

K-130V

(Rev. 7-19)

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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2020 KANSAS PRIVILEGE TAX PAYMENT VOUCHER



For the taxable year beginning _____ ending _____

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

Employer Identification Number

Amended Payment

Extension Payment

PAYMENT AMOUNT \$

Make check or money order payable to: Kansas Privilege Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM



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