K-150V

(Rev 7/06)

FOR OFFICE USE ONLY

2006 KANSAS

FRANCHISE TAX VOUCHER

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

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

Employer Identification Number

Name or Address Change

Extension Payment

PAYMENT AMOUNT $

Make check or money order payable to: Kansas Franchise Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

680206