

KANSAS DEPARTMENT OF REVENUE  
**PETITION FOR ABATEMENT  
 VALIDITY OF DEBT**

**Part 1 Personal Information**

Name of Petitioner: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Spouse Social Security Number: \_\_\_\_\_

FEIN: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Type of tax (es): \_\_\_\_\_ Tax Periods: \_\_\_\_\_

**Part 2 Application Fee Payment and Liability Reduction**

**\$50 Application Fee Enclosed: \$** \_\_\_\_\_

(You **MUST** include the application fee or your petition will not be reviewed or considered)

**Payment offer: \$** \_\_\_\_\_ **Proposed date of payment: \$** \_\_\_\_\_

(If applicable) **NOTE:** Any payment received will be applied to your account and does not constitute acceptance of this petition.)

Accept original returns in lieu of final assessment or additional information to adjust account

**Part 3 Sign**

I \_\_\_\_\_, do hereby swear, that the above, including any attachments, is accurate and true and sign this petition under penalty of perjury.

\_\_\_\_\_  
 Taxpayer signature

\_\_\_\_\_  
 Joint debtor's signature

Dated this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_

Mail the completed Petition for Abatement form to: Kansas Department of Revenue,  
 Revenue Recovery Bureau, PO Box 12005, Topeka, KS 66601-2005  
 Location Address: 120 SE 10<sup>th</sup> Ave Website: www.ksrevenue.gov  
 Phone: 785-296-6124