STATE OF KANSAS

Customer Relations
Kansas Department of Revenue
915 SW Harrison Street
Topeka, Kansas 66625-2007

DEPARTMENT OF REVENUE

Phone: (785) 368-8222
Fax: (785) 296-1279
Hearing Impaired TTY: (785) 296-6461

Division of Taxation

CLAIM TO SUPPORT WITHHOLDING TAX CREDIT

Customer Relations-Income Tax Unit must have additional information before the amount of withholding, which you have claimed, can be accepted. Please attach this completed form to a copy of the letter and mail them in the enclosed envelope. **If you were employed by more than one employer, a separate form covering each employment and the amount of tax withheld must be submitted.**

NAME (First, middle, last)	SOCIAL SECURITY NUMBER
ADDRESS (Number, street, city, state, zip code)	
EMPLOYERS NAME	TAX YEAR

DATES OF EMPLOYMENT	TOTAL WAGES	FEDERAL INCOME TAX WITHHELD	KANSAS INCOME TAX WITHHELD
FROM: Month Year TO: Month Year	$	$	$

I do not have copy "B" of my W-2 form, and I am unable to submit the same to the Kansas Department of Revenue, Division of Taxation. I have not filed any other Kansas Income Tax return for this year with the original Wage and Tax Statement (Form W-2) nor have I claimed any refund or credit based upon same, or upon any other W-2 form marked "corrected" or "reissued" by my employer.

Under the penalties of perjury, I declare that the information I have furnished above, to the best of my knowledge, is true, correct, and complete.

(Signature of Taxpayer) (Date)

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