

K-130

2021

PRIVILEGE TAX

000

172020

Rev. 7-20

Page 1 of 6

For the taxable year beginning

01012020

ending

12312020

BUSINESSNAMEXXXXXXXXXXXXXXXXXXXXXXXXX
INCAREOFORADDRESSLINEXXXXXXXXXXXXXXXX
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST XXXXX-XXXX

EIN this entity

EIN Federal Consolidated Parent

134567890

187004310

A. Method Used to Determine Income of Corporation in Kansas

B. Business Activity Code

F. State of Commercial Domicile

KS

X 1. Activity wholly within Kansas - Single entity

500000

G. Type of Federal Return Filed:

X 2. Activity wholly within Kansas - Consolidated

C. Date Business Began in KS

X 1. Separate

X 3. Single entity apportionment method (Sch. K-130AS, Part V)

12312020

X 2. Consolidated

X 4. Combined income method - Single corporation filing (Sch. K-121)

D. Date Business Discontinued in KS

H. Enter your original federal due date if other than the 15th day of the 4th month (C-Corps) or the 15th day of the 3rd month (S-Corps) after the end of the tax year.

X 5. Combined income method - Multiple corporation filing (Sch. K-131)

12312020

X 6. Alternative or separate accounting (Enclose letter of authorization and schedule)

E. State and Date of Incorporation

01012020

KS 12312020

I. Name or address has changed? X

X Filing an amended privilege return. Reason for amended return:
Note: This form cannot be used for tax years prior to 2021.

X Amended affects Kansas only

X Adjustment by IRS

X Amended Federal return

1. Federal taxable income for Kansas privilege tax purposes -1999909999.99

12. Average percent to Kansas (Part V, lines A, B, C, & E; if 100% enter 100.0000)

100.0000

2. Total state and municipal interest income -9299909999.99

A 100.0000 B 100.0000
c. 100.0000

3. Taxes on or measured by income or fees or payment in lieu of income taxes (does not include privilege taxes) -9994909999.99

13. Amount to Kansas (Multiply line 11 by line 12)

-9999909999.19

4. Federal net operating loss deduction -9939909999.99

14. Nonbusiness income - Kansas (Sch. req.)

-9999909999.92

5. Savings & loan bad debt deduction included in federal deductions -9994909999.99

15. Kansas expensing recapture

-1199909999.99

6 Other additions to federal taxable income (Sch. req.) -9999509999.99

16. Kansas expensing deduction

-9922909999.99

7. Total additions to federal taxable income (Add lines 2 - 6) -9999969999.99

17. Kansas net income before NOL deduction (Add lines 13 - 15, then subtract line 16)

-9999339999.99

8. Subtractions from federal taxable income (Sch. req.) -9999997999.99

18. Kansas net operating loss deduction (Sch. req.)

-9999904499.99

9. Net income before apportionment (Add line 1 to line 7 and subtract line 8) -9999909899.99

19. Kansas net income before bad debts (Subtract line 18 from line 17)

-9999909955.99

10. Nonbusiness income - Total company (Sch. req.) -9999909999.99

20. Savings & loan bad debt deduction for Kansas (Sch. req.)

-9999909999.66

11. Apportionable business income (Subtract line 10 from line 9) -9999909990.99

21. Combined report (Sch. K-131) or alternative/separate accounting income (Sep. sch.)

-7799909999.99

22. Kansas taxable income (Subtract line 20 from line 19 or enter line 21, as applicable)

-9988909999.99

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A 100.0000 B 100.0000

c. 100.0000

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13. Amount to Kansas (Multiply line 11 by line 12)

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4. Federal net operating loss deduction -9939909999.99

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16. Kansas expensing deduction

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20. Savings & loan bad debt deduction for Kansas (Sch. req.)

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11. Apportionable business income (Subtract line 10 from line 9) -9999909990.99

21. Combined report (Sch. K-131) or alternative/separate accounting income (Sep. sch.)

-7799909999.99

22. Kansas taxable income (Subtract line 20 from line 19 or enter line 21, as applicable)

-9988909999.99

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX

134007810

23. Normal tax - Banks & Savings and Loan (2.25% of line 22)	-9959909999.99	33. Overpayment from original return. (This figure is a subtraction)	22591954222.00
24a. Surtax - Banks (2.125% of line 21 in excess of \$25,000)	-3191954233.00	34. Total prepaid credits (Add lines 28 - 32 and subtract line 33)	-2691954222.00
24b. Surtax - Savings & Loans and Trust Cos (2.25% of line 22 in excess of \$25,000)	-1191954234.00	35. Balance due (If line 27 exceeds line 34)	-2791954222.00
25. Total tax (Add lines 23 & 24a or 24b. If filing combined, use line 24 of K-131)	-1191954236.00	36. Interest	-2891954222.00
26. Nonrefundable credits (Part III, line 10; cannot exceed amount on line 25)	-1191954237.00	37. Penalty	-2299195422.00
27. Balance (Subtract line 26 from line 25; if less than zero, enter 0)	-1191954238.00	38. Estimated tax penalty	-2299195422.00
28. Estimated tax paid and amount credited forward (Part I, line 4)	-1191954231.00	Are you annualizing to compute penalty?	X
29. Other tax payments (Enclose separate schedule and any applicable K-19 forms)	-0191954212.00	39. Total tax, interest & penalty due (Add lines 35 - 38) Complete K-130V & enclose with payment /return	-3319195422.00
30. Child Day Care Assistance Credit (Enclose Sch. K-56)	-1191954211.00	40. Overpayment (If line 27 plus line 38 is less than line 34)	-3329195422.00
31. Community Service Contribution Credit Refund (Enclose Sch. K-60)	-1919542112.00	41. Refund. Enter amount of line 40 to be refunded	-3339195422.00
32. Payment remitted with original return	-3191954211.00	42. Credit Forward. Enter amount of line 40 (original return only) to apply to 2022 estimated tax. (Line 42 cannot exceed total of lines 28 & 29)	-3349195422.00

X I authorize the Director of Taxation or the Director's designee to discuss my K-130 and any enclosures with my preparer. I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Officer Signature (Required) _____ Title _____ Date _____

Preparer Signature _____ Preparer Phone Number _____ Preparer SSN or EIN/PTIN _____ Date _____

K-130

2021

PRIVILEGE TAX

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172120

Rev. 7-20 Page 2 of 6

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX

134007810

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I authorize the Director of Taxation or the Director's designee to discuss my K-130 and any enclosures with my preparer.
 I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Officer Signature (Required) _____ Title _____ Date _____

Preparer Signature _____ Preparer Phone Number _____ Preparer SSN or EIN/PTIN P03465080 Date _____

PRIVILEGE TAX
PO BOX 750260
TOPEKA KS 66699-0260

For Office Use Only

PART I

ADDITIONAL INFORMATION

1. Did the corporation file a Kansas Privilege 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.

Table with 2 columns: Date, Amount. Includes a TOTAL row at the bottom.

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, please 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 year(s) 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.

- Revenue Agent's Report
Amended Return
Net Operating Loss
Other State's Adjustment
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:

- Sales Tax
Compensating Use Tax
Withholding Tax
Other (specify)

PART II AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose separate sheet(s) for additional corporations)

Table with 2 columns: Name of Corporation or Financial Institution, Employer ID Number

PART III SCHEDULE OF NONREFUNDABLE CREDITS

- Center for Entrepreneurship Credit
Business and Job Development Credit - for carry forward use only
Historic Preservation Credit
Disabled Access Credit
Venture Capital Credit - for carry forward use only
High Performance Incentive Program Credit
Community Service Contribution Credit
Low Income Student Scholarship Credit
Declared Disaster Capital Investment Credit - for carry forward use only
Total nonrefundable credits

Table with 10 empty rows for credit details.

PART IV COMPUTATION OF FEDERAL TAXABLE INCOME FOR S CORPORATION

1. (a) Gross receipts/sales _____ (b) Less: Returns and allow _____ Balance	1(c)	
2. Less: Cost of goods sold and/or operations	2	
3. Gross profit	3	
4. Dividends	4	
5. Interest	5	
6. Gross rents	6	
7. Gross royalties	7	
8. Capital gain net income	8	
9. Net gain or (loss) from Form 4797, Part III	9	
10. Other income	10	
11. Total income - Add lines 3 through 10.	11	

DEDUCTIONS

12. Compensation of officers	12	
13. (a) Salaries and wages _____ (b) Less empl. credit _____ Balance	13	
14. Repairs and maintenance.	14	
15. Bad debts	15	
16. Rents	16	
17. Taxes and licenses	17	
18. Interest	18	
19. Charitable contributions (not over 10% of taxable income as adjusted)	19	
20. Depreciation	20	
21. Less depreciation claimed elsewhere on return	21a	
	21b	
22. Depletion	22	
23. Advertising	23	
24. Pension, profit-sharing, etc. plans	24	
25. Employee benefit programs	25	
26. Other deductions	26	
27. Total deductions - Add lines 12 through 26.	27	
28. Taxable income before net operating loss deduction and special deductions (subtract line 27 from line 11)	28	
29. Less: a. Net operating loss deduction	29a	
b. Special Deductions	29b	
	29c	
30. Taxable income - Subtract line 29c from line 28	30	

KANSAS
Financial Institution Apportionment Schedule
FOR USE BY FINANCIAL INSTITUTIONS APPORTIONING INCOME
(Financial Institutions using the combined income method must use Schedule K-131)

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172420

For the taxable year beginning _____, ending _____

Name as shown on Form K-130

Employer Identification Number (EIN)

PART V APPORTIONMENT FORMULA

A. Property	WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
	Beginning of Year	End of Year	Beginning of Year	End of Year	
(1) Value of owned real and tangible personal property used in business at original cost:					
Value of taxpayer's loans and credit card receivables					
Depreciable assets					
Land					
Other tangible assets (Enclose schedule)					
Less: Construction in progress					
Total property to be averaged					
Average owned property (Beg. + End ÷ 2)					
(2) Net annual rented property. Multiplied by 8					
TOTAL PROPERTY (Enter on line 12A, page 1)					

B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)	WITHIN KANSAS	TOTAL COMPANY	PERCENT WITHIN KANSAS
	(1) Compensation of officers		
(2) Wages, salaries and commissions			
(3) Payroll expense included in cost of goods sold			
(4) Payroll expense included in repairs			
(5) Other wages and salaries			
TOTAL PAYROLL (Enter on line 12B, page 1)			B %

C. Receipts	WITHIN KANSAS	TOTAL COMPANY	PERCENT WITHIN KANSAS
(1) Receipts from:			
(a) Lease of real property			
(b) Lease of tangible personal property			
(c) Credit card receivable			
(d) Merchants discount			
(e) Services			
(f) Investment and trading assets and activities			
(g) Other			
(2) Interest from loans:			
(a) Secured by real property			
(b) Not secured by real property			
(3) Net gains from sale of			
(a) Loans			
(b) Credit card receivable			
(4) Fees:			
(a) Loan servicing			
(b) Credit card issuers reimbursement			
(5) Attribution of certain receipts to commercial domicile			
TOTAL RECEIPTS (Enter on line 12C, Page 1)			C %

D. Total percent (Sum of lines A, B & C)	D	%
E. Average percent of D (Enter on line 12, page 1)	E	%

