

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:**

- |   |   |  |
|---|---|--|
| <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 \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Kansas Department of Revenue, Correspondence, 915 SW Harrison St, Topeka KS 66612-1588 or fax to 785-296-2073. If you have questions about the completion of this form, call 785-368-8222.