

KANSAS DEPARTMENT OF REVENUE
**PETITION FOR ABATEMENT
VALIDITY OF DEBT**

Part 1 Personal Information

Name of Petitioner: _____ Spouse: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Spouse Social Security Number: _____
FEIN: _____ Business Phone: _____
Type of tax (es): _____ Tax Periods: _____

Part 2 Application Fee Payment and Liability Reduction

\$50 Application Fee Enclosed: \$ _____
(You **MUST** include the application fee or your petition will not be reviewed or considered)

Payment offer: \$ _____ **Proposed date of payment: \$** _____
(If applicable) **NOTE:** Any payment received will be applied to your account and does not constitute acceptance of this petition.)

Accept original returns in lieu of final assessment or additional information to adjust account

Part 3 Sign

I _____, do hereby swear, that the above, including any attachments, is accurate and true and sign this petition under penalty of perjury.

Taxpayer signature Joint debtor's signature

Dated this _____, day of _____, 20____

Mail the completed Petition for Abatement form to: Kansas Department of Revenue, Revenue Recovery Bureau, PO Box 12005, Topeka, KS 66601-3005
Location Address: 120 SE 10th Ave Website: www.ksrevenue.org
Phone: 785-368-8222 Fax: 1-866-259-4891