

This is **not** a **current year tax form** and **cannot be used to file a 2009 return**. If you use this form for a tax year other than is intended, it **will not be processed**. Instead, **it will be returned to you** with a request to submit your information on the proper form.

If you need a current year Kansas tax form, send your request through email at forms@kdor.state.ks.us or call our voice mail forms request line at 785-296-4937. Please allow 2 weeks for delivery.

FORM LOCATED BELOW, PLEASE SCROLL OR PAGE DOWN.

K-120

(Rev. 7/05)

DO NOT STAPLE

2005 KANSAS CORPORATION INCOME TAX

150005

For the taxable year beginning ___ / ___ / 2 0 0 5 ; ending ___ / ___ / ___

TAXPAYER INFORMATION

Name	B. Business Activity Code (NAICS)	Employer's Identification Numbers (EIN) (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)	I. Enter your original federal due date if other than the 15th day of the 3rd month after the end of the tax year.	
	F. State of Commercial Domicile _____		
	G. Type of Federal Return Filed <input type="checkbox"/> 1. Separate <input type="checkbox"/> 2. Consolidated	J. If any taxpayer information has changed since the last return was filed, please check this box.	
	H. Check the box if you have submitted a Kansas Form K-120EL? <input type="checkbox"/>	<input type="checkbox"/>	

Mark this box if you are filing this as an AMENDED 2005 Kansas return.
 NOTE: This form cannot be used for tax years prior to 2005.

Reason for amending your 2005 Kansas return:
 Amended affects Kansas only Adjustment by the IRS 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. Other additions to federal taxable income (Schedule required)	5	
6. Total additions to federal taxable income (Add lines 2, 3, 4 & 5)	6	
7. Interest on U.S. government obligations (Part V, line 2)	7	
8. IRC Section 78 and 80% of foreign dividends (Schedule required)	8	
9. Other subtractions from federal taxable income (Schedule required)	9	
10. Total subtractions from federal taxable income (Add lines 7, 8 & 9)	10	
11. Net income before apportionment (Add line 1 to line 6 and subtract line 10)	11	
12. Nonbusiness income -- Total company (Schedule required)	12	
13. Apportionable business income (Subtract line 12 from line 11)	13	
14. Average percent to Kansas (Part VI, lines A, B, C, & E; if 100% enter 100.0000)	14	A _____ B _____ C _____
15. Amount to Kansas (Multiply line 13 by line 14)	15	
16. Nonbusiness income - Kansas (Schedule required)	16	
17. Kansas net income before NOL deduction (Add lines 15 & 16)	17	
18. Kansas net operating loss deduction (Schedule required)	18	
19. Combined report (Schedule K-121) or alternative/separate accounting income (Separate schedule)	19	



20. Kansas taxable income (Subtract line 18 from line 17 or enter line 19, as applicable)	20		.
21. Normal tax (4% of line 20)	21	.	.
22. Surtax (3.35% of line 20 in excess of \$50,000)	22	.	.
23. Total tax (Add lines 21 and 22. If filing combined, use line 22 of K-121.)	23	.	.
24. Total nonrefundable credits (Part I, line 18; cannot exceed amount on line 23)	24	.	.
25. Balance (Subtract line 24 from line 23; cannot be less than zero)	25	.	.
26. Estimated tax paid and amount credited forward (Part II, line 4).	26	.	.
27. Other tax payments (Enclose separate schedule and any applicable K-19 forms).	27	.	.
28. Business machinery & equipment property tax credit; see instructions	28	.	.
29. Total of all other refundable credits (Part I, line 28. Do not include the business machinery & equipment property tax credit amount).	29	.	.
30. Payment remitted with original return; see instructions).	30	.	.
31. Overpayment from original return (This figure is a subtraction; see instructions).	- 31	.	.
32. Total prepaid credits (Add lines 26 through 30 and subtract line 31)	32	.	.
33. Balance due (If line 25 exceeds line 32)	33	.	.
34. Interest	34	.	.
35. Penalty	35	.	.
36. Estimated tax penalty If annualizing to compute penalty, check this box <input type="checkbox"/>	36	.	.
37. Total tax, interest & penalty due (Add lines 33 through 36). Complete Form K-120V and enclose it with your payment.	37	.	.
38. Overpayment (If line 25 plus line 36 is less than line 32)	38	.	.
39. Refund. Enter the amount of line 38 you wish to be refunded.	39	.	.
40. Credit Forward. Enter the amount of line 38 (original return only) you wish to be applied to 2006 estimated tax. (Line 40 cannot exceed the total of lines 26 & 27).	40	.	.

If this is your ORIGINAL Kansas return, skip lines 30 and 31 and continue to line 32.

If this is your AMENDED Kansas return, complete lines 30 and 31 before continuing to line 32.

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

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.

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Mail to: Kansas Corporate Tax
 Kansas Department of Revenue
 915 SW Harrison Street
 Topeka, KS 66699-4000



PART I - NONREFUNDABLE AND REFUNDABLE CREDITS

SCHEDULE OF NONREFUNDABLE CREDITS

1. Angel Investor Credit (Enclose Schedule K-30; see instructions) . . . . .	.
2. Agritourism Liability Insurance Credit (Enclose Schedule K-33; see instructions) . . . . .	.
3. Business and Job Development Credit (Enclose Schedule K-34; see instructions) . . . . .	.
4. Historic Preservation Credit (Enclose Schedule K-35; see instructions) . . . . .	.
5. Disabled Access Credit (Enclose Schedule K-37; see instructions) . . . . .	.
6. Swine Facility Improvement Credit (Enclose Schedule K-38; see instructions) . . . . .	.
7. Oil and Gas Well Plugging Credit (Enclose Schedule K-39; see instructions) . . . . .	.
8. Assistive Technology Contribution Credit (Enclose Schedule K-42; see instructions) . . . . .	.
9. Agricultural Loan Interest Reduction Credit (Enclose Schedule K-51 and K-52; see instructions) . . . . .	.
10. Research and Development Credit (Enclose Schedule K-53; see instructions) . . . . .	.
11. Venture Capital Credit (Enclose Schedule K-55; see instructions) . . . . .	.
12. Seed Capital Credit (Enclose Schedule K-55; see instructions) . . . . .	.
13. High Performance Incentive Program Credit (Enclose Schedule K-59; see instructions) . . . . .	.
14. Community Service Contribution Credit (Enclose Schedule K-60; see instructions) . . . . .	.
15. Alternative-Fuel Motor Vehicle Property Credit (Enclose Schedule K-62; see instructions) . . . . .	.
16. Habitat Management Credit (Enclose Schedule K-63; see instructions) . . . . .	.
17. Mathematics and Science Teacher Employment Credit (Enclose Schedule K-71; see instructions) . . . . .	.
18. Total nonrefundable credits (Enter on line 24, page 2) . . . . .	.

SCHEDULE OF REFUNDABLE CREDITS

19. Regional Foundation Contribution Credit (Enclose Schedule K-32; see instructions) . . . . .	.
20. Telecommunications Credit (Enclose Schedule K-36; see instructions) . . . . .	.
21. Child Day Care Assistance Credit (Enclose Schedule K-56; see instructions) . . . . .	.
22. Small Employer Healthcare Credit (Enclose Schedule K-57; see instructions) . . . . .	.
23. Community Service Contribution Credit (Enclose Schedule K-60; see instructions) . . . . .	.
24. Habitat Management Credit (Enclose Schedule K-63; see instructions) . . . . .	.
25. Individual Development Account Credit (Enclose Schedule K-68; see instructions) . . . . .	.
26. Single City Port Authority Credit (Enclose Schedule K-76; see instructions) . . . . .	.
27. Farm Net Operating Loss (Enclose Schedule K-139F; see instructions) . . . . .	.
28. Total refundable credits (Enter on line 29, page 2) . . . . .	.

PART II - ADDITIONAL INFORMATION

1. Did the corporation file a **Kansas** Income Tax return under the same name for the preceding year? Yes No
If "no", name 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 Form K-139 or amended return (K-120 or K-120X, whichever is applicable).

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 7, page 1)

3. Total other interest income

4. Total interest income (Must equal line 5 of the federal return)

K-120AS

KANSAS Corporation Apportionment Schedule

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

For the taxable year beginning ____ / ____ / **2 0 0 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 14, Block A, page 1)					A %
B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying)			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 14, Block B, 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 14, Block C, page 1)					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 14, page 1)					E %

