

Kansas Department of Revenue  
Division of Vehicles  
Dealer Licensing Bureau  
Topeka, KS 66626-0001  
(785) 296-3621 Fax (785) 296-5854

Folder # \_\_\_\_\_

Dealer # \_\_\_\_\_

## Personal Property Tax Certification

**Business to be certified:**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ KS \_\_\_\_\_  
Street City Zip

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**Business Owner(s) to be certified:**

Owner Name \_\_\_\_\_

Owner Residence Address \_\_\_\_\_  
Street City State Zip

Owner Name \_\_\_\_\_

Owner Residence Address \_\_\_\_\_  
Street City State Zip

Owner Name \_\_\_\_\_

Owner Residence Address \_\_\_\_\_  
Street City State Zip

Owner Name \_\_\_\_\_

Owner Residence Address \_\_\_\_\_  
Street City State Zip

**TO BE FILLED IN BY YOUR COUNTY TREASURER**

I, the undersigned County Treasurer, do hereby certify that personal property taxes levied for the preceding year against the firm showing above, have either been paid in full, have been paid for the first half of the preceding year, or that satisfactory evidence had been presented to this office that said firm had no taxable property for the preceding year. I further certify that personal property taxes levied for the preceding year against all firm owners showing above have been paid in full; have owners had no taxable property for the preceding year.

Dated at \_\_\_\_\_, Kansas, This \_\_\_\_\_ day of \_\_\_\_\_,  
County Day Month Year

County Treasurer \_\_\_\_\_  
County Treasurer Signature