

**KANSAS DEPARTMENT OF REVENUE
COMPLIANCE ENFORCEMENT
PARTIAL FINANCIAL DISCLOSURE STATEMENT**

Account Number:	
Received By:	

Taxpayer Name:	Spouse Name:
SSN:	Spouse SSN:
All Monthly Income:	All Monthly Income:
Wage-Earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wage-Earner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name and Address:	Employer's Name and Address:

REAL OR PERSONAL PROPERTY DESCRIPTION	DATE ACQUIRED	VALUE	HOUSING
		\$	<input type="checkbox"/> Rent <input type="checkbox"/> Own Monthly Mortgage or Rent: _____ If Owned, how long? _____ Yr. _____ Mo.
		\$	
		\$	

BANKING AND SAVINGS			MONTHLY EXPENSES		
Banking	Balance	Institution Name	Total Monthly Expenses Estimated		\$
Checking	\$		~~~~~ OR ~~~~~		
Checking	\$		Expense Description	Current Balance	Payment
			Mortgage / Rent	\$	\$
Savings	\$		Auto Payments / Liens	\$	\$
			Utilities	\$	\$
Savings	\$		Food	\$	\$
			Transportation	\$	\$
401K/IRA	\$		Medical	\$	\$
			Credit Cards	\$	\$
401K/IRA	\$		Other	\$	\$
			Total Expenses		\$

INVESTMENTS	DESCRIPTION	VALUE	OTHER INCOME OR ASSETS:
Mutual Funds and Stocks		\$	
Certificate of Deposit		\$	

Mail the completed Partial Financial Disclosure Statement form to: Kansas Department of Revenue, Revenue Recovery Bureau, PO Box 12005, Topeka, Kansas 66612-3005.
 Location Address: 120 SE 10th Ave Website: www.ksrevenue.org Phone: 785-368-8222 Fax: 1-866-259-4891