

VOUCHER IS LOCATED AT THE BOTTOM OF PAGE

K-150V
(Rev. 7/07)

FOR OFFICE USE ONLY

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**2007 KANSAS
FRANCHISE TAX VOUCHER**



For taxable year beginning _____ ending _____

Name		
Number and Street or Principal Office		
City, Town, or Post Office	State	Zip Code
Name of Contact Person		Phone Number

Employer Identification Number

Name or Address Change

Extension Payment

Make check or money order payable to: Kansas Franchise Tax
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

PAYMENT AMOUNT \$

