

PAY PLAN REQUEST FOR BUSINESSES

Compliance Enforcement
Kansas Department of Revenue
915 SW Harrison Street
Topeka, KS 66612

See [General Information](#) for payment plan instructions. Complete this form by pressing the tab key for each field of entry. Incomplete or missing information will result in delaying the processing of this request. Print this form and mail to the address shown above.

TAXPAYER INFORMATION

EIN (Employer Identification Number) or SSN:

Business name:

Contact name:

Street Address:

City:

State:

Zip Code:

Daytime Phone (include area code):

Email address:

BALANCE DUE AND PAYMENT TERMS

Enter the payment plan terms you are requesting. Include in the request the tax types, periods and approximate balance owed, if known.

PAYMENT DATE(S)
(check one or both)

1st

15th

Other (specify)

Enter the amount of payment you are enclosing with this request:

NOTE: Requests for pay plans over 6 months require a tax warrant be filed.

BANKING INFORMATION

Name of Bank:

Street Address:

City:

State:

Zip Code:

SIGNATURE

Print this form
and sign here: