## 800518

## KANSAS DEPARTMENT OF REVENUE NAME OR ADDRESS CHANGE FORM

## Individual

Current Name:		Current SSN:		
☐ I am changing my name. New Na	ame:			
☐ 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 f	iled jointly)			
New Address (street, city, state and zip co	de)			
Signature				Date
Business				
Current Business Name:			Current EIN/SSN:	
☐ I am changing my business name	. New Business Name:			
_	w DBA Name:			
☐ I am changing my address:	_		Business Location Address	
☐ I am correcting my EIN:	□ New EIN		Old EIN	
This change will affect the follow	wing tax accounts:			
Retailers' Sales Tax	☐ Dry Cleaning Surcharge		☐ Tire Excise Tax	
☐ Withholding Tax	Liquor Drink Tax		☐ Transient Guest Tax	
☐ Consumers' Compensating Use T	ax Liquor Enforcement Tax		☐ Vehicle Rental Excise Tax	<
☐ Retailers' Compensating Use Tax	□ Nonresident Contractor		☐ Water Protection/Clean Di	rinking Water Fee
☐ Cigarette Vending Machine Permi	it 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 (n	nm/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 E	Email Address	
Contact me by Cell Phone Number	Current Email Address			
(Signature)		(Pri	inted 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.