

K-130V

(Rev. 7-17)

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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2018 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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