

2024 KANSAS PRIVILEGE TAX



DO NOT STAPLE

For the taxable year beginning 2023 ending

Main form section with fields for Name, Business Activity Code, EINs, Date Business Began, Date Business Discontinued, Method Used to Determine Income, State and Month/Year of Incorporation, State of Commercial Domicile, Type of Federal Return Filed, and other identifying information.

Mark this box if you are filing this as an AMENDED 2024 Kansas return. Reason for amending your 2024 Kansas return: Amended affects Kansas only, Adjustment by the IRS, Amended federal tax return.

Table with 24 rows for tax calculations. Columns include line number, description of the tax item, and a box for the amount. Includes items like Federal taxable income, state and municipal interest income, taxes, deductions, and final amount to Kansas.





25. Nonbusiness income - Kansas (schedule required)	25	
26. Kansas expensing recapture (see instructions for Schedule K-120EX and enclose applicable schedules)	26	
27. Kansas expensing deduction (see instructions for Schedule K-120EX and enclose applicable schedules)	27	
28. Kansas net income before NOL deduction (add lines 24, 25, and 26, then subtract line 27).....	28	
29. Kansas net operating loss deduction (schedule required)	29	
30. Kansas net income before bad debts (subtract line 29 from line 28).....	30	
31. Savings & loan bad debt deduction for Kansas (schedule required).....	31	
32. Combined report (Schedule K-131) or alternative/separate accounting income (separate schedule)	32	
33. Kansas taxable income (subtract line 31 from line 30 or if filing combined, enter line 32).....	33	
34. Normal tax - Banks & Savings and Loans (2.25% of line 33).....	34	
35a. Surtax - Banks (2.125% of line 33 in excess of \$25,000).....	35a	
35b. Surtax - Savings and Loans and trust companies (2.25% of line 33 in excess of \$25,000).....	35b	
36. Total tax (add lines 34 and 35a or 35b. If filing combined, use line 35 of K-131)	36	
37. Nonrefundable credits (Part III, line 17; cannot exceed amount on line 36).....	37	
38. Balance (subtract line 37 from line 36; cannot be less than zero).....	38	
39. Estimated tax paid and amount credited forward (Part I, line 4).....	39	
40. Other tax payments (enclose separate schedule)	40	
41. Child day care assistance credit (enclose Schedule K-56).....	41	
42. Community service contribution credit refund (enclose Schedule K-60)	42	
43. Payment remitted with original return (see instructions)	43	
44. Overpayment from original return (this is a subtraction; see instructions)	44	-
45. Total prepaid credits (add lines 39 through 43 and subtract line 44).....	45	
46. BALANCE DUE (if line 38 exceeds line 45 subtract line 45 from line 38 and enter result)	46	
47. Interest.....	47	
48. Penalty.....	48	
49. Estimated tax penalty. If annualizing to compute penalty, check this box <input type="checkbox"/>	49	
50. Total tax, interest and penalty due (add lines 46 through 49, complete and enclose K-130V with your payment).....	50	
51. Overpayment (if line 38 plus line 49 is less than line 45, subtract the sum of lines 38 and 49 from line 45 and enter the result).....	51	
52. REFUND. Enter the amount of line 51 you wish to be refunded.....	52	
53. CREDIT FORWARD. Enter the amount of line 51 (original return only) you wish to be applied to your 2025 estimated tax. (Line 53 cannot exceed the total of lines 39 and 40).....	53	

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 and Phone Number Date

Tax Preparer's PTIN, EIN or SSN

ENCLOSE ALL REQUIRED FEDERAL FORMS AND SCHEDULES

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

PART I - ADDITIONAL INFORMATION

1. Did the corporation file a **Kansas** Privilege 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.

Telephone _____

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
TOTAL (Enter on line 39 of K-130)	

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, please 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 Other State's Adjustment
- Amended Return Net Operating Loss

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 II - AFFILIATED FINANCIAL INSTITUTIONS OR CORPORATIONS DOING BUSINESS IN KANSAS

Name of Corporation	Employer ID Number

(Enclose a separate sheet for additional corporations)

PART III - SCHEDULE OF NONREFUNDABLE CREDITS (see instructions)

1. Affordable Housing Credit (enclose Schedule K-25).....	
2. Housing Investor Tax Credit (enclose Schedule K-27).....	
3. Center for Entrepreneurship Credit (enclose Schedule K-31).....	
4. Business and Job Development Credit - for carry forward use only (enclose Schedule K-34).....	
5. Historic Preservation Credit (enclose Schedule K-35).....	
6. Disabled Access Credit (enclose Schedule K-37).....	
7. Eisenhower Foundation Credit (enclose Schedule K-43).....	
8. Friends of Cedar Crest Association Credit (enclose Schedule K-46).....	
9. Technology Enabled Fiduciary Financial Institutions Credit (enclose Schedule K-48).....	
10. Venture Capital Credit - for carry forward use only (enclose Schedule K-55).....	
11. High Performance Incentive Program Credit (enclose Schedule K-59).....	
12. Community Service Contribution Credit (enclose Schedule K-60).....	
13. Targeted Employment Credit (enclose Schedule K-69).....	
14. Low Income Student Scholarship Credit (enclose Schedule K-70).....	
15. Kansas Community College and Technical College Contribution Credit (enclose Schedule K-84).....	
16. Commercial Restoration and Preservation Credit (enclose Schedule K-92).....	
17. Total Nonrefundable Credits (Add lines 1 through 16 and enter on line 37, page 2)	

PART IV - COMPUTATION OF FEDERAL TAXABLE INCOME FOR S CORPORATION



1. (a) Gross receipts/sales _____ (b) Less: Returns and allowances _____ Balance	1	
2. Less: Cost of goods sold and/or operations	2	
3. Gross profit	3	
4. Dividends	4	
5. Interest	5	
6. Gross rents	6	
7. Gross royalties	7	
8. Capital gain net income	8	
9. Net gain or (loss) from Form 4797, Part III	9	
10. Other income	10	
11. Total income - Add lines 3 through 10	11	

DEDUCTIONS

12. Compensation of officers	12		
13. (a) Salaries and wages _____ (b) Less empl. credit _____ Balance	13		
14. Repairs and maintenance	14		
15. Bad debts	15		
16. Rents	16		
17. Taxes and licenses	17		
18. Interest	18		
19. Charitable contributions (not over 10% of taxable income as adjusted)	19		
20. Depreciation	20		
21. Less depreciation claimed elsewhere on return	21(a)		21(b)
22. Depletion	22		
23. Advertising	23		
24. Pension plans, profit-sharing plans, etc.	24		
25. Employee benefit programs	25		
26. Other deductions	26		
27. Total deductions - Add lines 12 through 26	27		
28. Taxable income before net operating loss deduction and special deductions (subtract line 27 from line 11)	28		
29. Less: a. Net operating loss deduction	29(a)		
b. Special Deductions	29(b)		29(c)
30. Taxable income - Subtract line 29c from line 28	30		

KANSAS

Financial Institution Apportionment Schedule



FOR USE BY FINANCIAL INSTITUTIONS APPORTIONING INCOME
(Financial Institutions using the combined income method must use Schedule K-131)

For the taxable year beginning 2023 ; ending _____

Name as shown on Form K-130

Employer Identification Number (EIN)

PART V - 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.					
Value of taxpayer's loans and credit card receivables					
Depreciable assets.....					
Land					
Other tangible assets (Enclose schedule).....					
Less: Construction in progress.....					
Total property to be averaged					
Average owned property (Beg. + End ÷ 2).....					
(2) Gross annual rented property. Multiplied by 8 ..					
TOTAL PROPERTY (Enter on line 23, 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 23, page 1)			

C. Receipts			
(1) Receipts from:			
(a) Lease of real property.....			
(b) Lease of tangible personal property			
(c) Credit card receivable.....			
(d) Merchants discount			
(e) Services.....			
(f) Investments and trading assets and activities			
(g) Other.....			
(2) Interest from loans:			
(a) Secured by real property			
(b) Not secured by real property			
(3) Net gains from sales of:			
(a) Loans.....			
(b) Credit cards receivable			
(4) Fees			
(a) Loan servicing			
(b) Credit card issues reimbursement.....			
(5) Attribution of certain receipts to commercial domicile			
TOTAL RECEIPTS (Enter on line 23, page 1)			C %

D. Total percent (Sum of lines A, B & C).....		D %
E. Average percent of D (Enter on line 23, page 1).....		E %

