State of Kansas
Department of Administration
Division of Accounts and Reports
DA-43 (Rev. 12-99)

Calendar Year _____ 1099 Information to be Submitted via Magnetic Media by the State of Kansas to the internal Revenue Service

Type: 1099- _____
No. of Documents _____
Total Amount $ _____

Agency Name: _____

_____
Prepared By

CODE
1 = FEIN
2 = SSAN

Page _____ of _____ Pages

	TAXPAYER I.D. NO.	NAME	ADDRESS	CITY	ST	ZIP	AMOUNT