

K-120V

(Rev. 7/08)

FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2008 KANSAS CORPORATE INCOME TAX VOUCHER



For the taxable year beginning ___/___/___ ending ___/___/___

Employer
Identification
Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Corporation Name			
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Corporation Address		
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City, Town, or Post Office	State	Zip Code	Name or Address Change <input type="checkbox"/>
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Name of Contact Person	Phone Number
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Amended
Payment

Extension
Payment

PAYMENT
AMOUNT \$

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Make check or money order payable to: Kansas Corporate Income Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM



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