

**SCROLL TO BOTTOM OF PAGE FOR VOUCHER**

**K-150V**  
(Rev. 9/09)

FOR OFFICE USE ONLY

<input type="checkbox"/>							
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**2009 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 \$

680209