

Enter 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 fill the "Name or Address Change" field with two "XX".

If you are paying for an amended return, fill the appropriate field with two "XX"

If you are filing an extension of time to file your return, fill the appropriate field with two "XX". 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 18, 2022**, 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. 7-21

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2022 Kansas
CORPORATE INCOME
TAX VOUCHER



01012022

12312022

551234567

CORPORATIONNAMEXXXXXXXXXXXXXXXXXXXXX
CORPORATIONADDRESSXXXXXXXXXXXXXXXXXXXXX
CORPORATIONADDRESS2XXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXX

Name or Address Change	Amended Return	Extension Payment
XX	XX	XX

Payment Amount \$ 1209999.00

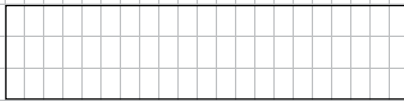
159222551234567551234567010122123122



K-120V

Rev. 7-22

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2022 Kansas
CORPORATE INCOME
TAX VOUCHER



01012022

12312022

551234567

CORPORATIONNAMEXXXXXXXXXXXXXXXXXXXX
CORPORATIONADDRESSXXXXXXXXXXXXXXXXXXXX
CORPORATIONADDRESS2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNMEXXXXXXXXXXXXXXXXXXXX

Name or Address
Change

Amended
Return

Extension
Payment

XX

XX

XX

Payment Amount

\$

1209999.00

159222551234567551234567010122123122



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