

KANSAS DEPARTMENT OF REVENUE
NAME OR ADDRESS CHANGE FORM

800518

Individual

Current Name: _____ **Current SSN:** _____

I am changing my name. New Name: _____

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 Business Name: _____

I am changing my DBA name. New DBA 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.