800518

## KANSAS DEPARTMENT OF REVENUE NAME OR ADDRESS CHANGE FORM

Individual Current Name:			Current SSN:	
I am changing my name. New Na	ime:			
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 fi	led jointly)			
New Address (street, city, state and zip coo	de)			
Signature				Date
Business				
Current Business Name:			Current EIN/SSN:	
$\square$ I am changing my business name	. New Business Name:			
I am changing my DBA name. New	w DBA Name:			
I am changing my address: I Business Mailing Address		Address C	Business Location Address	
I am correcting my EIN:				
This change will affect the follow	wing tax accounts:			
Retailers' Sales Tax	-	aning Surcharge	Tire Excise Tax	
U Withholding Tax	Liquor D	• •	Transient Guest Tax	
Consumers' Compensating Use T		nforcement Tax	Vehicle Rental Excise Tax	
Retailers' Compensating Use Tax	_	dent Contractor	UWater Protection/Clean Dri	nking Water Fee
Cigarette Vending Machine Permi	_	e Tax	Charitable Gaming	0
Corporate Income Tax	•	igarette License	5	
Mailing Address:		•		
New Mailing Address (street, county, city, s	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 zin code)		Outside City Limits	□ Inside City Limits
			Outside City Limits	
New Location Address (street, county, city,	state and zip code)			
Contact me by Home Phone Number	one Number		l Email Address	
Contact me by Cell Phone Number			urrent 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.