

## REQUEST FOR COPY OF KANSAS TAX DOCUMENTS

### PART I — Taxpayer Information

Name (Taxpayer or Corporate Name)	Your SS No.	
Joint Filer's Name	Spouse's SS No.	
Address	Registration No.	Employer ID No. (EIN)
City, State and Zip Code	Daytime Phone Number	Email Address

### PART II — Mailing Information (if different from above)

Name	
Address	City, State and Zip Code

### PART III — Tax Return / Document Requested (see instructions)

	YEAR / PERIOD	YEAR / PERIOD	YEAR / PERIOD	YEAR / PERIOD	NUMBER OF RETURNS	COST PER RETURN	AMOUNT DUE
<input type="checkbox"/> Individual Income & Food Sales (K-40)	_____	_____	_____	_____	X	\$ 5.00	= \$ _____
<input type="checkbox"/> Fiduciary (K-41)	_____	_____	_____	_____	X	\$ 5.00	= \$ _____
<input type="checkbox"/> Homestead (K-40H)	_____	_____	_____	_____	X	\$ 5.00	= \$ _____
<input type="checkbox"/> Withholding Return/Report (KW-3/KW-5)	_____	_____	_____	_____	X	\$ 5.00	= \$ _____
<input type="checkbox"/> Sales Tax (ST-16/ST-36)	_____	_____	_____	_____	X	\$ 5.00	= \$ _____
<input type="checkbox"/> Cigarette Tax Report	_____	_____	_____	_____	X	\$ 5.00	= \$ _____
<input type="checkbox"/> Tobacco Tax Report	_____	_____	_____	_____	X	\$ 5.00	= \$ _____
<input type="checkbox"/> Misc. Tax: _____	_____	_____	_____	_____	X	\$ 5.00	= \$ _____
	YEAR ENDING	YEAR ENDING	YEAR ENDING	YEAR ENDING			
<input type="checkbox"/> Corporate (K-120)	_____	_____	_____	_____	X	\$ 20.00	= \$ _____
<input type="checkbox"/> Privilege (K-130)	_____	_____	_____	_____	X	\$ 20.00	= \$ _____
<input type="checkbox"/> Small Business/Partnership (K-120S)	_____	_____	_____	_____	X	\$ 20.00	= \$ _____
<input type="checkbox"/> Federal Corporate (see instructions)	_____	_____	_____	_____	X	\$ 20.00	= \$ _____
	TAX TYPE OR DOCUMENT DESCRIPTION				YEAR		
<input type="checkbox"/> Copy of Refund Check	_____				_____	X	\$ 5.00 = \$ _____
<input type="checkbox"/> Copy of Tax Warrant	_____				_____	X	\$ 15.00 = \$ _____
<input type="checkbox"/> Copy of Satisfaction of Judgment	_____				_____	X	\$ 5.00 = \$ _____
<input type="checkbox"/> Transcript of Account	_____				_____	X	\$ 5.00 = \$ _____
<input type="checkbox"/> Other (see instructions)	_____				_____	X	\$ _____ = \$ _____
	_____				_____	X	\$ _____ = \$ _____
<b>Total number of returns/documents and total cost (see instructions)</b>						_____	\$ _____

### PART IV — Signature and Date (read carefully before signing)

I request the Director of Taxation furnish me with a copy of items checked. Under the penalties of perjury I declare that the information furnished above, to the best of my knowledge, is true, correct, and complete. I further declare that I am the taxpayer, officer for the taxpayer, or authorized tax preparer and have authorization to receive this information.

Printed Name and Title	Name of Your Business/Organization
Signature	Date

# INSTRUCTIONS FOR COMPLETING FORM DO-41

## GENERAL INFORMATION

Use this form to request copies of filed returns and/or reports filed with the Kansas Department of Revenue. The Kansas Department of Revenue will provide records upon a direct match. If you have not provided enough information to establish a direct match, we will contact you for additional information.

If you request a copy of your **federal** Corporate Income Tax return, we will provide the portion of the return that was submitted with your Kansas Corporate Tax return.

No refunds will be issued for requests made in error or for returns or reports that are not on file.

## SPECIFIC INSTRUCTIONS

### **PART I — Taxpayer Information**

Provide information as requested. Be sure to include a daytime phone number and email address in case we need to reach you during office hours.

### **PART II — Mailing Information**

If the address provided in PART I is different than the address where your return(s) are to be mailed, then complete PART II.

### **PART III — Tax Return/Document Requested**

Indicate the return(s) you are requesting by marking the appropriate box(es) and specifying the tax year(s). Mark the "Misc. Tax" box for tax returns not listed and enter the tax type in the space provided (i.e., liquor enforcement, liquor drink, transient guest, motor fuel, IFTA, etc.); then specify the tax year(s).

For corporate, privilege and small business returns, specify the *year ending* date(s).

To request a copy of a refund check, a tax warrant, a Satisfaction of Judgment, or an account transcript, mark the appropriate box and enter the tax type and year. For documents that are not listed in this section, mark the "Other" box and provide a description under "Tax Type or Document Description." If the document you are requesting can be found, and a copy provided, the Kansas Department of Revenue will use the *fee structure* in the next column to compute the amount you owe and send you a bill.

Complete Part III by totaling the "Number of Returns" column and the "Amount Due" column. Make your check or money order payable, in the amount due, to the "Kansas Department of Revenue."

### **PART IV— Signature and Date**

This form must be signed and dated by the taxpayer, officer for the taxpayer, or authorized tax preparer.

Enclose your check or money order with this form and mail it to the following address:

Record Requests  
Kansas Department of Revenue  
915 SW Harrison St  
Topeka, KS 66612-1588

When your returns/documents have been retrieved, a copy of them will be mailed to the address you have provided on this form.

If you prefer, you may use *air express* as a method of delivery, but you will be responsible for the charges. Payment must be made directly to the delivery service and you must provide the Kansas Department of Revenue with a prepaid envelope or an account number for such delivery.

**NOTE:** Tax records are considered confidential documents and are held in strict confidence by law; therefore, **faxing them is not a delivery option.**

#### **FEE STRUCTURE FOR DOCUMENTS NOT LISTED ON THIS FORM**

- Copy charge for each page is \$0.25
- Search charge (staff time per hour) \$25.00
- Computer time (staff time per hour) \$60.00
- Mail charge for first 5 pages is \$0.40 and \$0.25 for each additional 5 page increments

Copy and Search Charge Fees: The 25-cent copy charge is a per page charge which is principally assessed to reimburse the agency for routine costs of retrieving records which are requested with specificity and are held within the agency's current file system. It does not include the cost of more than one-tenth of an hour of research or access time required to determine the location of records not readily accessible, to determine what specific records meet request criteria, to segregate public from non-public information, to access records from archives and other similar necessary services. For such services in providing access or copies, the \$25 per hour search charge may be assessed, to be billed by the tenth of an hour.

Mail Charge Fee: The mail charge may be assessed in addition to the copy charge when mail service is requested. For up to and including the first five pages, 40 cents may be charged, plus an additional 25 cents for up to and including each additional five pages.