

Type the business name, address, EIN, phone number and contact persons name in the spaces provided.

If business name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "X".

If you are paying for an amended return, mark the appropriate box with "X".

If you are filing an extension of time to file your return, mark the appropriate box with "X". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Corporate Income Tax" for the full amount of your tax due.

Write the last 4 digits of your EIN on your check or money order, and ensure it contains a valid telephone number.

DO NOT send cash. If payment is not made on or before **April 15, 2020**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS CORPORATE INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

K-120V
Rev. 7-19

000

2019 Kansas
CORPORATE INCOME
TAX VOUCHER



01012019

12312019

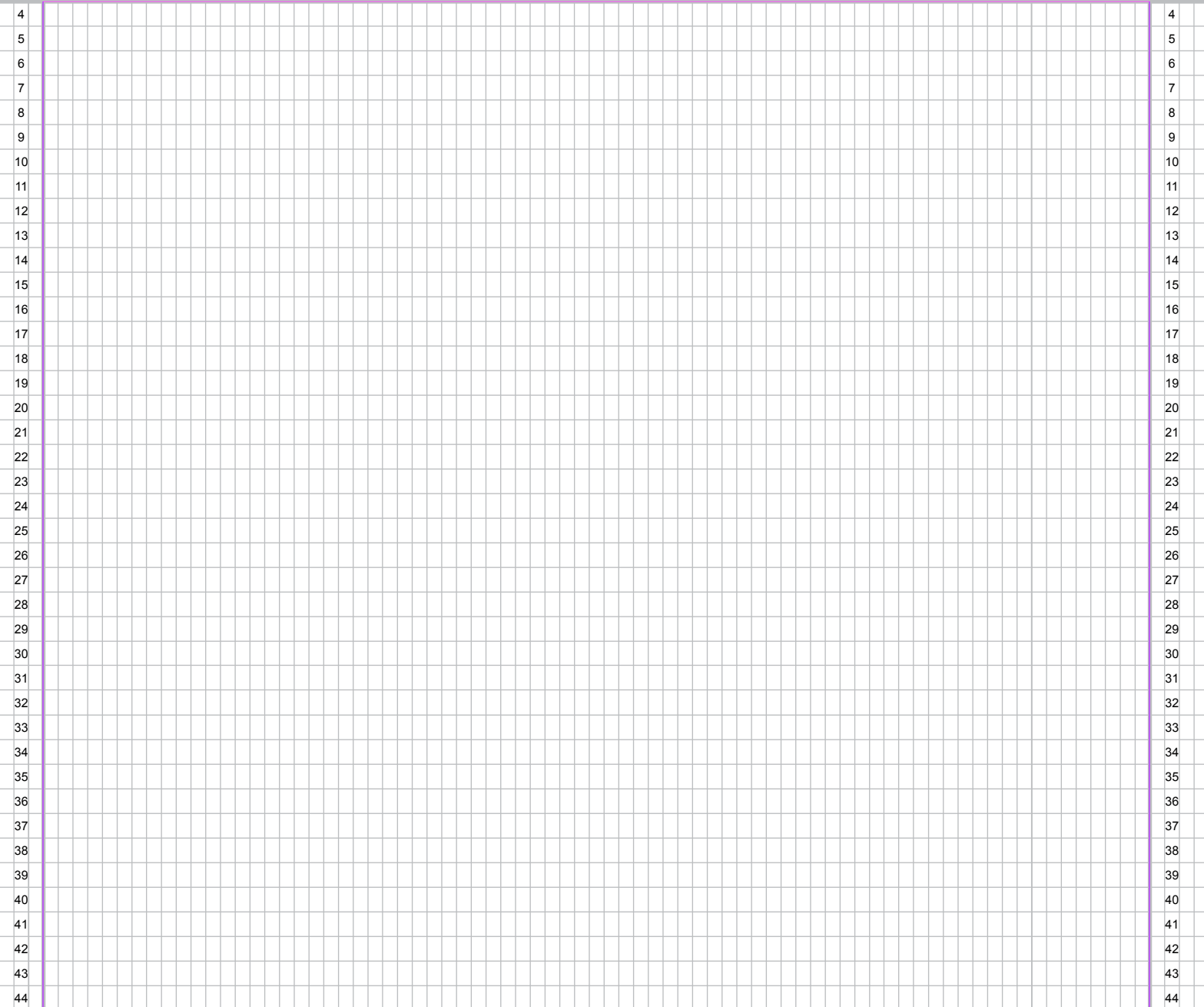
551234567

CORPORATIONNAMETESTXXXXXXXXXXXXXXXXXXXX
CORPORATIONADDRESSTESTXXXXXXXXXXXXXXXXXXXX
CORPORATIONADDRESSTESTXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXX

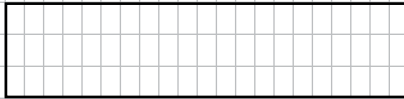
Name or Address Change	Amended Return	Extension Payment
XX	XX	XX

Payment Amount \$ 1209999.00

159219551234567551234567010119123119



K-120V 000
Rev. 7-19



2019 Kansas
CORPORATE INCOME
TAX VOUCHER



01012019 12312019 551234567

CORPORATIONNAME TESTXXXXXXXXXXXXXXXXXX
CORPORATIONADDRESS TESTXXXXXXXXXXXXXXXXXX
CORPORATIONADDRESS TESTXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXX

Name or Address Change	Amended Return	Extension Payment
XX	XX	XX

Payment Amount \$ 1209999.00

159219551234567551234567010118123118