

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

800518

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:

- | | | |
|---|---|--|
| <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"/> Charitable Gaming |
| <input type="checkbox"/> Corporate Income Tax | <input type="checkbox"/> 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 66625-3506 or fax to 785-296-2073. If you have questions about the completion of this form, call 785-368-8222.