

BEFORE THE BOARD OF TAX APPEALS OF THE STATE OF KANSAS

DIVISION OF TAXATION APPEAL

APPLICANT:

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Address (Street or Box No.)

\_\_\_\_\_  
City State Zip

Applicant Phone #:(\_\_\_\_\_)\_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

ATTORNEY OR REPRESENTATIVE: (If applicable)\*

\_\_\_\_\_  
Representative Name Title

\_\_\_\_\_  
Representative Address

\_\_\_\_\_  
City State Zip

Atty/Rep Phone #:(\_\_\_\_\_)\_\_\_\_\_

Representative E-mail: \_\_\_\_\_

Dept. of Revenue Docket #or ID#: \_\_\_\_\_

Year/Years at issue: \_\_\_\_\_

Tax type at issue: \_\_\_\_\_

Tax amount at issue: \$ \_\_\_\_\_

Please indicate—

Small Claims Division: \_\_\_\_\_ or Regular Division: \_\_\_\_\_

(For State of Kansas use only)

DOCKET NO. \_\_\_\_\_ -DT

Fee: \_\_\_\_\_ Amt Rec. \_\_\_\_\_

Rec. Date: \_\_\_\_\_ Ck # \_\_\_\_\_

No Fee: \_\_\_\_\_ Reason: \_\_\_\_\_

Please explain the basis of your appeal:

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Signature of Applicant: \_\_\_\_\_

DIVISION OF TAXATION APPEAL  
INSTRUCTIONS

1. If you wish to appeal the final determination from the Department of Revenue, file this application within 30 days from the date of the final determination from the Department of Revenue. Appeals can be filed with the Regular Division (K.S.A. 74-2438) or with the Small Claims (K.S.A. 74-2433f).
2. Indicate on the front of the form if appeal is to the Small Claims Division or the Regular Division of the Board of Tax Appeals. Small Claims appeals are limited to appeals where the amount of tax in controversy is less than \$15,000 and the case does not involve the taxation of marijuana or controlled substances.
3. Enclose any applicable filing fee(s) pursuant to K.A.R. 94-5-8. Checks or money orders should be made payable to the Board of Tax Appeals. For information regarding fees with the State Board of Tax Appeals, visit [www.kansas.gov/bota/](http://www.kansas.gov/bota/) or contact the Board at (785) 296-2388.

**This form along with a copy of the final determination from the Department of Revenue, a Declaration of Representative/Entry of Appearance form (if applicable) and applicable filing fee should be filed with:**

**Secretary of the Board  
Kansas Board of Tax Appeals  
700 SW Harrison, Ste 1022  
Topeka, KS 66603**

**And a copy of the appeal should be filed with:**

**Secretary of Revenue or  
Secretary of Revenue's Designee  
Docking State Office Building  
915 SW Harrison Street  
Topeka, KS 66612-1588**