

VOUCHER IS LOCATED AT THE BOTTOM

**K-150V**  
(Rev. 6/10)

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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**2010 KANSAS  
FRANCHISE TAX VOUCHER**



For taxable year beginning \_\_\_/\_\_\_/\_\_\_ ending \_\_\_/\_\_\_/\_\_\_

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

Employer  
Identification  
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 \$

<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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