FORM **K-4C** (Rev. 9/05)

KANSAS NONRESIDENT EMPLOYEE CERTIFICATE

for Allocation of Withholding Tax

Employee's Name	Social Security Number	Percent Subject to Withholding

Home Address (Number and Street, or Rural Route and Box Number)

City	State	Zip Code

Employer's Name	City	State

I hereby certify that I am a nonresident of the state of Kansas and reside at the address stated above. I estimate that the above percentage of my compensation from the employer with whom I file this certificate is for services subject to Kansas income tax withholding. I will notify my employer by filing another Form K-4C within ten (10) days of any substantial change in either the proportion or in Kansas residency status.

Signature of Employee _____ **Date**_____

Employee: File this certificate with your employer. Do not send it to the Kansas Department of Revenue.

Employer: Retain this certificate with your withholding tax records. You may withhold on the basis of this certificate, but you must make any necessary adjustments during the year so that the proper amount is withheld from the employee. The percentage indicated on Form K-4C does not determine the amount of Kansas wages or other compensation to be reported on the Form W-2.

Form K-4C may be downloaded from our web site, **www.ksrevenue.org**, or ordered from our voice mail forms request line, (785) 296-4937.

If you have questions about withholding tax or completing this form, write to the Kansas Department of Revenue, Taxpayer Assistance Center, 915 SW Harrison, 1st Floor, Topeka, Kansas 66625-2007 or call (785) 368-8222; hearing impaired TTY (785) 296-6461. If you prefer you may fax your questions to the Department of Revenue at (785) 291-3614.

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