

# K-120V

(Rev. 9/09)

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"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

## 2009 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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