

# FORM K-40V INSTRUCTIONS

Print your name(s), address, Social Security number(s), and the first four letters of your last name in the space provided. If you are filing a joint return, print your spouse's name, Social Security number, and first four letters of their last name in the space provided. If name or address information has changed since last year, mark the appropriate box with "X".

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Be sure your Social Security number is printed on your check or money order. If payment is not made on or before April 15, 2005, the tax due is subject to penalty and interest.

If you are paying for an amended return, mark the appropriate box with "X".

If you are filing an extension of time to file your return, mark the appropriate box with "X". Note that an extension of time is NOT an extension to pay.

**Do not attach the payment voucher or payment to your return or to each other.** Place them in the envelope with your return. If you have already mailed your return, or you filed electronically, mail your payment and the voucher to:

KANSAS INCOME TAX  
KANSAS DEPARTMENT OF REVENUE  
915 SW HARRISON ST.  
TOPEKA, KS 66699-1000

# K-40V

(Rev. 8/04)

## 2004 KANSAS INDIVIDUAL INCOME TAX PAYMENT VOUCHER

FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please use UPPER CASE letters to print the first four letters of

Your last name

Spouse's last name

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Your Social Security number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Spouse's Social Security number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Your First Name	Initial	Last Name	
Spouse's First Name	Initial	Last Name	
Mailing Address (Number and Street, including Rural Route)			
City, Town, or Post Office		State	Zip Code
Daytime Phone Number		Amended Return <input type="checkbox"/>	Extension Return <input type="checkbox"/>

Name or Address Change

Write your Social Security number on check or money order and make payable to Kansas Income Tax.

PAYMENT AMOUNT

\$

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

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