Reset

TAX OR RETURNED CHECK AFFIDAVIT

STATE OF KANSAS)
) SS
COUNTY OF SEDGWICK)

I, _____, resident of _____, of
(Typed or printed full name) (County)
lawful age, being first duly sworn on oath, state as follows: I live at the following address:

_____, _____,_____
(Street and No. or Rural Route (City) (Zip Code)

TAX AFFIDAVIT

I do not own, nor have I ever owned the following property:

1. Vehicle: name, make, style, I.D. No.

2. Other property, describe fully:

PP # _____
PP # _____
PP # _____
PP # _____

RETURNED CHECK AFFIDAVIT

I am not the same person who is listed on your return check list:

Check Name _____

Check Amount _____

Check Number _____

Check Date _____

Signature_____

Social Security Number _____ Driver License Number _____

Subscribed and sworn to before me this _____day of _____,_____.

SEAL

_____
(Notary Public)

My Commission Expires:

_____