

BEFORE THE BOARD OF TAX APPEALS OF THE STATE OF KANSAS

Taxpayer(s):

County:

Docket No(s): _____

Tax Years at Issue: _____

AFFIDAVIT OF FINANCIAL STATUS (CORPORATION/TRUST)¹

I _____ (name of representative) state that I am an authorized representative of _____ (name of corporation/trust), the Applicant in this matter, and that the following information about Applicant's financial status is true and correct to the best of my knowledge. By filing this Affidavit of Financial Status, Applicant hereby requests waiver of the Board of Tax Appeals' filing fee based on financial hardship, as specified in K.A.R. 94-5-8(e)(1).

I. Organization Data

a. Business Address: _____

b. Telephone: _____

c. Purpose of the Organization:

d. Is the organization considered a 501(c)(3) organization pursuant to IRS code? _____ Yes _____ No

i. If yes, date that 501(c)(3) status was obtained: _____

e. Is the organization designated as a nonprofit organization within the state of Kansas? _____ Yes _____ No

¹ Access to this document is restricted to the applicant, applicant's authorized representative(s), and Board of Tax Appeals staff and counsel. This document shall be used only for the limited purpose of determining whether applicant is entitled to a financial hardship waiver under K.A.R. 94-5-8(e)(1).

f. Names and titles of individuals who assisted in preparation of this Affidavit:

II. Employment

a. Does the Applicant organization maintain any employees?

_____ Yes _____ No

i. If yes, please answer the following:

1. Number of full-time employees (40+ hours per week):

2. Number of part-time employees: _____

3. How are employees paid?

a. _____ Hourly _____ Salary _____ Both

4. Does the organization provide health insurance, paid time off, retirement plans, or any other benefits?

_____ Yes _____ No

b. Do any directors or board members of the Applicant organization serve for compensation? _____ Yes _____ No

III. Financial Status

a. Does Applicant organization own any property other than that at issue in this matter? If so, please list (if multiple properties are owned, please attach an additional sheet providing this information as to each property):

i. Address of property: _____

ii. In whose name: _____

iii. Estimated value: _____

iv. Total amount owed: _____

v. Owed to: _____

vi. Annual income received from the property, if any: _____

b. Does the Applicant organization own any automobiles?

Yes _____ No _____

i. If yes:

1. Make, model, and year of each automobile:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| Make | Model | Year |

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| Make | Model | Year |

Make Model Year

Make Model Year

2. In whose name are the vehicles registered?

3. Present value of each:

4. Amount owed on each vehicle:

5. Owed to: _____

6. Monthly payment(s): _____

c. Total amount of cash on hand:

i. Applicant's checking and/or savings account(s): \$ _____

d. In the last twelve months, has the Applicant organization received any in-kind donations (ex. clothing, furnishings, vehicles)? _____ Yes _____ No

i. If yes, please list each type of in-kind donation and its approximate fair market value. Attach additional sheets as necessary:

e. In the last twelve months, has the Applicant organization received funds from any of the following sources:

i. Pensions, trust funds, annuities, or life insurance:
Yes _____ No _____ Amount _____

ii. Other government sources (ex. Covid funds, grants):
Yes _____ No _____ Amount _____

iii. Gifts or inheritances:
Yes _____ No _____ Amount _____

iv. Donations:
Yes _____ No _____ Amount _____

v. Other sources (ex. judgments in other cases, insurance proceeds):
Yes _____ No _____ Amount _____

IV. Obligations

- a. Monthly mortgage or rental payment on primary facility:
\$ _____
- b. Monthly mortgage(s) or rental payment(s) on other properties:
\$ _____
- c. Amount of equity in other properties: \$ _____
- d. Monthly expenses:
 - i. Groceries: \$ _____
 - ii. Utilities: \$ _____
 - iii. Cable/internet/streaming: \$ _____
 - iv. Phone(s) (includes cellular): \$ _____
 - v. Insurance: \$ _____
- e. Other monthly debts and expenses (for example, credit card payments, tax liens, or other government liabilities. Attach additional sheets, if necessary.):

| Type of payment: | Monthly payment: | Balance due: |
|------------------|------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

V. Other Information

- a. Has Applicant organization ever filed for bankruptcy? ____ Yes ____ No
 - i. If yes:
 - 1. Name of the case: _____
 - 2. Case number: _____
 - 3. Date of filing: _____
- b. Any other information Applicant organization would like the Board to consider regarding its inability to pay the required filing fee in this matter (attach additional sheets if necessary):

Applicant certifies that all information provided within this affidavit is true and correct. Applicant's representative understands that any intentional false statement in this Affidavit could subject representative to penalties of perjury.

Date: _____

(Signature of Applicant's Authorized Representative)

(Representative Name, Printed)

(Representative's Title)