-296-2073. If you have questions about the completion of this form, call 785-368-8222.