

**Kansas Department of Revenue
Compliance and Enforcement
PO Box 12005
Topeka, KS 66601-3005**

**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 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__