

K-130V

(Rev. 7-18)

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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

2019 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

179118