## **FORM K-120V INSTRUCTIONS**

To ensure the most efficient processing of your payments, it is important that you **use only black ink** to complete the vouchers.

Make your check or money order payable to "Kansas Corporate Income Tax" for the full amount due.

Write your federal EIN on your check or money order, and ensure it contains a valid telephone number.

**Do not send cash**. If payment is not made on or before **April 15, 2026**, the tax due is subject to penalty and interest.

**Do not attach** the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS CORPORATE INCOME TAX KANSAS DEPARTMENT OF REVENUE PO BOX 750260 TOPEKA, KS 66699-0260

## Need to make a quick payment?

It's simple — pay your tax electronically. Visit the Kansas Department of Revenue Payment portal at

www.kansas.gov/payment-portal/
or visit ksrevenue.gov
and log in to the Kansas Customer Service Center.

If you need assistance completing your vouchers, contact the Kansas Department of Revenue at 785-368-8222. You may also use the new Chat option on the Taxation home page of our **ksrevenue.gov** website for 24 hour assistance, or chat with a Live Agent, Monday through Friday from 8:00am-4:45pm.

NOTE: When a due date falls on a Saturday, Sunday or legal holiday, returns and payments are due the next regular work day.

| K-120V  | FOR OFFICE USE ONLY |          |                              | 2025 KANSAS<br>CORPORATE INCOM<br>TAX VOUCHER<br>FOR K-120 AND K-120 | K-120V               |
|---|---------------------|----------|------------------------------|--|----------------------|
| For the taxable year beginning                                | endin               | ]        |                              | Employer<br>Identification<br>Number                                 |                      |
| Corporation Address  City, Town, or Post Office               | State               | Zip Code | Name or<br>Address<br>Change | Amended Payment  | Extension<br>Payment |
| Name of Contact Person  Make check or money order payable to: |                     |          | Number                       | PAYMENT \$   |                      |

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM