KANSAS DEPARTMENT OF REVENUE PETITION FOR ABATEMENT COLLECTABILITY

Part 1 Perso	nal Information	
Name of Petitioner:	Spouse:	
Address:	Home I	Phone:
City:	State:	Zip:
Social Security Number:	_ Spouse Social Secu	rity Number:
FEIN:	_ Business Phone:	
Type of tax (es):	Tax Periods:	
Part 2 Liabil	lity Reduction	
Please detail the reason why all or part of on insolvency or inability to pay, a comp included.	•	

Part 3	Complete for Bus	iness Accounts ONLY	
If taxes for which set	tlement is being sought in	nclude business tax types,	is the business:
	vithholding, retailer's sale o with the trust taxes colle	es, retail liquor drink tax or ected?	other trust tax principal,
Part 4	Application Fee Payn	nent and Source of Fun	ds
	he application fee or you	r petition will not be review	,
	amily, taking out a loan, c	ds to pay your offer. You r or selling assets.	
Part 5	Sign ar	nd Notarize	
		, do hereby swear, tha sign this petition under p	
Taxpayer signature		Joint debtor's signature	
Dated this	day of	, 20	
Subscribed and swo	n to me before this	day of	, 20

NOTARY

My Commission expires	

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 10th Ave Website: www.ksrevenue.gov Phone: 785-296-6124