

## 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 to the address above. **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:                                  TO: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="border: 1px solid black; padding: 2px;">             _____              Month      Year           </div> <div style="border: 1px solid black; padding: 2px;">             _____              Month      Year           </div> </div>	\$	\$	\$

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)

Please mail this completed form to:  
 Kansas Department of Revenue  
 PO Box 750260  
 Topeka, KS 66675-0260