

For Office Use Only

Directory: _____

Password: _____

Kansas Department of Revenue

EDI Trading Partner Profile

Date: _____

Federal Employer ID # _____

Distributor License # _____

Company Name: _____

Mailing Address: _____

Primary Contact: _____

Phone: _____

Fax: _____

Primary Contact E-mail Address _____

EDI Contact: _____

Phone: _____

Fax: _____

EDI Contact E-mail Address _____

EDI Software Vendor _____

State of Kansas EDI Contact:

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