

K-130V

(Rev. 6/11)

FOR OFFICE USE ONLY

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

2012 KANSAS PRIVILEGE TAX PAYMENT VOUCHER

For the taxable year beginning ___/___/___ ending ___/___/___

| | | | |
|----------------------------|--|-------|--------------------------|
| Corporation Name | | | |
| Corporation Address | | | |
| City, Town, or Post Office | | State | Zip Code |
| Name of Contact Person | | | Phone Number |
| Name or Address Change | | | <input type="checkbox"/> |

Employer Identification Number

Amended Payment

Extension Payment

PAYMENT AMOUNT \$

Please make check or money order payable to: Kansas Privilege Tax
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

179111