

K-130V

(Rev. 7-21)

FOR OFFICE USE ONLY

| | | | | | | | | | |
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| <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"/> |
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2022 KANSAS PRIVILEGE TAX PAYMENT VOUCHER

For the taxable year beginning _____ ending _____

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

Employer Identification Number

Amended Payment

Extension Payment

PAYMENT AMOUNT \$

Make check or money order payable to: Kansas Privilege Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

179121