

SCROLL TO BOTTOM OF PAGE FOR VOUCHER

K-150V
(Rev. 6/10)

FOR OFFICE USE ONLY

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**2010 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 \$

680210

