WAIVER OF CONFIDENTIALITY AFFIDAVIT

STATE OF			\ .							
COUNTY O	F) ss:)							
	I,	the	undersigned,	hereby	state	and	attest	that	I	am
			(Name),	proprietor	of	the	business	kno	own	as
,				_(Business	Name)	, and t	hat I have	full kr	nowle	edge
of the inform	matic	n reg	arding the				(Tax 7	Гуре)	and	any
other possib	ole ta	ixes in	volving		(Bus	siness I	Name). C	n the	cond	ition
that the sec	retar	y of th	e Kansas Depa	artment of R	evenue	e abate	s all or pa	rt of th	ne lial	oility
associated v	with	me or	my associated	business, a	and in o	order th	nat I may	comply	y with	ı the
applicable p	orovis	sions r	egarding the a	batement o	f tax lia	ability a	as set out	in K.S	S.A. 1	999
Supp. 79-32	233a	and	79-3618, I her	eby waive	any rig	ght and	d privilege	rega	rding	the
confidentiali	ty of	my ta	xes as afforded	l under the	confide	ntiality	provision	s of Cl	hapte	r 79
of the Kansa	as St	atutes	Annotated.							
	IN	WITN	ESS WHEREC	F, I have h	nereto a	affixed	my signa	ture at	t	
, Kansas	, this	i	day of				, 20	_·		
				Nam DBA	e					
		BSCR , 20	RIBED AND SW	ORN TO be	efore m	e this _	day	of		
				 Nota	ry Publi	ic			_	