

**WAIVER OF CONFIDENTIALITY  
AFFIDAVIT**

STATE OF KANSAS        )  
  ) ss:  
COUNTY OF \_\_\_\_\_ )

I, the undersigned, hereby state and attest that I am \_\_\_\_\_(Taxpayer Name), and that I have full knowledge of the information regarding the \_\_\_\_\_Individual Income\_\_\_\_\_ (Tax Type) and any other possible taxes involving \_\_\_\_\_(Taxpayer and spouse, if applicable). On the condition that the secretary of the Kansas Department of Revenue abates all or part of the liability associated with me, and in order that I may comply with the applicable provisions regarding the abatement of tax liability as set out in K.S.A. 1999 Supp. 79-3233a and 79-3618, I hereby waive any right and privilege regarding the confidentiality of my taxes as afforded under the confidentiality provisions of Chapter 79 of the Kansas Statutes Annotated.

IN WITNESS WHEREOF, I have hereto affixed my signature at \_\_\_\_\_, Kansas, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Joint Debtor

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public