KANSAS DEPARTMENT OF REVENUE 800518

NAME OR ADDRESS CHANGE FORM

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:

☐ Retailers' Sales Tax
☐ Withholding Tax
☐ Consumers' Compensating Use Tax
☐ Retailers' Compensating Use Tax
☐ Cigarette Vending Machine Permit
☐ Corporate Income Tax
☐ Dry Cleaning Surcharge
☐ Liquor Drink Tax
☐ Liquor Enforcement Tax
☐ Nonresident Contractor
☐ Privilege Tax
☐ Retail Dealer's License
☐ Tire Excise Tax
☐ Transient Guest Tax
☐ Vehicle Rental Excise Tax
☐ Water Protection/Clean Drinking Water Fee
☐ Charitable Gaming

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): _____

_____ ☐ Outside City Limits ☐ Inside City Limits

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)

_____ _____

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.

DO-5 (Rev. 9-11-25)