

K-130V

(Rev. 6/14)

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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2015 KANSAS PRIVILEGE TAX PAYMENT VOUCHER



For the taxable year beginning _____ ending _____

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

Employer Identification Number

Amended Payment

Extension Payment

PAYMENT AMOUNT \$

Please make check or money order payable to: Kansas Privilege Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM



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