

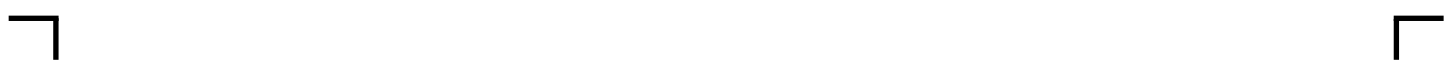


DO NOT STAPLE

For the taxable year beginning 2019 ; ending

Form header section containing fields for Name, Business Activity Code, EINs, Date Business Began, Date Business Discontinued, State and Month/Year of Incorporation, State of Commercial Domicile, Type of Federal Return Filed, and Mark this box if you are filing this as an AMENDED 2019 Kansas return.

Main table with 20 rows for tax calculations, including Federal taxable income, state and municipal interest, taxes, deductions, and net income.



21. Combined report (Schedule K-121) or alternative/separate accounting income (separate schedule).....	21	
22. Kansas taxable income (subtract line 20 from line 19 or enter line 21, as applicable) .....	22	
23. Normal tax (4% of line 22) .....	23	
24. Surtax (3% of line 22 in excess of \$50,000).....	24	
25. Total tax (Add lines 23 and 24. If filing combined, use line 24 of K-121.) .....	25	
26. Total nonrefundable credits (Part I, line 28; cannot exceed amount on line 25) .....	26	
27. Balance (subtract line 26 from line 25; cannot be less than zero) .....	27	
28. Estimated tax paid and amount credited forward (Part II, line 4).....	28	<p>If this is your ORIGINAL Kansas return, skip lines 32 and 33 and continue to line 34.</p> <p>If this is your AMENDED Kansas return, complete lines 32 and 33 before continuing to line 34.</p>
29. Other tax payments (enclose separate schedule) .....	29	
30. Amount paid with Kansas extension .....	30	
31. Total of all other refundable credits (Part I, line 35) .....	31	
32. Payment remitted with original return; see instructions .....	32	
33. Overpayment from original return (this figure is a subtraction; see instructions) .....	33	
34. Total prepaid credits (add lines 28 through 32 and subtract line 33).....	34	
35. <b>BALANCE DUE</b> (if line 27 exceeds line 34) .....	35	
36. Interest .....	36	
37. Penalty .....	37	
38. Estimated tax penalty. If annualizing to compute penalty, mark this box <input type="checkbox"/> .....	38	
39. Total tax, interest & penalty due (add lines 35 through 38). <b>Complete Form K-120V and enclose it with your payment.</b>	39	
40. <b>OVERPAYMENT</b> (if line 27 plus line 38 is less than line 34).....	40	
41. <b>REFUND.</b> Enter the amount of line 40 you wish to be refunded.....	41	
42. <b>CREDIT FORWARD.</b> Enter the amount of line 40 (original return only) you wish to be applied to 2020 estimated tax. (Line 42 cannot exceed the total of lines 28, 29 and 30).....	42	

I authorize the Director of Taxation or the Director's designee to discuss my return and enclosures with my preparer.  
 I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete return.

sign here

Signature of officer	Title	Date
Individual or firm signature of preparer	Address/Telephone Number	Date

Tax preparer's EIN (Employer Identification Number) or SSN (Social Security Number)

**NOTE: You are not required to send a copy of your entire federal return. See instructions for the list of federal forms required to accompany the state return.**

**PART I - NONREFUNDABLE AND REFUNDABLE CREDITS (see instructions)**

**NONREFUNDABLE CREDITS**

- 1. Center for Entrepreneurship Credit (Enclose Schedule K-31).....
- 2. Agritourism Liability Insurance Credit (Enclose Schedule K-33) .....
- 3. Business and Job Development Credit -- **for carry forward use only** (Enclose Schedule K-34).....
- 4. Historic Preservation Credit (Enclose Schedule K-35) .....
- 5. Disabled Access Credit (Enclose Schedule K-37).....
- 6. Swine Facility Improvement Credit (Enclose Schedule K-38).....
- 7. Oil and Gas Well Plugging Credit (Enclose Schedule K-39).....
- 8. Assistive Technology Contribution Credit (Enclose Schedule K-42) .....
- 9. Purchases from Qualified Vendor Credit (Enclose Schedule K-44) .....
- 10. Research and Development Credit (Enclose Schedule K-53).....
- 11. Venture Capital Credit -- **for carry forward use only** (Enclose Schedule K-55).....
- 12. Seed Capital Credit -- **for carry forward use only** (Enclose Schedule K-55) .....
- 13. High Performance Incentive Program Credit (Enclose Schedule K-59).....
- 14. Community Service Contribution Credit (Enclose Schedule K-60).....
- 15. Alternative-Fuel Motor Vehicle Property Credit (Enclose Schedule K-62) .....
- 16. Low Income Student Scholarship Credit (Enclose Schedule K-70).....
- 17. Law Enforcement Training Center Credit -- **for carry forward use only** (Enclose Schedule K-72) .....
- 18. Petroleum Refinery Credit -- **for carry forward use only** (Enclose Schedule K-73).....
- 19. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74) .....
- 20. Single City Port Authority Credit (Enclose Schedule K-76) .....
- 21. Qualifying Pipeline Credit -- **for carry forward use only** (Enclose Schedule K-77) .....
- 22. BioMass-to-Energy Credit -- **for carry forward use only** (Enclose Schedule K-79) .....
- 23. Environmental Compliance Credit (Enclose Schedule K-81).....
- 24. Storage and Blending Equipment Credit -- **for carry forward use only** (Enclose Schedule K-82).....
- 25. Electric Cogeneration Facility Credit -- **for carry forward use only** (Enclose Schedule K-83).....
- 26. Declared Disaster Capital Investment Credit -- **for carry forward use only** (Enclose Schedule K-87).....
- 27. Farm Net Operating Loss (Enclose Schedule K-139F).....
- 28. **Total nonrefundable credits (Add lines 1 through 27. Enter total here and on line 26, page 2)** .....

**REFUNDABLE CREDITS**

- 29. Telecommunications and Railroad Credit (Enclose Schedule K-36) .....
- 30. Child Day Care Assistance Credit (Enclose Schedule K-56) .....
- 31. Small Employer Healthcare Credit (Enclose Schedule K-57).....
- 32. Community Service Contribution Credit (Enclose Schedule K-60) .....
- 33. Individual Development Account Credit (Enclose Schedule K-68).....
- 34. Farm Net Operating Loss (Enclose Schedule K-139F).....
- 35. **Total refundable credits (Add lines 29 through 34. Enter total here and on line 31, page 2)**.....

**PART II - ADDITIONAL INFORMATION**

150319

1. Did the corporation file a Kansas Income Tax return under the same name for the preceding year? \_\_\_ Yes \_\_\_ No If "no", enter previous name and EIN.

\_\_\_\_\_  
\_\_\_\_\_

2. Enter the address of the corporation's principal location in Kansas.

\_\_\_\_\_  
\_\_\_\_\_

3. The corporation's books are in care of:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

4. List each estimated tax payment and credit forward amount claimed on this return.

Date	Amount	Date	Amount

5. Has your corporation been involved in any reorganization during the period covered by this return? \_\_\_ Yes \_\_\_ No If "yes" enclose a detailed explanation.

6. If this is a final return for Kansas, state the reason. If the corporation was liquidated or dissolved, state the IRC section under which the corporation was liquidated.

\_\_\_\_\_

7. If your federal taxable income has been redetermined for any prior years that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, under separate cover, the federal Forms 1139, 1120X, or Revenue Agent's Report along with the Kansas amended return.

- Revenue Agent's Report       Net Operating Loss
- Amended Return

Years ended \_\_\_\_\_

8. If you are registered with the Kansas Department of Revenue under any other Kansas tax act, enter all registration or license numbers on the applicable line.

a. Sales Tax \_\_\_\_\_

b. Compensating Use Tax \_\_\_\_\_

c. Withholding Tax \_\_\_\_\_

d. Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART III - AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS**

Name of Corporation	Employer ID Number

(Enclose a separate sheet for additional corporations)

**PART IV - SCHEDULE OF TAXES**

(Include those taxes deducted on line 17 of the federal return. See instructions.)

1. Taxes on or measured by income or fees or payments in lieu of income taxes (include federal environmental tax; itemize).


2. Total (Enter on line 3, page 1) .....

3. Total other taxes .....

4. Total taxes (Must equal line 17 of the federal return) .....

**PART V - SCHEDULE OF INTEREST INCOME**

(Include the interest from line 5 of the federal return)

1. U.S. interest income (describe type):


2. Total (Enter on line 7, page 1) .....

3. Total other interest income .....

4. Total interest income (Must equal line 5 of the federal return) .....



**PART VII - ADDITIONAL INFORMATION**

150519

1. Does the Kansas sales figure in Part VI include (1) all sales delivered from Kansas where purchaser is the U.S. Government and (2) all sales delivered from Kansas to states in which this corporation is immune from state income taxation under federal Public Law 86-272 (15 U.S.C. § 381)?

If not, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you claim that part of your net income is assignable to business done outside Kansas:

a. Enclose a list of all states in which this corporation is doing business and filing state corporation income or franchise tax returns.

b. Has any state determined that this corporation conducts (or has conducted) a unitary business with any other corporation?  
 \_\_\_ Yes \_\_\_ No If yes, specify which state(s) and enclose a complete list of the corporations conducting the unitary business.

3. Describe briefly the nature and location(s) of your Kansas business activities.

\_\_\_\_\_  
 \_\_\_\_\_

4. Are the amounts in the total company column the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? \_\_\_ Yes \_\_\_ No If no, please explain.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART VIII - AFFILIATED CORPORATIONS INCLUDED IN FORM K-120AS CORPORATION APPORTIONMENT SCHEDULE**

Name of Corporation	Employer Identification Number	Check if included:	
		In Total Company factors	Within Kansas factors

**PART IX - KANSAS PASS-THROUGH SCHEDULE**

The distributions from the entities listed here have been passed-through and are included in your entity.

Pass-through Entity Name	EIN of Pass-through Entity	Your Entity to which income of Pass-through is included	EIN to which income of Pass-through Entity is included	Principal Product or Services of Pass-through Entity	Kansas Operations (Y / N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**PART X - KANSAS DISREGARDED ENTITY SCHEDULE**

The disregarded entities listed below are included in this return.

Disregarded Entity Name	EIN of Disregarded Entity	Your Entity to which income of Disregarded is included	EIN to which income of Disregarded Entity is included	Principal Product or Services of Disregarded Entity	Kansas Operations (Y / N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					