

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, check the name/address change checkbox.

The total amount of tax due must be paid in full by check or money order. Make sure your Social Security number is printed on your check or money order. If payment is not made on or before April 15, 2003, the tax due is subject to penalty and interest.

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

If you are filing an extension of time to file your return, mark an "X" in appropriate box. 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. 7/02)

2002 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

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

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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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"/>
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DO NOT SUBMIT PHOTOCOPIES OF THIS FORM