

KANSAS OWNERSHIP CHANGE FORM

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RCN - FOR OFFICE USE ONLY

Name of business: _____ EIN: _____

Complete the following information so your customer profile can be maintained with the most current information. You may copy this form if more space is needed. **Important**—If a business fails to report or pay appropriate state taxes, any individual who is responsible for the tax authorizes the Secretary of Revenue to research the credit history of the business or that individual.

Check the appropriate box: Adding a name Removing a name

Printed full proper name of Owner, Partner, or Corporate Officer _____ Signature of Owner, Partner, or Corporate Officer _____

SSN / EIN (Check one) _____ Title _____

Home address (street, city, state, zip code) _____

Home phone _____ Email _____ Percent of Ownership _____ %

Do or did you have control or authority over how business funds or assets are spent? Yes No

Date you became the owner, partner, corporate officer or LLC member; or the effective date to remove your name as the owner, partner, corporate officer or LLC member of this business. Month _____ Day _____ Year _____

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