

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

**Petition for Abatement  
Collectability**

**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 Liability Reduction**

**Payment offer \$** \_\_\_\_\_ **Proposed date of payment** \_\_\_\_\_

(You **MUST** include an offer and date of intended payment) **NOTE:** Any payment received will be applied to your account and does not constitute acceptance of this petition.)

Please detail the reason why all or part of the liability should be reduced. If the reason is based on insolvency or inability to pay, a completed Financial Information Statement must also be included.

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If taxes for which settlement is being sought include business tax types, is the business:

\_\_\_\_\_ Active \_\_\_\_\_ Inactive

If the debt includes withholding, retailer's sales, retail liquor drink tax or other trust tax principal, what did petitioner do with the trust taxes collected?

\_\_\_\_\_  
\_\_\_\_\_

**Part 4 Application Fee Payment and Source of Funds**

**\$50 Application Fee Enclosed:** \_\_\_\_\_

(You **MUST** include the application fee or your petition will not be reviewed or considered)

Please tell us where you will obtain the funds to pay your offer. You may consider borrowing from friends and/or family, taking out a loan, or selling assets.

\_\_\_\_\_  
\_\_\_\_\_

**Part 5 Sign and Notarize**

**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\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.