K-150V

(Rev. 7/07)

FOR OFFICE USE ONLY

2007 KANSAS
FRANCHISE TAX VOUCHER

For the taxable year beginning __ __ / __ __ / __ __ ending __ __ / __ __ / __ __

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

PAYMENT AMOUNT $

Make check or money order payable to: Kansas Franchise Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

680207