

2021 KANSAS CORPORATION INCOME TAX

For the taxable year beginning

2 0 2 1 ; ending

| | , | | | | | | |
|--------------|--|--|---------------------|---------------------|-------------|--|----------------------------------|
| | Name | B. Business Activity Code | e (NAICS) | | Employ | er's Identificatio (Enter both if a | on Numbers (EINs) applicable) |
| | Number and Street of Principal Office | C. Date Business Began | in KS (mm/dd/yyyy) | | EIN this | entity: | |
| N | City State Zip Code | D. Date Business Discont | tinued in KS (mm/de | д/уууу) | EIN Fed | eral Consolidate | ed Parent: |
| E | | E. State and Month/Year | of Incorporation (m | m/yyyy) | I. Enter v | your original fed | leral due date if other |
| N | A. Method Used to Determine Income of Corporation in Kansas 1. Activity wholly within Kansas - Single entity | / | | | than th | | he 4th month after |
| 08 | 2. Activity wholly within Kansas - Consolidated | | | | the en | u or the tax yea | |
| Ľ | 3. Single entity apportionment method (K-120AS) | F. State of Commercial D | omicile | | | | |
| ل | 4. Combined income method - Single corporation filing (Sch. K-121) | G. Type of Federal Return | n Filed | | J. If any ' | taxpaver inform | nation has changed |
| E | 5. Combined income method - Multiple corporation filing (Sch. K-121) | | | otod | since t | | vas filed, please |
| ū. | 6. Qualified elective two-factor (K-120AS) Year qualified: | 1. Separate | 2. Consolid | ated | illaik t | THS DOX. | |
| | 7. Common carrier mileage (Enclose mileage apportionment schedule) | H. Mark this box if you ha Form K-120EL | ave submitted a Kan | sas | | | |
| | 8. Alternative or separate accounting (Enclose letter of authorization & schedule) | | | | | | |
| | Mark this box if you are filing this as an AMENDED 2021 Kansas return. | Reason for am | ending you | 2021 K | ansas | return: | |
| | NOTE: This form cannot be used for tax years prior to 2021. | Amended aff Kansas only | ects | Adjustme the IRS | nt by | | nended federal < return |
| | | Ransas only | | | | | inotani |
| 1. | Federal taxable income | | | | | | |
| 2. | Total state and municipal interest | | | 2 | | | |
| 3. | Taxes on or measured by income or fees or payments in lieu of incom | ne taxes (Part IV, line | e 2) | 3 |) | | |
| 4. | Federal net operating loss deduction | | | 4 | 2 | | |
| | 250 deduction related to global intangible low-taxed income (GILTI) (I (schedule required) | .R.C. § 250(a)(1)(B)) | | 5 | ; | | |
| 6. | Business interest expense carryforward deduction (I.R.C. § 163(j)) (see | chedule required) | | 6 | ; | | |
| 7. | Other additions to federal taxable income (schedule required) | | | 7 | | | |
| 8. | Total additions to federal taxable income (add lines 2 through 7). | | | 8 |) | | |
| 9. | Interest on U.S. government obligation 3 (F art 1, line 2) | | | 9 |) | | |
| 10. | IRC Section 78 and 80% of pr.ig thuidends (schedule required) | | | 1 |) | | |
| 11. | Global intangible low-taxed income (GILTI) (I.R.C. § 951A) (schedule | required) | | 1 | 1 | | |
| 12. | Disallowed business interest deduction (I.R.C. § 163(j)) (schedule rec | luired) | | 1 | 2 | | |
| 13. | Contributions to capital exceptions (I.R.C. § 118) (schedule required). | | | 1 | 3 | | |
| 14. | Disallowed business meal expenses (I.R.C.§ 274) (schedule required |) | | 1 | 4 | | |
| 15. | Other subtractions from federal taxable income (schedule required) | | | | | | |
| 16. | Total subtractions from federal taxable income (add lines 9 throu | ıgh 15) | | | - | | |
| 17. | Net income before apportionment (add line 1 to line 8, then subtract li | ne 16) | | 1 | 7 | | |
| 18. | Nonbusiness income - Total company (schedule required) | | | | | | |
| 19. | Apportionable business income (subtract line 18 from line 17) | | | 1 | 2 | | |
| 20. | Average percent to Kansas | В | С | 2 | 2 | | |
| 21. | (Part VI, lines A, B, C and E; if 100% enter 100.0000) Amount to Kansas (multiply line 19 by line 20) | | | 2 | 1 | | |

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| 24. Kansas expensing deduction (see instructions for Schedule K-120EX and enclose applicable schedules) |
|---|
| 25. Kansas net income before NOL deduction (add lines 21, 22 and 23, then subtract line 24) 25 26. Kansas net operating loss deduction (ache dule required) 26 27. Combined report (Schedule K-121) or alternative/separate accounting income (separate schedule) 27 28. Kansas taxable income (subtract line 26 from line 25 or if filing combined, enter line 27) 28 29. Normal tax (4% of line 28) 29 30. Surtax (3% of line 28 in excess of \$50,000) 30 31. Total tax (Add lines 29 and 30. If filing combined, use line 30 of K-121) 31 32. Total nonrefundable credits (Part I, line 30; cannot exceed amount on line 31) 32 33. Balance (subtract line 32 from line 31; cannot be less than zero) 33 34. Estimated tax paid and amount credited forward (Part II, line 4) 34 35. Other tax payments (enclose separate schedule) 36 36. Amount paid with Kansas extension 37 37. Total of all other refundable credits (Part I, line 37 enter on line 37) 38 38. Payment remitted with original return (this figure is a subtract line 39) 40 40. Total prepaid credits (add lines 34 through 38 and subtract line 39) 40 41. BALANCE DUE (if line 33 exceeds line 40 subtract line 39) 41 42 43 43. Penalty |
| 25. Kansas net incode before NOL deduction (add lines 21, 22 and 23, then subtract line 24) 25 26. Kansas net operating loss deduction (schedule required) 26 27. Combined report (Schedule K-121) or alternative/separate accounting income (separate schedule) 27 28. Kansas taxable income (subtract line 26 from line 25 or if filing combined, enter line 27) 28 29. Normal tax (4% of line 28) 29 30. Surtax (3% of line 28) 30 31. Total tax (Add lines 29 and 30. If filing combined, use line 30 of K-121) 31 32. Total nonrefundable credits (Part I, line 30; cannot exceed amount on line 31) 32 33. Balance (subtract line 32 from line 31; cannot be less than zero) 33 34. Estimated tax paid and amount credited forward (Part II, line 4) 34 35. Other tax payments (enclose separate schedule) 36 36. Amount paid with Kansas extension 37 37. Total of all other refundable credits (Part I, line 37 enter on line 37) 38 38. Payment remitted with original return (see instructions) 38 39. Overpayment from original return (see instructions) 38 39. Overpayment from original return (see instructions) 41 41. 42 42. Interest 43 43. Penalty |
| 25. Kansas net income before NOL deduction (add lines 21, 22 and 23, then subtract line 24) 25 26. Kansas net operating loss deduction (schedule required) 26 27. Combined report (Schedule K-121) or alternative/separate accounting income (separate schedule) 27 28. Kansas taxable income (subtract line 26 from line 25 or if filing combined, enter line 27) 28 29. Normal tax (4% of line 28) 29 30. Surtax (3% of line 28 in excess of \$50,000) 30 31. Total tax (Add lines 29 and 30. If filing combined, use line 30 of K-121) 31 32. Total nonrefundable credits (Part I, line 30; cannot exceed amount on line 31) 32 33. Balance (subtract line 32 from line 31; cannot be less than zero) 33 34. Estimated tax paid and amount credited forward (Part II, line 4) 36 35. Other tax payments (enclose separate schedule) 36 36. Amount paid with Kansas extension 36 37. Total of all other refundable credits (Part I, line 37 enter on line 37) 37 38. Payment remitted with original return (this figure is a subtraction; see instructions) 38 39. Overpayment from original return (this figure is a subtract line 39) 40 40. Total prepaid credits (add lines 34 through 38 and subtract line 39) 41 41. BALANCE DUE (if line 33 exceeds line 40 subtract li |
| 25. Kansas net income before NOL deduction (add lines 21, 22 and 23, then subtract line 24) |
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| 21. Kansas net income before NOL deduction (add lines 21, 22 and 23, then subtract line 24) |
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| 25. Kansas net income before NOL deduction (add lines 21, 22 and 23, then subtract line 24) 25 26. Kansas net operating loss deduction (schedule required) 26 |
| 25. Kansas net income before NOL deduction (add lines 21, 22 and 23, then subtract line 24) |
| |
| 24. Kansas expensing deduction (see instructions for Schedule K-120EX and enclose applicable schedules) |
| |
| 22 22 3. Kansas expensing recapture (see instructions for Schedule K-120EX and enclose applicable schedules) |

| here | Signature of officer | Title | Date |
|------|--|--|-------------------|
| | Individual or firm signature of preparer | Address/Telephone Number | Date |
| | NOTE: You are not required to send a copy of your e federal return. See instructions for the list of federal f required to accompany the state return. | | |
| | Office use only Mail to: I | Kansas Corporate Tax, Kansas Department of Revenu Topeka, KS 66699-0260 | e, PO Box 750260, |

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. Eisenhower Foundation Credit (Enclose Schedule K-43) |
| 10. Purchases from Qualified Vendor Credit (Enclose Schedule K-44) |
| 11. Friends of Cedar Crest Association Credit (Enclose Schedule K-46) |
| 12. Qualified Charitable Distribution Credit (Enclose Schedule K-48) |
| 13. Research and Development Credit (Enclose Schedule K-53) |
| 14. Venture Capital Credit for carry forward use only (Enclose Schedule K-55) |
| 15. Seed Capital Credit for carry forward use only (Enclose Schedule K-55) |
| 16. High Performance Incentive Program Credit (Enclose Schedule K-59) |
| 17. Community Service Contribution Credit (Enclose Schedule K-60) |
| 18. Alternative-Fuel Tax Credit (Enclose Schedule K-62) |
| 19. Low Income Student Scholarship Credit (Enclose Schedule K-70) |
| 20. Law Enforcement Training Center Credit for carry forward use only (Enclose Schedule K-72) |
| 21. Petroleum Refinery Credit for carry forward use only (Enclose Schedule K-73) |
| 22. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74) |
| 23. Single City Port Authority Credit (Enclose Schedule K-76) |
| 24. Qualifying Pipeline Credit for carry forward use only (Enclose Schedule K-77) |
| 25. BioMass-to-Energy Credit for carry forward use only (Enclose Schedule K-79) |
| 26. Environmental Compliance Credit (Enclose Schedule K-81) |
| 27. Storage and Blending Equipment Credit for carry forward use only (Enclose Schedule K-82) |
| 28. Electric Cogeneration Facility Credit for carry forward use only (Enclose Schedule K-83) |
| 29. Farm Net Operating Loss (Enclose Schedule K-139F) |
| 30. Total nonrefundable credits (Add lines 1 through 29. Enter total here and on line 32, page 2) |
| 31. Telecommunications Credit (Enclose Schedule K-36) |
| 32. Child Day Care Assistance Credit (Enclose Schedule K-56) |
| 33. Small Employer Healthcare Credit (Enclose Schedule K-57) |
| 34. Community Service Contribution Credit (Enclose Schedule K-60) |
| 35. Individual Development Account Credit (Enclose Schedule K-68) |
| 36. Farm Net Operating Loss (Enclose Schedule K-139F) |
| 37. Total refundable credits (Add lines 31 through 36. Enter total here and on line 37, page 2) |

PART II - ADDITIONAL INFORMATION

| 1 | 5 | 0 | 3 | 2 | 1 | |
|---|---|---|---|---|---|--|
| | | | | | | |

- 1. Did the corporation file a Kansas Income 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.

| Date | Amount | Date | Amount |
|------|--------|------|--------|
| | | | |
| | | | |
| | | | |

5. Has your corporation been involved in any reorganization during the period covered by this return? <u>Yes</u> No If "yes" enclose a detailed explanation.

- 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.
- 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 along with the Kansas amended return.

Revenue Agent's Report

| Net Operating Loss | Γ | N | et Or | perat | ing | Loss |
|--------------------|---|---|-------|-------|-----|------|
|--------------------|---|---|-------|-------|-----|------|

Years ended

 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.

Amended Return

a. Sales Tax____

- b. Compensating Use Tax _____
- c. Withholding Tax
- d. Other (specify) _

PART III - AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

| 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 9, page 1) | |
|--|--|
| 3. Total other interest income | |
| 4. Total interest income (Must equal line 5 of the federal return) | |



KANSAS Corporation Apportionment Schedule

150421

FOR USE BY CORPORATIONS APPORTIONING INCOME

(Corporations using the combined income method must use Schedule K-121)

For the taxable year beginning

2 0 2 1 ; ending

Name as shown on Form K-120

Employer Identification Number (EIN)

PART VI - APPORTIONMENT FORMULA

| A. Property | WITHIN | KANSAS | TOTAL C | OMPANY | PERCENT |
|---|------------------------|-------------|-------------------|---------------|------------------|
| 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 | WITHIN KANSAS |
| Inventory | | | | | |
| 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 20A, page 1) | | | | | A % |
| B. Payroll (Those corporations qualified and utilizing the el this area only during the first year of qualifying. After the | | | 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 20B, page 1) (If two-factor formula, do not carry this percentage t | • | 0 | | | в % |
| C. Sales (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 Public Law 86-272) | | | | | |
| (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 20C, page 1) | | | | | C % |
| D(1) Total paraget (Sum of lines A. D. 9. C if suglified and | Itilizing three feeter | formulo) | | | D(1) % |
| D(1). Total percent (Sum of lines A, B & C if qualified and u D(2). Total percent (Sum of lines A & C if qualified and utili | - | , | | | D(2) % |
| E. Average percent of either $D(1)$ or $D(2)$, whichever is | - | - | | | E % |

PART VII - ADDITIONAL INFORMATION

| 15 | 0 | 52 | 1 |
|----|---|----|---|
| | | | |

 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.

4. Are the amounts in the total company column (K-120AS, Part VI) 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.

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

 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 Number | In Total Company factors | Within Kansas factors |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PART IX - KANSAS PASS-THROUGH SCHEDULE

The distributions from the entities listed here have been passed-through and are included in your entity.

| Pass-through Entity Name | EIN of Pass-through Entity | Your Entity to which income of Pass-through is included | EIN to which income of Pass-through Entity is included | Principal Product or Services of Pass-through Entity | Kansas Operations (Y / N) |
|--------------------------|----------------------------------|--|--|---|---------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

PART X - KANSAS DISREGARDED ENTITY SCHEDULE

The disregarded entities listed below are included in this return.

| Disregarded Entity Name | EIN of Disregarded Entity | Your Entity to which income of Disregarded is included | EIN to which income of Disregarded Entity is included | Principal Product or Services of Disregarded Entity | Kansas Operations (Y / N) |
|-------------------------|---------------------------------|---|---|--|---------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |