



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

Filing Information	Name	C. Business Activity Code (NAICS)	Employer Identification Number (EIN)
	Number and Street of Principal Office	D. Date Business Began in KS (mm/dd/yyyy)	J. Enter the original federal due date if other than the 15th day of the 3rd month after the end of the tax year.
	City State Zip Code	E. Date Business Discontinued in KS (mm/dd/yyyy)	
	A. This return is being filed for (check one): <input type="checkbox"/> 1. PARTNERSHIP <input type="checkbox"/> 2. S CORPORATION	F. State and Month/Year of Incorporation (mm/yyyy)	K. Mark this box if any taxpayer information has changed since the last return was filed. <input type="checkbox"/>
	B. Method used to determine income of corporation in Kansas <input type="checkbox"/> 1. Activity wholly within Kansas or single entity apportionment method <input type="checkbox"/> 2. Combined income method (Enclose Schedule K-121S) <input type="checkbox"/> 3. Common carrier mileage (Enclose mileage apportionment schedule) <input type="checkbox"/> 4. Alternative or separate accounting (See instructions under "Definitions" and <u>enclose</u> letter of authorization and schedule) <input type="checkbox"/> 5. Qualified elective two-factor. Year qualified: _____	G. State of Commercial Domicile _____ H. Enter number of shareholders/partners included in Part II. _____ I. Mark this box if any tax credit schedules are enclosed with this return. <input type="checkbox"/>	L. Mark this box if a K-40C (Composite Sch.) is being filed to report income. <input type="checkbox"/> M. Mark this box if you submitted a Kansas Form K-120EL. <input type="checkbox"/> N. Mark this box if electing to be subject to tax at the entity level. <input type="checkbox"/> O. Mark this box if electing to be taxed at the entity level and wishing to tax 100% of the income for Kansas residents. <input type="checkbox"/>

IF THIS IS AN AMENDED RETURN, MARK THIS BOX ☐

1. Ordinary income from federal Schedule K.....	1	
2a. Total of all other income from federal Schedule K (see instructions)	2a	
2b. Total of allowable deductions from federal Schedule K (see instructions)	2b	
3. Total federal income (add line 1 to line 2a and subtract line 2b)	3	
4. Total state and municipal interest (schedule required).....	4	
5. Taxes on or measured by income or fees or payments in lieu of income taxes (schedule required).....	5	
6. 250 deduction related to global intangible low-taxed income (GILTI) (I.R.C. § 250(a)(1)(B)) (schedule required).....	6	
7. Business interest expense carryforward deduction (I.R.C. § 163(j)) (schedule required)	7	
8. Other additions to federal income (schedule required).....	8	
9. Total additions to federal income (add lines 4 through 8)	9	
10. Interest on U.S. government obligations (schedule required).....	10	
11. IRC Section 78 and 80% of foreign dividends (schedule required).....	11	
12. Global intangible low-taxed income (GILTI) (I.R.C. § 951A) (schedule required).....	12	
13. Disallowed business interest deduction (I.R.C. § 163(j)) (schedule required).....	13	
14. Contributions to capital exceptions (I.R.C. § 118) (schedule required)	14	
15. Disallowed business meal expenses (I.R.C. § 274) (schedule required)	15	
16. Other subtractions from federal income (schedule required).....	16	
17. Total subtractions from federal income (add lines 10 through 16)	17	
18. Net income before apportionment (add line 3 to line 9 and subtract line 17)	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. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date.

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).....	21	<table border="1"><tr><td>A</td><td>B</td><td>C</td></tr></table>	A	B	C
A	B	C			
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 and 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 (see instructions).....	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 and penalty due (add lines 39 through 42) Complete Form K-120V and enclose it with your payment.....	43				
44. Overpayment (if line 32 plus line 42 is less than line 38, subtract line 32 plus line 42 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 2026 estimated tax (line 46 cannot exceed the total of lines 33, 34 and 35).....	46				

☐ 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.

Signature of Officer

Title

Date

Individual or Firm Signature of Preparer

Address

Phone Number

Date

Office use only

Tax Preparer's
PTIN, EIN or SSN

PART I - ADDITIONAL INFORMATIONK-120S
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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.

		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	(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
(1) Name and address of partner or shareholder	Type of Partner or Shareholder				
(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.K-120S
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(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%	

KANSAS Corporation Apportionment Schedule

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

K-120S AS
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For the taxable year beginning ____ / ____ / **2 0 2 5** ; 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)					A %
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
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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.					