

K-120V

(Rev. 7/05)

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"/>
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2005 KANSAS CORPORATE INCOME TAX VOUCHER

For the taxable year beginning _____, 20____; ending _____, 20____

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

Employer Identification Number

<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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Amended Payment

Extension Payment

PAYMENT AMOUNT \$

<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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Make check or money order payable to: Kansas Corporate Income Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

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