

## RANSAS SECRETARY OF STATE Permanent Maintenance Fund Trustee Income Disbursement Form

## **Kansas Secretary of State, Audit Manager:**

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 audit@sos.ks.gov www.sos.ks.gov

- 1	•	•
		:
		:
	i	•
		:
-		:
- 1		٠
		:
		•
		:
	•	٠
		:
		•
		:
		•
		:
		:
- 1		
- 1	THIS SPACE FOR OFFICE USE ONLY.	:
- 1	THIS STACE FOR OFFICE USE UNLY.	
-		:
		•

**Directions:** The trustee shall report to the Secretary of State the calculation of the income paid to the cemetery within 30 days of payout. Remit to the address listed above. Attach this form to trustee statements with line item detail. If the fund has less than \$100,000 and the cemetery has chosen to keep the fund in a CD or savings account, the Trustor will fill out this form and attach it to the quarterly or monthly reports supplied by the Kansas financial institution.

1.	Trustee									
2.	Trustee Address	Address								
		City		State Zip						
3.	Account name (include cemetery name)									
4.	Account number									
5.	Payout period	6. Date paid to cemetery				у				
7.	Calculation of income payout	a. Total Income Earned	\$		d. Less: Fees		\$			
		b. Less: Taxes	\$		e. Total Pa Cemete		\$			
		c. Less: Costs	\$							
8.	8. I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this report and supplied in any attachments thereto is true and correct.									
Printed	i Name of Trustee or Trustor	Title			Email	Email				
	ure of Trustee or Trustor				Month	Day	Year			
Х										