



For the taxable year beginning ____ / ____ / **2 0 2 5**; ending ____ / ____ / ____.

FILING INFORMATION	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:
	City State Zip Code	D. Date Business Discontinued in KS (mm/dd/yyyy)	EIN Federal Consolidated Parent:
	A. Method Used to Determine Income of Corporation in Kansas <input type="checkbox"/> 1. Activity wholly within Kansas - Single entity <input type="checkbox"/> 2. Activity wholly within Kansas - Consolidated <input type="checkbox"/> 3. Single entity apportionment method (K-120AS) <input type="checkbox"/> 4. Combined income method - Single corporation filing (Sch. K-121) <input type="checkbox"/> 5. Combined income method - Multiple corporation filing (Sch. K-121) <input type="checkbox"/> 6. Qualified elective two-factor (K-120AS) Year qualified: ____ <input type="checkbox"/> 7. Common carrier mileage (Enclose mileage apportionment schedule) <input type="checkbox"/> 8. Alternative or separate accounting (Enclose letter of authorization & schedule)	E. State and Month/Year of Incorporation (mm/yyyy) ____ / ____ / ____ F. State of Commercial Domicile ____ G. Type of Federal Return Filed <input type="checkbox"/> 1. Separate <input type="checkbox"/> 2. Consolidated H. Mark this box if you have submitted a Kansas Form K-120EL <input type="checkbox"/>	I. Enter your original federal due date if other than the 15th day of the 4th month after the end of the tax year. ____ / ____ / ____ J. If any taxpayer information has changed since the last return was filed, please mark this box. <input type="checkbox"/>
	<input type="checkbox"/> Mark this box if you are filing this as an AMENDED 2025 Kansas return. NOTE: This form cannot be used for tax years prior to 2025.		Reason for amending your 2025 Kansas return: <input type="checkbox"/> Amended affects Kansas only <input type="checkbox"/> Adjustment by the IRS <input type="checkbox"/> 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 income taxes (Part IV, line 2).....	3				
4. Federal net operating loss deduction.....	4				
5. 250 deduction related to global intangible low-taxed income (GILTI) (I.R.C. § 250(a)(1)(B)) (schedule required).....	5				
6. Business interest expense carryforward deduction (I.R.C. § 163(j)) (schedule 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 obligations (Part V, line 2).....	9				
10. IRC Section 78 and 80% of foreign dividends (schedule required)	10				
11. Global intangible low-taxed income (GILTI) (I.R.C. § 951A) (schedule required).....	11				
12. Disallowed business interest deduction (I.R.C. § 163(j)) (schedule required).....	12				
13. Contributions to capital exceptions (I.R.C. § 118) (schedule required).....	13				
14. Disallowed business meal expenses (I.R.C. § 274) (schedule required)	14				
15. Other subtractions from federal taxable income (schedule required).....	15				
16. Total subtractions from federal taxable income (add lines 9 through 15)	16				
17. Net income before apportionment (add line 1 to line 8, then subtract line 16)	17				
18. Nonbusiness income - Total company (schedule required).....	18				
19. Apportionable business income (subtract line 18 from line 17).....	19				
20. Average percent to Kansas <table><tr><td>A</td><td>B</td><td>C</td></tr></table> (Part VI, lines A, B, C and E; if 100% enter 100.0000)	A	B	C	20	
A	B	C			
21. Amount to Kansas (multiply line 19 by line 20).....	21				



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 (3.5% 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 38; 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)	35	
36. Amount paid with Kansas extension	36	
37. Total of all other refundable credits (Part I, line 46)	37	
38. Payment remitted with original return (see instructions)	38	
39. Overpayment from original return (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)	41	
42. Interest	42	
43. Penalty	43	
44. Estimated tax penalty. If annualizing to compute penalty, mark this box <input type="checkbox"/>	44	
45. Total tax, interest & penalty due (add lines 41 through 44). Complete Form K-120V and enclose it with your payment.	45	
46. OVERPAYMENT (if line 33 plus line 44 is less than line 40 subtract the sum of lines 33 and 44 from line 40 and enter the result)	46	
47. REFUND. Enter the amount of line 46 you wish to be refunded	47	
48. CREDIT FORWARD. Enter the amount of line 46 (original return only) you wish to be applied to 2026 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 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

Phone 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

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Office use only

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

**PART I - NONREFUNDABLE AND REFUNDABLE CREDITS (see instructions)**

NONREFUNDABLE CREDITS

REFUNDABLE CREDITS

1. 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 Tax 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 - **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. Credit for Plugging An Abandoned Oil or Gas Well (Enclose Schedule K-39).....
14. Assistive Technology Contribution Credit (Enclose Schedule K-42)
15. Eisenhower Foundation Credit (Enclose Schedule K-43)
16. Disability Employment 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. Pregnancy Resource Act Credit (Enclose Schedule K-94)
37. Farm Net Operating Loss (Enclose Schedule K-139F).....
38. **Total nonrefundable credits (Add lines 1 through 37. Enter total here and on line 32, page 2)**
39. Attracting Powerful Economic Expansion Tax Credit (Enclose Schedule K-28).....
40. Telecommunications Credit (Enclose Schedule K-36)
41. Child Day Care Assistance Credit (Enclose Schedule K-56)
42. Small Employer Healthcare Credit (Enclose Schedule K-57)
43. Community Service Contribution Credit (Enclose Schedule K-60).....
44. Individual Development Account Credit (Enclose Schedule K-68).....
45. Farm Net Operating Loss (Enclose Schedule K-139F).....
46. **Total refundable credits (Add lines 39 through 45. Enter total here and on line 37, page 2) ...**

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PART II - ADDITIONAL INFORMATION

K-120
Page 4
Attach
150325



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? ____ Yes ____ No If "yes" enclose a detailed explanation.

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 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

☐ Amended Return

Years ended _____

8. 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.

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

K-120 AS
Attach
150425FOR USE BY CORPORATIONS APPORTIONING INCOME
(Corporations using the combined income method must use Schedule K-121)For the taxable year beginning ____ / ____ / **2 0 2 5** ; ending ____ / ____ / ____ .

Name as shown on Form K-120

Employer Identification Number (EIN)

PART VI - APPORTIONMENT FORMULA

A. Property	WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
	Beginning of Year	End of Year	Beginning of Year	End of Year	
(1) Value of owned real and tangible personal property used in the business at original cost					
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)					
B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)					
	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 qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)			B %		
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 not be taxable (e.g., under federal 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)					
D(1). Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula)					
D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula)					
E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 20, page 1)					
D(1) %					
D(2) %					
E %					

PART VII - ADDITIONAL INFORMATION

K-120 AS
Part VII
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150525



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 _____

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.

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. _____

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

Name of Corporation	Employer Identification Number	Check if included:	
		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 Entity 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.					