

# FORM K-40V INSTRUCTIONS

Print your name, address, Social Security number, and the first four letters of your last name in the spaces provided. If you are filing a joint return, print that same information for your spouse in the spaces provided. If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "X".

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Be sure the last 4 digits of your Social Security number (example: XXX-XX-1234) are printed on your check or money order. If payment is not made on or before April 18, 2017, the tax due is subject to penalty and interest.

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 an extension to file, NOT an extension to pay.

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

KANSAS INCOME TAX  
KANSAS DEPARTMENT OF REVENUE  
PO BOX 0260  
TOPEKA KS 66675-0260

**NOTE: When a due date falls on a Saturday, Sunday or legal holiday, returns and payments are due the next regular work day.**

## SCROLL DOWN FOR VOUCHER

**K-40V**  
(Rev. 7/16)

**2016 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"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Please use UPPER CASE letters to print the first four letters of

|  |         |           |          |
|--|---------|-----------|----------|
| 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                                       |         |           |          |

Your last name

Spouse's last name

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Your Social Security number

Spouse's Social Security number

Name or Address change

Write last 4 digits of your Social Security number on check or money order and make payable to Kansas Income Tax.

Amended Payment

Extension Payment

Payment Amount \$

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

112016