KANSAS DEPARTMENT OF REVENUE

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			
	y all or part of the liability should be reduced. If the reason is be pay, a completed Financial Information Statement must als			

Part 3	Complete for Bus	iness Accounts ONLY	
If taxes for which s	ettlement is being sought ir	nclude business tax types,	s the business:
	s withholding, retailer's sale do with the trust taxes colle	•	other trust tax principal,
Part 4	Application Fee Paym	nent and Source of Fun	ds
\$50 Application F (You <u>MUST</u> include	ee Enclosed: \$e the application fee or you	r petition will not be reviewe	ed or considered)
	ere you will obtain the fund family, taking out a loan, o		nay consider borrowing
Part 5	Sign an	d Notarize	
Iany attachments,	is accurate and true and	_, do hereby swear, tha sign this petition under p	t the above, including enalty of perjury.
Taxpayer signature		Joint debtor's signature	
Dated this	_, day of	, 20	
Subscribed and sw	orn to me before this	day of	, 20
NOTARY	My Commis	 sion expires	

Mail the completed Petition for Abatement form to: Kansas Department of Revenue, Revenue Recovery Bureau, PO Box 12005, Topeka, KS 66601-2005 Location Address: 120 SE 10th Ave Website: www.ksrevenue.gov

Phone: 785-296-6124