

**Tax Records**  
**Request for Copies or Access** (Please print or type)

**I. Taxpayer Information:**

Name (Taxpayer or Corporate Name)	Your SS No.
Joint Filer's Name	Spouse's SS No.
Address	Registration No.
City, State and Zip Code	Daytime Phone Number (Optional)

**II. Mailing Information:** (Complete if different from address given above.)

Name	
Address	City, State and Zip Code

**III. Records being requested:** (There is a fee for each return requested, as indicated below.)

	(YEAR)	(YEAR)	(YEAR)	(YEAR)	(FEE / RETURN)
1. <input type="checkbox"/> Individual Income Tax & Food Sales Tax Refund <u>Return(s)</u>					\$5.00
2. <input type="checkbox"/> Homestead Claims					\$5.00
	(PERIOD)	(PERIOD)	(PERIOD)	(PERIOD)	(FEE / RETURN)
3. <input type="checkbox"/> Withholding Tax Return(s)/Report(s)					\$5.00
4. <input type="checkbox"/> Sales Tax Return(s)					\$5.00
	(YEAR ENDED)	(YEAR ENDED)	(YEAR ENDED)	(YEAR ENDED)	(FEE / RETURN)
5. <input type="checkbox"/> Kansas Corporate Tax Return(s)					\$20.00
6. <input type="checkbox"/> Kansas Privilege Tax Return(s)					\$20.00
7. <input type="checkbox"/> Kansas Sub Chapter S Return(s)					\$20.00
8. <input type="checkbox"/> *Federal Corporate Tax Return(s)					\$20.00
	(TAX TYPE)	(YEAR)	(YEAR)	(FEE / DOCUMENT)	
9. <input type="checkbox"/> Copy of <u>Refund Check</u>				\$5.00	
10. <input type="checkbox"/> Copy of Tax Warrant				\$15.00	
11. <input type="checkbox"/> Copy of Satisfaction of Judgment				\$5.00	
12. <input type="checkbox"/> Transcript of Account(s)				\$5.00	
13. <input type="checkbox"/> Other: _____					
_____					
_____					
_____					

\$ 5.00	X		=	
\$ 20.00	X		=	
\$ 15.00	X		=	
<b>Total:</b>				

\*The department will provide the portion(s) of the federal corporate income tax return submitted to the department by the taxpayer.

**IV. Signature – Before signing this document, read this section carefully.**

I request the Director of Taxation furnish me with a copy of items checked. 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. I further declare that I am the taxpayer, officer for the taxpayer, or authorized tax preparer and have authorization to receive this information.

Printed Name and Title	Name of Your Business/Organization
Signature	Date

**Instructions:**

1. Complete this form, including signature and date. (You may make copies of this form.)
2. The department will provide records upon a direct match. If you have not provided enough information to establish a direct match, the department will contact you requesting additional information.
3. Submit the fee by check or money order along with this form to:

Kansas Department of Revenue  
Record Requests  
915 SW Harrison Street  
Topeka, KS 66625-3570

4. Make check or money order payable to the “Kansas Department of Revenue”. No refunds will be issued for requests made in error, or requests for records not on file.
5. Since tax records are considered confidential documents, faxing will not be an option for delivery. If air express delivery is requested, it shall be up to the requester to pay all fees for such delivery. Payment for this service must be made directly to the delivery service.

**Non-specified Fees:**

For requests submitted for records without a set fee, the following fee structure will be applied:

Copies (per page)	\$0.25
Mail charge (first 5 pages)	\$0.40
(additional 5-page increments)	\$0.25
Search charge (staff time per hour)	\$25.00
Computer time (staff time per hour)	\$60.00

Copy & Search Charge Fees: The 25-cent copy charge is a per page charge which is principally assessed to reimburse the agency for routine costs of retrieving records which are requested with specificity and are held within the agency's current file system. It does not include the cost of more than one-tenth of an hour of research or access time required to determine the location of records not readily accessible, to determine what specific records meet request criteria, to segregate public from non-public information, to access records from archives and other similar necessary services. For such services in providing access or copies, the \$25 per hour search charge may be assessed, to be billed by the tenth of an hour.

Mail Charge Fee: The mail charge may be assessed in addition to the copy charge when mail service is requested. For up to and including the first five pages, 40 cents may be charged, plus an additional 25 cents for up to and including each additional five pages. If air express delivery is requested, you must provide a prepaid envelope or an account number for such delivery.