

KANSAS CORPORATION INCOME TAX

| | For the taxable year beginning2 | 0 1 3 ; ending | |
|------------|--|--|--|
| | Name | B. Business Activity Code (NAICS) | Employer's Identification Numbers (EINs) (Enter both if applicable) |
| | Number and Street of Principal Office | C. Date Business Began in KS (mm/dd/yyyy) | EIN this entity: |
| lion | City State Zip Code | D. Date Business Discontinued in KS (mm/dd/yyyy) | EIN Federal Consolidated Parent: |
| R INFORMAT | A. Method Used to Determine Income of Corporation in Kansas 1. Activity wholly within Kansas - Single entity 2. Activity wholly within Kansas - Consolidated 3. Single entity apportionment method (K-120AS) | E. State and Month/Year of Incorporation (mm/yyyy) F. State of Commercial Domicile | I. Enter your original federal due date if other than the 15th day of the 3rd month after the end of the tax year. |
| TAXPAYE | 4. Combined income method - Single corporation filing (Sch. K-121) 5. Combined income method - Multiple corporation filing (Sch. K-121) 6. Qualified elective two-factor (K-120AS) Year qualified: 7. Common carrier mileage (Enclose mileage apportionment schedule) 8. Alternative or separate accounting (Enclose letter of authorization & schedule) | G. Type of Federal Return Filed 1. Separate 2. Consolidated H. Check the box if you have submitted a Kansas Form K-120EL? | J. If any taxpayer information has changed since the last return was filed, please check this box. |
| | Mark this box if you are filing this as an AMENDED 2013 Kansas return. NOTE: This form cannot be used for tax years prior to 2013. | Reason for amending your 2013 Amended affects Kansas only | ment by Amended federal |
| 1. | Federal taxable income | | |
| 2 | Total state and municipal interest | 2 | |
| | Taxes on or measured by income or fees or payments in lieu of income taxes (Part IV, line 2). | 3 | |
| 4. | Federal net operating loss deduction | 4 | |
| 5. | Other additions to federal taxable income (Schedule required) | 5 | |
| 6. | Total additions to federal taxable income (add lines 2, 3, 4 and 5) | | |
| 7. | Interest on U.S. government obligations (Part V, line 2) | 7 | |
| 8. | IRC Section 78 and 80% of foreign dividends (schedule required) | 8 | |
| 9. | Other subtractions from federal taxable income (schedule required) | 9 | |
| 10. | Total subtractions from federal taxable income (add lines 7, 8 and 9) . | 11 | o |
| 11. | Net income before apportionment (add line 1 to line 6, then subtract lin | ne 10) | 1 |
| 12. | Nonbusiness income Total company (schedule required) | | 2 |
| 13. | Apportionable business income (subtract line 12 from line 11) | | 3 |
| 14. | Average percent to Kansas (Part VI, lines A, B, C and E; if 100% enter 100.0000) | c 1 | 4 |
| 15. | Amount to Kansas (multiply line 13 by line 14) | | 5 |
| 16. | Nonbusiness income - Kansas (schedule required). | | 6 |
| 17. | Kansas expensing recapture (see instructions for Schedule K-120EX a | and enclose applicable schedules) | 7 |
| 18. | Kansas expensing deduction (see instructions for Schedule K-120EX | and enclose applicable schedules) | 8 |
| 19. | Kansas net income before NOL deduction (add lines 15, 16 and 17, the second sec | hen subtract line 18) | 9 |
| 20 | Kansas net operating loss deduction (schedule required) | 2 | D |

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| 21. | Combined report (Schedule K-121) or alternative/separate accounting income (separate schedule) | 21 | |
|-----|--|----|---|
| 22. | Kansas taxable income (subtract line 20 from line 19 or enter line 21, as applicable) | 22 | |
| 23. | Normal tax (4% of line 22) 23 | | |
| 24. | Surtax (3% of line 22 in excess of \$50,000) | | |
| 25. | Total tax (Add lines 23 and 24. If filing combined, use line 24 of K-121.). | 25 | |
| 26. | Total nonrefundable credits (Part I, line 27; cannot exceed amount on line 25) | 26 | |
| 27. | Balance (subtract line 26 from line 25; cannot be less than zero) | 27 | |
| 28. | Estimated tax paid and amount credited forward (Part II, line 4) 28 | | If this is your <u>ORIGINAL</u> |
| 29. | Other tax payments (enclose separate schedule and any applicable K-19 forms) | | Kansas return, skip lines 32 and 33 and |
| 30. | Amount paid with Kansas extension | | continue to line 34. |
| 31. | Total of all other refundable credits (Part I, line 34) | | If this is your <u>AMENDED</u> |
| 32. | Payment remitted with original return; see instructions 32 | | Kansas return, complete lines 32 and 33 before |
| 33. | Overpayment from original return (this figure is a subtraction; end instructions) | | continuing to line 34. |
| 34. | Total prepaid credits (add lines 28 through 32 and subtract line 33) | 34 | |
| 35. | BALANCE DUE (if line 27 exceeds line 34) | 35 | |
| 36. | Interest | | |
| 37. | Penalty | | |
| 38. | Estimated tax penalty If annualizing to compute penalty, check this box 38 | | |
| 39. | Total tax, interest & penalty due (add lines 35 through 38). Complete Form K-120V and enclose it with your payment. | 39 | |
| 40. | OVERPAYMENT (if line 27 plus line 38 is less than line 34) | 40 | |
| 41. | REFUND. Enter the amount of line 40 you wish to be refunded | 41 | |
| 42. | CREDIT FORWARD. Enter the amount of line 40 (original return only) you wish to be applied to 2014 estimated tax. (Line 42 cannot exceed the total of lines 28, 29 and 30.). | 42 | |

I authorize the Director of Taxation or the Director's designee to discuss my K-120 and enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete return.

| sign here | Signature of officer Title | | Date | |
|--------------|--|---|------|--|
| | Individual or firm signature of preparer | Address and Phone Number | Date | |
| | Tax preparer's EIN (Employer Identification Number) or | eparer's EIN (Employer Identification Number) or SSN (Social Security Number) | | |
| | | | | |

NOTE: You are not required to send a copy of your entire federal return. See instructions for the list of federal forms required to accompany the state return.

PART I - NONREFUNDABLE AND REFUNDABLE CREDITS (see instructions)

| 1. | Center for Entrepreneurship Credit (Enclose Schedule K-31) |
|-----|--|
| 2. | Agritourism Liability Insurance Credit (Enclose Schedule K-33) |
| 3. | Business and Job Development Credit for carry forward use only (Enclose Schedule K-34) |
| 4. | Historic Preservation Credit (Enclose Schedule K-35) |
| 5. | Disabled Access Credit (Enclose Schedule K-37) |
| 6. | Swine Facility Improvement Credit (Enclose Schedule K-38) |
| 7. | Oil and Gas Well Plugging Credit (Enclose Schedule K-39) |
| 8. | Assistive Technology Contribution Credit (Enclose Schedule K-42). |
| 9. | Research and Development Credit (Enclose Schedule K-53) |
| 10. | Venture Capital Credit (Enclose Schedule K-55) |
| 11. | Seed Capital Credit (Enclose Schedule K-55) |
| 12. | High Performance Incentive Program Credit (Enclose Schedule K-59) |
| 13. | Community Service Contribution Credit (Enclose Schedule K-60) |
| 14. | Alternative-Fuel Motor Vehicle Property Credit (Enclose Schedule K-62) |
| 15. | Law Enforcement Training Center Credit for carry forward use only (Enclose Schedule K-72) |
| 16. | Petroleum Refinery Credit for carry forward use only (Enclose Schedule K-73) |
| 17. | Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74) |
| 18. | Single City Port Authority Credit (Enclose Schedule K-76) |
| 19. | Qualifying Pipeline Credit for carry forward use only (Enclose Schedule K-77) |
| 20. | BioMass-to-Energy Credit for carry forward use only (Enclose Schedule K-79) |
| 21. | Environmental Compliance Credit (Enclose Schedule K-81) |
| 22. | Storage and Blending Equipment Credit for carry forward use only (Enclose Schedule K-82) |
| 23. | Electric Cogeneration Facility Credit for carry forward use only (Enclose Schedule K-83) |
| 24. | Film Production Credit for carry forward use only (Enclose Schedule K-86) |
| 25. | Declared Disaster Capital Investment Credit for carry forward use only (Enclose Schedule K-87) |
| 26. | Farm Net Operating Loss (Enclose Schedule K-139F) |
| 27. | Total nonrefundable credits (Add lines 1 through 26. Enter total here and on line 26, page 2) |

| 2 | 28. | Telecommunications and Railroad Credit (Enclose Schedule K-36) |
|---|-----|---|
| Ē | 29. | Child Day Care Assistance Credit (Enclose Schedule K-56) |
| ל | 30. | Small Employer Healthcare Credit (Enclose Schedule K-57) |
| | 31. | Community Service Contribution Credit (Enclose Schedule K-60). |
| Ā | 32. | Individual Development Account Credit (Enclose Schedule K-68) |
| | 33. | Farm Net Operating Loss (Enclose Schedule K-139F) |
| | 34. | Total refundable credits (Add lines 28 through 33. Enter total here and on line 31, page 2) |
| Y | | |

| name f If "no", | corporation file a Kansas or the preceding year? enter previous name and f | | If this is a final return for Kansas, state the reason. If the corporation was liquidated or dissolved, state the IRC section under which the corporation was liquidated. |
|--------------------|---|-------------------------------------|---|
| 2. Enter th | | | |
| | ne address of the corporation | on's principal location in Kansas. | 7. If your federal taxable income has been redetermined for any prior years 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. You are required to submit, under separate cover , the federal Forms 1139, 1120X, or Revenue Agent's Report |
| 3. The co | rporation's books are in ca | re of: | along with the Kansas amended return. |
| | | | Revenue Agent's Report Net Operating Loss |
| Addres | S | | Amended Return |
| | | | Years ended |
| 4. List ea | ch estimated tax payment a | and credit forward amount claimed | 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. |
| on this Da | | Date Amount | a. Sales Tax |
| | Amount | | b. Compensating Use Tax |
| | | | c. Withholding Tax |
| | | | d. Other (specify) |
| | ur corporation been involve covered by this return? | ed in any reorganization during the | |
| • | , enclose a detailed explan | | |

| Name of Corporation | Employer ID Number |
|---|--------------------|
| | |
| | |
| | |
| (Enclose a separate sheet for additional corporations |) |

PART IV - SCHEDULE OF TAXES

(Include those taxes deducted on line 17 of the federal return. See instructions.)

1. Taxes on or measured by income or fees or payments in lieu of income taxes (include federal environmental tax; itemize).

| 2. | Total (Enter on line 3, page 1) | |
|----|--|--|
| 3. | Total other taxes. | |
| 4. | Total taxes (Must equal line 17 of the federal return) | |

PART V - SCHEDULE OF INTEREST INCOME

(Include the interest from line 5 of the federal return)

1. U.S. interest income (describe type):

| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|----|---|--|
| | | |
| | | |
| | | |
| 2. | Total (Enter on line 7, page 1). | |
| 3. | Total other interest income. | |
| 4. | Total interest income (Must equal line 5 of the federal return) | |
| | | |



KANSAS Corporation Apportionment Schedule

FOR USE BY CORPORATIONS APPORTIONING INCOME (Corporations using the combined income method must use Schedule K-121)

For the taxable year beginning _

______2_0_1_3_; ending

Name as shown on Form K-120

Employer Identification Number (EIN)

PART VI - APPORTIONMENT FORMULA

| Α. | Pro | perty | WITHIN I | KANSAS | TOTAL C | OMPANY | | |
|----|-----|--|-----------------------|-------------------|----------------------|----------------|----------------------|----------|
| , | | Value of owned real and tangible personal property used in the business at original cost | Beginning of Year | End of Year | Beginning of Year | End of Year | PERC WITH KANS | HIN |
| | | | | | | | | |
| | | | | | | | - | |
| | | Depreciable assets | | | | | - | |
| | | Land | | | | | - | |
| | | Other tangible assets (Enclose schedule) | | | | | - | |
| | | Less: Construction in progress | | | | | - | |
| | | Total property to be averaged | | | | | - | |
| | | Average owned property (Beg. + End \div 2) | | | | | - | |
| | 2) | Net annual rented property. Multiplied by 8 | | | | | | 0/ |
| _ | | TOTAL PROPERTY (Enter on line 14A, page 1) | | | | | A | <u>%</u> |
| В. | | roll (Those corporations qualified and utilizing the elective area only during the first year of qualifying) | e two-factor formu | ula must complete | Within Kansas | Total Company | | |
| | (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 14B, page 1) (If qualified | ed and utilizing th | e elective | | | | |
| | | two-factor formula, do not carry this percentage to page | • 1) | | | | в | % |
| | | | | | | | | |
| C. | Sal | es (Gross receipts, less returns and allowances) | | | | |] | |
| | (1) | Sales delivered or shipped to purchasers in Kansas: | | | | | | |
| | | (a) Shipped from outside Kansas | | | | - | | |
| | | (b) Shipped from within Kansas | | | | - | | |
| | (2) | Sales shipped from Kansas to: | | | | | | |
| | | (a) The United States Government | | | | - | | |
| | | (b) Purchasers in a state where the taxpayer would not | be taxable (e.g., ι | under federal | | | | |
| | | Public Law 86-272) | | | | | 1 | |
| | (3) | Dividends | | | | | _ | |
| | | Interest | | | | | _ | |
| | | Rents | | | | | | |
| | | Royalties | | | | | | |
| | | Gains/losses from intangible asset sales | | | | | | |
| | | Gross proceeds from tangible asset sales | | | | | | |
| | | Other income (Enclose schedule) | | | | | | |
| | | TOTAL SALES (Enter on line 14C, page 1) | | | | | с | % |
| _ | | | | | · | · | | |
| D(| 1). | Total percent (Sum of lines A, B & C if qualified and utiliz | zing three-factor for | ormula) | | | D(1) | % |
| D(| 2). | Total percent (Sum of lines A & C if qualified and utilizing | g two-factor formu | ıla) | | | D(2) | % |
| E. | | Average percent of either D(1) or D(2), whichever is app | licable (Enter on | line 14, page 1) | | | E | % |

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PART VII - ADDITIONAL INFORMATION

 Does the Kansas sales figure in Part VI include (1) all sales delivered from Kansas where purchaser is the U.S. Government and (2) all sales delivered from Kansas to states in which this corporation is immune from state income taxation under federal Public Law 86-272 (15 U.S.C.§ 381)?

If not, please explain ____

- b. Has any state determined that this corporation conducts or has conducted a unitary business with any other corporation?
 Yes _____ No If yes, specify which state(s) and enclose a complete list of the corporations conducting the unitary business.
- 3. Describe briefly the nature and location(s) of your Kansas business activities.
- Are the amounts in the total company column the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? ____ Yes ____ No If no, please explain.

2. If you claim that part of your net income is assignable to business done outside Kansas:

a. Enclose a list of all states in which this corporation is doing business and filing state corporation income or franchise tax returns.

PART VIII - AFFILIATED CORPORATIONS INCLUDED IN FORM K-120AS CORPORATION APPORTIONMENT SCHEDULE

| | | Check if included: | |
|---------------------|---------------------------|--------------------------|--------------------------|
| Name of Corporation | Employer Identification # | In Total Compan ctors | Within Kansas Factors |
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