

K-120V

(Rev. 7-19)

FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2019 KANSAS CORPORATE INCOME TAX VOUCHER

For the taxable year beginning _____ ending _____

Corporation Name			
Corporation Address			
City, Town, or Post Office	State	Zip Code	Name or Address change <input type="checkbox"/>
Name of Contact Person			Phone Number

Employer Identification Number

Amended Payment

Extension Payment

PAYMENT AMOUNT \$

Make check or money order payable to: Kansas Corporate Income Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

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