FORM K-40V INSTRUCTIONS

To ensure the most efficient processing of your payments, it is important that you **use only black ink** to complete the vouchers.

Print your name, address, Social Security number, and the first four letters of your last name in the spaces provided. If you are filing a joint return, print that same information for your spouse in the spaces provided. If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "X".

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Be sure that your Social Security number is printed on your check or money order. If payment is not made on or before **April 15, 2025**, the tax due is subject to penalty and interest.

If you are filing an extension of time to file your return, mark the appropriate box with "X". Note that an extension of time is an extension to file, NOT an extension to pay. **Do not attach** the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX KANSAS DEPARTMENT OF REVENUE PO BOX 750260 TOPEKA KS 66699-0260

Need to make a quick payment?

It's simple — pay your tax electronically. Visit the Kansas Department of Revenue Payment portal at

> www.kansas.gov/payment-portal/ or Visit ksrevenue.gov

and log in to the Kansas Customer Service Center.

If you need assistance completing your vouchers, contact the Kansas Department of Revenue at 785-368-8222. You may also use the new Chat option on the Taxation home page of our ksrevenue.gov website for 24 hour assistance, or chat with a Live Agent, Monday through Friday from 8:00am-4:45pm.

NOTE: When a due date falls on a Saturday, Sunday or legal holiday, returns and payments are due the next regular work day.

K-40V (Rev. 7-24)	2024 KANSAS INDIVIDUAL INCOME TA PAYMENT VOUCHER	X			Please use UPPER C/ to print the first four Your last name		
Your First Name	Initial Last Name]		
Spouse's First Name	Initial Last Name				- Your Social Security number		
Mailing Address (Number and S	treet, including Rural Route)				Spouse's Social Security number		
City, Town, or Post Office		State	Zip Code	Name or Address Change			or money order and make
City, Town, or Post Onice					Kansas Income Tax. Mail to: Kansas Department e, PO Box 3506, Topeka KS 66625-3506.		
Daytime Phone Number		· · · ·		,			
DO NOT SUBMIT P	HOTOCOPIES OF THIS FORM	Amende Paymer		Extension Payment	Paymer Amoun		

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