

KANSAS CORPORATION INCOME TAX



| | For the taxable year beginning | 2023 | ; ending | | | | | |
|--|---|---|--|------------------|---|----------------------------|--|--|
| | Name Number and Street of Principal Office | B. Business Activity Code (NAICS) C. Date Business Began in KS (mm/dd/yyyy) | | | Employer's Identification Numbers (EINs) (Enter both if applicable) EIN this entity: | | | |
| ORMATION | Number and Street of Principal Office | e Dusiness Began in No (Illiniadayyyyy) | | | | | | |
| | City State Zip Code D. Date Business Discontinued in Ks | | | | EIN Federal Consolidated Parent: | | | |
| | 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) 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: | E. State and Month/Year of Incorporation (mm/yyyyy) | | | Enter your original federal due date if other than the 15th day of the 4th month after the end of the tax year. | | | |
| Ż | | F. State of Commercial Domicile | | | | | | |
| <u>ত</u> | | G . Type | of Federal Return Filed | | J. If any taxpayer information has changed | | | |
| | | 1. Separate 2. Consolidated H. Mark this box if you have submitted a Kansas Form K-120EL | | | since the last return was filed, please mark this box. | | | |
| Œ. | | | | | | | | |
| | 8. Alternative or separate accounting (Enclose letter of authorization & schedule) | | | | | | | |
| | Mark this box if you are filing this as an AMENDED 2023 Kansas return. | | Reason for amending your 2023 Kansas return: | | | | | |
| | NOTE: This form cannot be used for tax years prior to 2023. | | Amended affects Kansas only | Adjustme the IRS | nt by | Amended federal tax return | | |
| 1. | Federal taxable income | | | 1 | | | | |
| 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 2) | 3 | | | | |
| 4. | Federal net operating loss deduction | 77 | | 4 | | | | |
| 5. | 250 deduction related to global intangible low-taxed income (GILTI) (I (schedule required) | | | | | | | |
| 6. | Business interest expense carryforward deduction (I.R.C. § 163(j)) (so | Business interest expense carryforward deduction (I.R.C. § 163(j)) (schedule required) | | | | | | |
| 7. | Other additions to federal taxable income (schedule required) | Other additions to federal taxable income (schedule required) | | | | | | |
| 8. | 8. Total additions to federal taxable income (add lines 2 through 7) | | | | | | | |
| 9. | Interest on U.S. government obligations (Part V, line 2) | | | 9 | | | | |
| 0. | IRC Section 78 and 80% of foreign dividends (schedule required) | 10 | | | | | | |
| 1. | Global intangible low-taxed income (GILTI) (I.R.C. § 951A) (schedule | | | | | | | |
| 2. | Disallowed business interest deduction (I.R.C. § 163(j)) (schedule req | uired) | | 12 | | | | |
| 3. | Contributions to capital exceptions (I.R.C. § 118) (schedule required) | | | | | | | |
| 14. | Disallowed business meal expenses (I.R.C. § 274) (schedule required | d) | | | | | | |
| 15. Other subtractions from federal taxable income (schedule required) | | | | | | | | |
| 16. | Total subtractions from federal taxable income (add lines 9 throu | | | | | | | |
| 17. | Net income before apportionment (add line 1 to line 8, then subtract li | ne 16). | | | | | | |
| 8. | 8. Nonbusiness income - Total company (schedule required) | | | | | | | |
| 9. | Apportionable business income (subtract line 18 from line 17) | | | 19 | | | | |
| | A Average percent to Kansas | | | | | | | |
| | (Part VI, lines A, B, C and E; if 100% enter 100.0000) Amount to Kansas (multiply line 19 by line 20) | 21 | | | | | | |

| | K-120 Page 2 150123 | L |
|--|---------------------------|------|
| 22. Nonbusiness income - Kansas (schedule required) | 22 | |
| 23. Kansas expensing recapture (see instructions for Schedule K-120EX and enclose applicable schedules) | 23 | |
| 24. Kansas expensing deduction (see instructions for Schedule K-120EX and enclose applicable schedules) |) 24 | |
| 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 37; cannot exceed amount on line 31) | 32 | |
| 33. Balance (subtract line 32 from line 31; cannot be less than zero) | 33 | |
| 34. Estimatc ، ، x ، aı ' and amount credited forward (Part II, line 4) | 34 | |
| 35. Other tax payments (enclose separate schedule) | 25 | |
| 36. Amount paid with Kansas extension | 36 | |
| 37. Total of all other refundable credits (Part I, line 45 enter on line 37) | 37 | |
| 38. Payment remitted with original return (see instructions) | 38 | |
| 39. Overpayment from original return (this figure is a subtraction; see instructions) | - 39 | |
| 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 40 from line 33 and enter result) | 44 | |
| 42. Interest | 42 | |
| 43. Penalty | 43 | |
| 44. Estimated tax penalty. If annualizing to compute penalty, mark this box | 44 | |
| 45. Total tax, interest & penalty due (add lines 41 through 44). Complete Form K-120V and enclose it with your payment | ent. 45 | |
| 46. OVERPAYMENT (if line 33 plus line 44 is less than line 40 subtract the sum of lines 33 and 44 from line 4 and enter the result) | 401 | |
| 47. REFUND. Enter the amount of line 46 you wish to be refunded | 4- | |
| 48. CREDIT FORWARD. Enter the amount of line 46 (original return only) you wish to be applied to 2024 estimated tax. (Line 48 cannot exceed the total of lines 34, 35 and 36) | 48 | |
| I authorize the Director of Taxation or the Director's designee to discuss my return and e I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, | | |
| sign | | |
| here Signature of officer Title | ט | Date |
| Individual or firm signature of preparer Address/Telephone Number | Date | |
| 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. Tax Preparer's PTIN, EIN or SSN | | |

Office use only

Mail to: Kansas Corporate Tax, Kansas Department of Revenue, PO Box 750260, Topeka, KS 66699-0260



Apprenticeship Credit (Enclose Schedule K-24)...... 2. Affordable Housing Credit (Enclose Schedule K-25)..... 3. Aviation/Aerospace Credit (Enclose Schedule K-26)..... 4. Housing Investor Credit (Enclose Schedule K-27) 5. Attracting Powerful Economic Expansion Tax Credit (Enclose Schedule K-28)..... 6. Short Line Railroad Infrastructure Credit (Enclose Schedule K-29)..... 7. Center for Entrepreneurship Credit (Enclose Schedule K-31) 8. Agritourism Liability Insurance Credit (Enclose Schedule K-33)..... 9. Business and Job Development Credit -- for carry forward use only (Enclose Schedule K-34)...... 10. Historic Preservation Credit (Enclose Schedule K-35) 11. Disabled Access Credit (Enclose Schedule K-37)..... 12 Swine Facility Improvement Credit (Enclose Schedule K-38)..... 13. Oil and Gas Well Plugging Credit (Enclose Schedule K-39)..... 14. Assistive Technology Contribution Credit (Enclose Schedule K-42) NONREFUNDABLE CREDITS 15. Eisenhower Foundation Credit (Enclose Schedule K-43) 16. Purchases from Qualified Vendor Credit (Enclose Schedule K-44) 17. Friends of Cedar Crest Association Credit (Enclose Schedule K-46) 18. Technology Enabled Fiduciary Financial Institutions Credit (Enclose Schedule K-48) 19. Research and Development Credit (Enclose Schedule K-53)..... 20. Venture Capital Credit - carry forward use only (Enclose Schedule K-55)..... 21. Seed Capital Credit - carry forward use only (Enclose Schedule K-55) 22. High Performance Incentive Program Credit (Enclose Schedule K-59) 23. Community Service Contribution Credit (Enclose Schedule K-60) 24. Alternative-Fuel Tax Credit (Enclose Schedule K-62)..... 25. Targeted Employment Credit (Enclose Schedule K-69) 26. Low Income Student Scholarship Credit (Enclose Schedule K-70)..... 27. Petroleum Refinery Credit - carry forward use only (Enclose Schedule K-73) 28. Single City Port Authority Credit (Enclose Schedule K-76)..... 29. Qualifying Pipeline Credit - carry forward use only (Enclose Schedule K-77)..... 30. BioMass-to-Energy Credit - carry forward use only (Enclose Schedule K-79) 31. Environmental Compliance Credit (Enclose Schedule K-81)..... 32. Storage and Blending Equipment Credit - carry forward use only (Enclose Schedule K-82)...... 33. Electric Cogeneration Facility Credit - carry forward use only (Enclose Schedule K-83)..... 34. Kansas Community College and Technical College Contribution Credit (Enclose Schedule K-84)....... 35. Commercial Restoration and Preservation Credit (Enclose Schedule K-92)..... 36. Farm Net Operating Loss (Enclose Schedule K-139F)..... 37 Total nonrefundable credits (Add lines 1 through 36. Enter total here and on line 32, page 2)...... 38. Attracting Powerful Economic Expansion Tax Credit (Enclose Schedule K-28)..... 39. Telecommunications Credit (Enclose Schedule K-36) 40. Child Day Care Assistance Credit (Enclose Schedule K-56) 41. Small Employer Healthcare Credit (Enclose Schedule K-57) 42. Community Service Contribution Credit (Enclose Schedule K-60)..... 43. Individual Development Account Credit (Enclose Schedule K-68)..... 44. Farm Net Operating Loss (Enclose Schedule K-139F)..... 45. Total refundable credits (Add lines 38 through 44. Enter total here and on line 37, page 2)..........

PART I - NONREFUNDABLE AND REFUNDABLE CREDITS (see instructions)

| PAF | RT II - ADD | DITIONAL INF | ORMATION | | | | K-120 Page 4 K | | | | |
|-------|----------------|----------------------|-------------------|---|---|-----------------------|-------------------------------|--|--|--|--|
| for | | | | under the same name enter previous name | 6. 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 price 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 | | | | | | |
| 2. En | iter the addre | ss of the corporat | ion's principal l | ocation in Kansas. | | | | | | | |
| | • | i's books are in ca | | | the Kansas amendo | | □ Not On oneting a Long | | | | |
| | | | | | Revenue Agent's Report Net Operating Loss | | | | | | |
| | | | | | Years ended | ☐ Amended R | eturn | | | | |
| | | | | | | ed with the Kansas | Department of Revenue unde | | | | |
| | this return. | | | ard amount claimed | | | stration or license numbers o | | | | |
| Г | Date | Amount | Date | Amount | a. Sales Tax | | | | | | |
| H | | | | | b. Compensating U | lse Tax | | | | | |
| T | | | | | _ | | | | | | |
| pei | | by this return? | | ganization during the | d. Other (specify) | | | | | | |
| PAF | RT III - AFF | FILIATED COF | RPORATIO | NS DOING BUSINE | SS IN KANSAS | | | | | | |
| | | | Name of Cor | poration | | Em | ployer ID Number | | | | |
| | | | | | | | | | | | |
| | | | | (Enclose a separate shee | t for additional corporations) | | | | | | |
| PAF | RT IV - SCI | HEDULE OF 1 | ΓAXES | | | | | | | | |
| ` | | | | leral return. See instruction ments in lieu of income to | ons.) axes (include federal enviro | onmental tax: itemize | e). | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | • | | | | | | | | | | |
| 4. To | tal taxes (Mu | st equal line 17 of | f the federal ret | urn) | | | | | | | |
| PAF | RT V - SCH | EDULE OF IN | NTEREST IN | NCOME | | | | | | | |
| | | st from line 5 of th | | n) | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 To | ital (Enter on | line 9 page 1) | | | | | | | | | |
| | • | | | | | | | | | | |
| | | | | ederal return) | | | | | | | |

K-120AS

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 2 3 ; ending |) | | | | |
|---|------------------------|-----------------------|--------------------------------------|---------------|------|----|--|
| Name as shown on Form K-120 | | | Employer Identification Number (EIN) | | | | |
| | | | | | | | |
| PART VI - APPORTIONMENT FORMULA | | | | | | | |
| A. Property | WITHIN F | KANSAS | TOTAL C | PERCI WITH | | | |
| (1) Value of owned real and tangible personal property used in the business at original cost Inventory | Beginning of Year | End of Year | Beginning of Year | End of Year | KANS | AS | |
| 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 ele 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 to | | | | | В | % | |
| C. Sales (Gross receipts, less returns and allowances). | | | | | | | |
| (1) Sales delivered or shipped to purchasers in Kans | | | | | | | |
| (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 woul Public Law 86-272) | d not be taxable (e. | g., under federal | | | | | |
| (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) | <u></u> | ····· | | | С | % | |
| D(1) Total parcent (Sum of lines A. D. 9. C if such first 1 - | ad utilizing three for | tor formula) | | | D(1) | % | |
| D(1). Total percent (Sum of lines A, B & C if qualified an D(2). Total percent (Sum of lines A & C if qualified and | = | · | | | D(1) | % | |
| E. Average percent of either D(1) or D(2), whichever | - | • | | | E | % | |

| PART VII - ADDITIONA | L INFORMATIO | DN | | | _ | K-120 AS Part VII Attach | | | |
|---|---|---|--|---|---|--|---------------------------------|--|--|
| Does the Kansas sales figure from Kansas where purchas delivered from Kansas to state income taxation under the sales figure. | ser is the U.S. Gover ates in which this corp federal Public Law 86 | rnment and (2) all sales poration is immune from i-272 (15 U.S.C. § 381)? | : | b. Has any state determined that this corporation conducts (or conducted) a unitary business with any other corporation? YesNo If yes, specify which state(s) and enclos complete list of the corporations conducting the unitary business. Describe briefly the nature and location(s) of your Kansas business activities. | | | | | |
| If not, please explain | | | | | | | | | |
| | | | 4. | Uniform Division of In- | e total company colur ed in returns or reports come for Tax Purpose | s to other s s Act? Yes | states under th | | |
| 2. If you claim that part of your | r net income is assig | nable to business done | • | | | | | | |
| outside Kansas: a. Enclose a list of all states and filing state corporatio | | | ; | | | | | | |
| PART VIII - AFFILIATED | CORPORATIO | NS INCLUDED IN | FORM K | (-120AS CORPORA | | | | | |
| Name | e of Corporation | | Emplo | yer Identification Number | | Check if included: In Total Company Within Factors factors | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PART IX - KANSAS PA | | | | | | | | | |
| The distributions from the enti- | 1 | been passed-through | and are i | | | | | | |
| Pass-through Entity Name | EIN of Pass-through Entity | Your Entity to which i Pass-through is inc | ncome of cluded EIN to which inco of Pass-through Entity is include | | Principal Product or Services of Pass-through Entity | | Kansas Operations (Y / N) | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| PART X - KANSAS DIS | REGARDED E | NTITY SCHEDUL | E | | | | | | |
| The disregarded entities listed | d below are included | in this return. | | | | | | | |
| Disregarded Entity Name | EIN of Disregarded Entity | Your Entity to which of Disregarded Er included | | EIN to which income of Disregarded Entity is included | Principal Product or Services of Disregarded Entity | | Kansas Operations (Y / N) | | |
| 1. | | illoluueu | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |

5. 6. 7.

8.