K-150V

(Rev 7/05)

FOR OFFICE USE ONLY

2005 KANSAS

FRANCHISE TAX VOUCHER

For taxable year beginning _____ , 20____ ; ending _____ , 20_____

Employer Identification Number

Name		
Number and Street or Principal Office		
City, Town, or Post Office	State	Zip Code
Name of Contact Person		Phone Number

Name or Address Change

Extension Payment

Make check or money order payable to: Kansas Franchise Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

PAYMENT AMOUNT $

680205