

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 15, 2024**, 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 PRIVILEGE 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-130V
Rev. 9-23

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2024 Kansas
PRIVILEGE TAX
PAYMENT VOUCHER

K-130V
1792



01012023

12312023

551234560

BUSINESSNAME TESTXXXXXXXXXXXXXXXXXXXX
BUSINESSADDRESS TESTXXXXXXXXXXXXXXXXXXXX
BUSINESSADDRESS TEST2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXX

Name or Address Change	Amended Return	Extension Payment
XX	XX	XX

Payment Amount \$ 2567189.00

179223551234560551234560010123123123

K-130V

Rev. 9-23

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2024 Kansas

PRIVILEGE TAX
PAYMENT VOUCHER

K-130V
1792



01012023

12312023

551234560

BUSINESSNAME TESTXXXXXXXXXXXXXXXXXXXX

BUSINESSADDRESS TESTXXXXXXXXXXXXXXXXXX

BUSINESSADDRESS TEST2XXXXXXXXXXXXXXXXXX

CITYXXXXXXXXXXXXXXXXXX ST 66429-1712

Daytime Phone Number: 7855551212

CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXX

Name or Address
Change

Amended
Return

Extension
Payment

XX

XX

XX

Payment Amount

\$

2567189.00

179223551234560551234560010123123123



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