

# CLAIM TO SUPPORT WITHHOLDING TAX CREDIT

Customer Relations-Income Tax Unit must have additional information before the amount of withholding, which you have claimed, can be accepted. Please attach this completed form to a copy of the letter and mail them to the address above. **If you were employed by more than one employer, a separate form covering each employment and the amount of tax withheld must be submitted.**

NAME (First, middle, last)

SOCIAL SECURITY NUMBER

ADDRESS (Number, street, city, state, zip code)

EMPLOYERS NAME

TAX YEAR

| DATES OF EMPLOYMENT  | TOTAL WAGES | FEDERAL INCOME TAX WITHHELD | KANSAS INCOME TAX WITHHELD |
|--|-------------|-----------------------------|----------------------------|
| FROM: <span style="margin-left: 100px;">TO:</span><br><div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">             _____<br/>             Month      Year           </div> <div style="border: 1px solid black; padding: 2px 5px;">             _____<br/>             Month      Year           </div> </div> | \$          | \$                          | \$                         |

I do not have copy "B" of my W-2 form, and I am unable to submit the same to the Kansas Department of Revenue, Division of Taxation. I have not filed any other Kansas Income Tax return for this year with the original Wage and Tax Statement (Form W-2) nor have I claimed any refund or credit based upon same, or upon any other W-2 form marked "corrected" or "reissued" by my employer.

Under the penalties of perjury, I declare that the information I have furnished above, to the best of my knowledge, is true, correct, and complete.

\_\_\_\_\_  
(Signature of Taxpayer)

\_\_\_\_\_  
(Date)

Please mail this completed form to:  
 Kansas Department of Revenue  
 PO Box 3506  
 Topeka, KS 66601-3506