



For the taxable year beginning 2 0 2 4 ; ending

Filing Information section with fields for Name, Business Activity Code, EIN, Office Address, Dates, and checkboxes for filing status and methods.

IF THIS IS AN AMENDED RETURN, MARK THIS BOX

Table with 18 rows for federal income and deductions, including lines 1 through 18.

Enclose a copy of page 1 through 4 (page 5 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications.

MAIL TO: Kansas S Corporation Income Kansas Department of Revenue PO Box 750260 Topeka, KS 66699-0260





19. Nonbusiness income - Total company (schedule required).....	19	
20. Apportionable business income (subtract line 19 from line 18).....	20	
21. Average percent to Kansas (Part IV, lines A, B, C and E) <input type="text"/> A <input type="text"/> B <input type="text"/> C <input type="text"/>	21	
22. Amount to Kansas (multiply line 20 by line 21).....	22	
23. Nonbusiness income - Kansas (schedule required).....	23	
24. Kansas expensing recapture (see instructions for Schedule K-120EX and enclose applicable schedules).....	24	
25. Kansas expensing deduction (see instructions for Schedule K-120EX and enclose applicable schedules).....	25	
26. Total Kansas income (add lines 22, 23, 24 and subtract 25).....	26	
27. Kansas income not taxed as part of the election (schedule required).....	27	
28. Kansas taxable income for <u>electing pass-through entity</u> (subtract line 27 from line 26).....	28	
29. Kansas taxable income for electing partners (enter the amount from line 28, or if filing combined return, enter line 28 from the K-121S).....	29	
30. Remaining Kansas resident income taxed at 100% (schedule required).....	30	
31. Total taxable income for electing partners (add lines 29 & 30).....	31	
32. Electing pass-through entity income tax due (5.58% of line 31) (enter here and on Part III, box 7).....	32	
33. Estimated tax paid and amount credited forward (separate schedule).....	33	
34. Other tax payments (separate schedule).....	34	
35. Amount paid with Kansas extension.....	35	
36. Payment remitted with original return (see instructions).....	36	
37. Overpayment from original return (this figure is a subtraction; see instructions)..... <input type="text"/>	37	
38. Total prepaid credits (add lines 33 through 36 and subtract line 37).....	38	
39. Balance Due (if line 32 exceeds line 38, subtract line 38 from line 32 and enter result).....	39	
40. Interest.....	40	
41. Penalty.....	41	
42. Estimated tax penalty. If annualizing to compute penalty, mark this box <input type="checkbox"/>	42	
43. Total tax, interest & penalty due (add lines 39 through 42) Complete Form K-120V and enclose it with your payment.	43	
44. Overpayment (if line 32 is less than line 38 subtract line 32 from line 38 and enter the result).....	44	
45. Refund. Enter the amount of line 44 you wish to be refunded.....	45	
46. Credit Forward. Enter the amount of line 44 (original return only) you wish to be applied to 2025 estimated tax (line 46 cannot exceed the total of lines 33, 34 and 35).....	46	

I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete return.

I authorize the Director of Taxation or their designee to discuss my K-120S and enclosures with my preparer.

Signature of Officer Title Date

Individual or Firm Signature of Preparer

Address and Phone Number

Date

Tax Preparer's PTIN, EIN or SSN

Office use only	
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PART I - ADDITIONAL INFORMATION

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. Has your corporation been involved in any reorganization during the period covered by this return? ___ Yes ___ No If "yes", enclose a detailed explanation.

5. 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 _____

PART II - PARTNER'S OR SHAREHOLDER'S DISTRIBUTION OF INCOME

This schedule is to be completed for all partners or shareholders. If there are more than 12 partners or shareholders, you must complete a schedule similar to the schedule below and submit it with your return. Individual partners or shareholders complete columns 1 through 8. All other partners and shareholders complete columns 1 through 5.

(1) Name and address of partner or shareholder	R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation Type of Partner or Shareholder	(2) Social Security Number or Employer Identification Number (EIN)	(3) Partner's or shareholder's percent of ownership	(4) Partner's profit percent or shareholder's applicable percentage
(a) _____	<input type="checkbox"/>			
(b) _____	<input type="checkbox"/>			
(c) _____	<input type="checkbox"/>			
(d) _____	<input type="checkbox"/>			
(e) _____	<input type="checkbox"/>			
(f) _____	<input type="checkbox"/>			
(g) _____	<input type="checkbox"/>			
(h) _____	<input type="checkbox"/>			
(i) _____	<input type="checkbox"/>			
(j) _____	<input type="checkbox"/>			
(k) _____	<input type="checkbox"/>			
(l) _____	<input type="checkbox"/>			

PART II (continued) See instructions for Nonresident Partner's or Shareholder's Computation of Columns 6, 7 and 8.



(5) Income from Kansas sources. Kansas resident individuals: Multiply column 4 by line 18. Nonresident individuals: If income is earned only from Kansas sources multiply column 4 by line 18. If earned inside and outside Kansas, multiply column 4 by the sum of lines 22 and 23 All other partners or shareholders: Multiply column 4 by the sum of lines 22 and 23	(6) Partner's or shareholder's portion of federal ordinary and other income (losses) and deductions Multiply the percentage in column 4 by line 3, page 1	(7) Partner's or shareholder's portion of total Kansas income Multiply the percentage in column 4 by line 18, page 1	(8) Partner's or shareholder's modification See instructions. Enter result in Part A of Schedule S, Form K-40
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			
(k)			
(l)			

PART III - PARTNER'S OR SHAREHOLDER'S DISTRIBUTION OF INCOME (Electing to pay tax using the K-120S.)

This schedule is to be completed for individuals or fiduciary partners or shareholders that elected to pay tax on the Kansas Partnership or S Corporation Income form (K-120S) If there are more than 12 partners, you must complete a schedule similar to the schedule below and submit it with your return.

(1) Name and address of partner or shareholder	R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation Type of Partner or Shareholder	(2) Social Security Number or Employer Identification Number (EIN)	(3) Partner's percent of Income and credits	(4) Kansas Taxable Income	(5) Total Tax @ 5.58%
(a)	<input type="checkbox"/>				
(b)	<input type="checkbox"/>				
(c)	<input type="checkbox"/>				
(d)	<input type="checkbox"/>				
(e)	<input type="checkbox"/>				
(f)	<input type="checkbox"/>				
(g)	<input type="checkbox"/>				
(h)	<input type="checkbox"/>				
(i)	<input type="checkbox"/>				
(j)	<input type="checkbox"/>				
(k)	<input type="checkbox"/>				
(l)	<input type="checkbox"/>				

TOTALS FOR PART III INCLUDING ADDITIONAL SCHEDULES

(6) Kansas Taxable Income	(7) Total Tax @ 5.58%
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K-120S AS

KANSAS Corporation Apportionment Schedule

K-120S AS
Attach
155224



FOR USE BY CORPORATIONS APPORTIONING INCOME
(Corporations using the combined income method must use Schedule K-121S)

For the taxable year beginning 2024; ending _____

Name as shown on Form K-120S


Employer Identification Number (EIN)

PART IV - 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 21A, page 2)					
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 21B, page 2) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 2)					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 21C, page 2)					C %
D(1). Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula)					D(1) %
D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula)					D(2) %
E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 21, page 2)					E %

PART V - KANSAS PASS-THROUGH SCHEDULE

K-120S AS
Part V
Attach
155324



The distributions from the entities listed below 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.					
9.					
10.					

PART VI - KANSAS DISREGARDED ENTITY SCHEDULE

The disregarded entities listed below are included in this return.

QSub or Disregarded Entity Name	EIN of Disregarded Entity	Your Entity to which income of QSub or Disregarded is included	EIN to which income of QSub or Disregarded Entity is included	Principal Product or Services of Disregarded Entity	Kansas Operations (Y / N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					