

K-130

2019

## PRIVILEGE TAX

000

172018

Rev. 7-18

Page 1 of 6

For the taxable year beginning

01012018

ending

12312018

BUSINESSNAMEXXXXXXXXXXXXXXXXXXXX  
 INCAREOFORADDRESSLINEXXXXXXXXXXXXX  
 ADDRESSXXXXXXXXXXXXXXXXXXXX  
 CITYXXXXXXXXXXXXX ST XXXXX-XXXX

EIN this entity

EIN Federal Consolidated Parent

134567890

187004310

A. Method Used to Determine Income of Corporation in Kansas

B. Business Activity Code

F. State of Commercial Domicile

KS

<input checked="" type="checkbox"/> 1. Activity wholly within Kansas - Single entity	500000	G. Type of Federal Return Filed:
<input checked="" type="checkbox"/> 2. Activity wholly within Kansas - Consolidated	C. Date Business Began in KS	<input checked="" type="checkbox"/> 1. Separate
<input checked="" type="checkbox"/> 3. Single entity apportionment method (Sch. K-130AS, Part V)	12312018	<input checked="" type="checkbox"/> 2. Consolidated
<input checked="" type="checkbox"/> 4. Combined income method - Single corporation filing (Sch. K-121)	D. Date Business Discontinued in KS	H. Enter your original federal due date if other than the 15th day of the 4th month (C-Corps) or the 15th day of the 3rd month (S-Corps) after the end of the tax year.
<input checked="" type="checkbox"/> 5. Combined income method - Multiple corporation filing (Sch. K-131)	12312018	
<input checked="" type="checkbox"/> 6. Alternative or separate accounting (Enclose letter of authorization and schedule)	E. State and Date of Incorporation	01012018

KS 12312018

I. Name or address has changed? 

Filing an amended privilege return. Reason for amended return:  
 Note: This form cannot be used for tax years prior to 2019.

 Amended affects Kansas only Adjustment by IRS Amended Federal return

1. Federal taxable income for Kansas privilege tax purposes	-1999909999.99	12. Average percent to Kansas (Part V, lines A, B, C, & E; if 100% enter 100.0000)	100.0000
2. Total state and municipal interest income	-9299909999.99	A 100.0000 B 100.0000	
3. Taxes on or measured by income or fees or payment in lieu of income taxes (does not include privilege taxes)	-9994909999.99	C. 100.0000	
4. Federal net operating loss deduction	-9939909999.99	13. Amount to Kansas (Multiply line 11 by line 12)	-9999909999.19
5. Savings & loan bad debt deduction included in federal deductions	-9994909999.99	14. Nonbusiness income - Kansas (Sch. req.)	-9999909999.92
6 Other additions to federal taxable income (Sch. req.)	-9999509999.99	15. Kansas expensing recapture	-1199909999.99
7. Total additions to federal taxable income (Add lines 2 - 6)	-9999969999.99	16. Kansas expensing deduction	-9922909999.99
8. Subtractions from federal taxable income (Sch. req.)	-9999997999.99	17. Kansas net income before NOL deduction (Add lines 13 - 15, then subtract line 16)	-9999339999.99
9. Net income before apportionment (Add line 1 to line 7 and subtract line 8)	-9999909899.99	18. Kansas net operating loss deduction (Sch. req.)	-9999904499.99
10. Nonbusiness income - Total company (Sch. req.)	-9999909999.99	19. Kansas net income before bad debts (Subtract line 18 from line 17)	-9999909955.99
11. Apportionable business income (Subtract line 10 from line 9)	-9999909990.99	20. Savings & loan bad debt deduction for Kansas (Sch. req.)	-9999909999.66
		21. Combined report (Sch. K-131) or alternative/separate accounting income (Sep. sch.)	-7799909999.99
		22. Kansas taxable income (Subtract line 20 from line 19 or enter line 21, as applicable)	-9988909999.99

K-130

2019

## PRIVILEGE TAX

000

172018

Rev. 7-18

Page 1 of 6

For the taxable year beginning

01012018

ending

12312018

K-130

2019

## PRIVILEGE TAX

000

172018

**K-130****2019**Rev. 7-18  
Page 2 of 6**PRIVILEGE TAX**

000

172118

TESTMELXXXXX A TESTWATERXXXXXX

134007810

23. Normal tax - Banks & Savings and Loan (2.25% of line 22)	- 9959909999.99	33. Overpayment from original return. (This figure is a subtraction)	22591954222.00
24a. Surtax - Banks (2.125% of line 21 in excess of \$25,000)	- 3191954233.00	34. Total prepaid credits (Add lines 28 - 32 and subtract line 33)	- 2691954222.00
24b. Surtax - Savings & Loans and Trust Cos (2.25% of line 22 in excess of \$25,000)	- 1191954234.00	35. Balance due (If line 27 exceeds line 34)	- 2791954222.00
25. Total tax (Add lines 23 & 24a or 24b. If filing combined, use line 24 of K-131)	- 1191954236.00	36. Interest	- 2891954222.00
26. Nonrefundable credits (Part III, line 9; cannot exceed amount on line 25)	- 1191954237.00	37. Penalty	- 2299195422.00
27. Balance (Subtract line 26 from line 25; if less than zero, enter 0)	- 1191954238.00	38. Estimated tax penalty	- 2299195422.00
28. Estimated tax paid and amount credited forward (Part I, line 4)	- 1191954231.00	Are you annualizing to compute penalty?	X
29. Other tax payments (Enclose separate schedule and any applicable K-19 forms)	- 0191954212.00	39. Total tax, interest & penalty due (Add lines 35 - 38) Complete K-130V & enclose with payment /return	- 3319195422.00
30. Child Day Care Assistance Credit (Enclose Sch. K-56)	- 1191954211.00	40. Overpayment (If line 27 plus line 38 is less than line 34)	- 3329195422.00
31. Community Service Contribution Credit Refund (Enclose Sch. K-60)	- 1919542112.00	41. Refund. Enter amount of line 40 to be refunded	- 3339195422.00
32. Payment remitted with original return	- 3191954211.00	42. Credit Forward. Enter amount of line 40 (original return only) to apply to 2020 estimated tax. (Line 42 cannot exceed total of lines 28 & 29)	- 3349195422.00

I authorize the Director of Taxation or the Director's designee to discuss my K-130 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Officer  
Signature  
**(Required)** \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Preparer  
Signature \_\_\_\_\_Preparer  
Phone  
Number \_\_\_\_\_Preparer SSN  
or EIN/PTIN \_\_\_\_\_

Date \_\_\_\_\_

K-130

2019

## PRIVILEGE TAX

000

172118

L

Rev. 7-18

Page 2 of 6

6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80																									
2	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
3	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80																								
4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80																								
5	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80																								

TESTMELXXXXX A TESTWATERXXXXXX

134007810

23. Normal tax - Banks & Savings and Loan  
(2.25% of line 22) - 9959909999.9933. Overpayment from original return. (This  
figure is a subtraction)

22591954222.00

24a. Surtax - Banks (2.125% of line 22 in  
excess of \$25,000) - 3191954233.0034. Total prepaid credits (Add lines 28 - 32  
and subtract line 33)

-2691954222.00

24b. Surtax - Savings & Loans and Trust Cos  
(2.25% of line 22 in excess of \$25,000) - 1191954234.00

35. Balance due (If line 27 exceeds line 34)

-2791954222.00

25. Total tax (Add lines 23 & 24a or 24b. If  
filing combined, use line 24 of K-131) - 1191954236.00

36. Interest

-2891954222.00

26. Nonrefundable credits (Part III, line 9;  
cannot exceed amount on line 25) - 1191954237.00

37. Penalty

-2299195422.00

27. Balance (Subtract line 26 from line 25; if  
less than zero, enter 0) - 1191954238.00

38. Estimated tax penalty

-2299195422.00

28. Estimated tax paid and amount credited  
forward (Part I, line 4) - 1191954231.00

Are you annualizing to compute penalty?

X

29. Other tax payments (Enclose separate  
schedule and any applicable K-19 forms) - 0191954212.0039. Total tax, interest & penalty due (Add  
lines 35 - 38) Complete K-130V & enclose  
with payment /return

-3319195422.00

30. Child Day Care Assistance Credit  
(Enclose Sch. K-56) - 1191954211.0040. Overpayment (If line 27 plus line 38 is  
less than line 34)

-3329195422.00

31. Community Service Contribution Credit  
Refund (Enclose Sch. K-60) - 1919542112.0041. Refund. Enter amount of line 40 to be  
refunded

-3339195422.00

32. Payment remitted with original return - 3191954211.00

42. Credit Forward. Enter amount of line 40  
(original return only) to apply to 2020  
estimated tax. (Line 42 cannot exceed  
total of lines 28 & 29)

-3349195422.00

X I authorize the Director of Taxation or the Director's designee to discuss my K-130 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.Officer  
Signature  
(Required)

Title

Date

Preparer  
SignaturePreparer  
Phone  
NumberPreparer SSN  
or EIN/PTIN

P03465080

Date

PRIVILEGE TAX  
PO BOX 758571  
TOPEKA KS 66675-8571

For Office Use Only

6

8

10

12

14

16

18

20

22

24

26

28

30

32

34

36

38

40

42

44

46

48

50

52

54

56

58

60

62

64

66

68

70

72

74

76

78

80

6

8

10

12

14

16

18

20

22

24

26

28

30

32

34

36

38

40

42

44

46

48

50

52

54

56

58

60

62

64

66

68

70

72

74

76

78

80

## PART I

## **ADDITIONAL INFORMATION**

1. Did the corporation file a Kansas Privilege Tax return under the same name for the preceding year?      Yes      No      If "no", enter previous name and EIN.

6. If this is a final return for Kansas, please state the reason. If the corporation was liquidated or dissolved, state the IRC section under which the corporation was liquidated. \_\_\_\_\_

2. Enter the address of the corporation's principal location in Kansas.

3. The corporation's books are in care of:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

4. List each estimated tax payment and credit forward amount claimed on this return.

Date	Amount
TOTAL (Enter on line 28, Form K-130)	

5. Has your corporation been involved in any reorganization during the period covered by this return? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", enclose a detailed explanation.

7. If your federal taxable income has been redetermined for any prior year(s) that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, under separate cover, the federal Forms 1139, 1120X, or Revenue Agent's Report along with the Kansas amended return.

## Revenue Agent's Report

## □ Other State's Adjustment

Amended Return

Years ended \_\_\_\_\_

Net Operating Loss

8. If you are registered with the Kansas Department of Revenue under any other Kansas tax act, enter all registration or license numbers on the applicable line:

- a. Sales Tax \_\_\_\_\_
- b. Compensating Use Tax \_\_\_\_\_
- c. Withholding Tax \_\_\_\_\_
- d. Other (specify) \_\_\_\_\_

## PART II

## AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose separate sheet(s) for additional corporations)

Name of Corporation or Financial Institution

Employer ID Number

### PART III

## SCHEDULE F OF NONREFUNDABLE CREDITS

**PART III SCHEDULE OF NONREFUNDABLE CREDITS**

1. Business and Job Development Credit -- **for carry forward use only** (Enclose Schedule K-34; See instructions) .....
2. Historic Preservation Credit (Enclose Schedule K-35; See instructions) .....
3. Disabled Access Credit (Enclose Schedule K-37; See instructions) .....
4. Venture Capital Credit -- **for carry forward use only** (Enclose Schedule K-55; See instructions) .....
5. High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions) .....
6. Community Service Contribution Credit (Enclose Schedule K-60; See instructions) .....
7. Low Income Student Scholarship Credit (Enclose Schedule K-70; See instructions) .....
8. Declared Disaster Capital Investment Credit -- **for carry forward use only** (Enclose Schedule K-87; see instructions) .....
9. **Total nonrefundable credits (Enter on line 26, page 2)** .....

1. (a) Gross receipts/sales	(b) Less: Returns and allow	Balance	1(c)
2. Less: Cost of goods sold and/or operations			2
3. Gross profit			3
4. Dividends			4
5. Interest			5
6. Gross rents			6
7. Gross royalties			7
8. Capital gain net income			8
9. Net gain or (loss) from Form 4797, Part III			9
10. Other income			10
11. Total income - Add lines 3 through 10.			11

**DEDUCTIONS**

12. Compensation of officers			12
13. (a) Salaries and wages	(b) Less empl. credit	Balance	13
14. Repairs and maintenance			14
15. Bad debts			15
16. Rents			16
17. Taxes and licenses			17
18. Interest			18
19. Charitable contributions (not over 10% of taxable income as adjusted)			19
20. Depreciation	20		
21. Less depreciation claimed elsewhere on return	21a		21b
22. Depletion			22
23. Advertising			23
24. Pension, profit-sharing, etc. plans			24
25. Employee benefit programs			25
26. Other deductions			26
27. Total deductions - Add lines 12 through 26.			27
28. Taxable income before net operating loss deduction and special deductions (subtract line 27 from line 11)			28
29. Less: a. Net operating loss deduction	29a		
b. Special Deductions	29b		29c
30. Taxable income - Subtract line 29c from line 28			30

**KANSAS**  
**Financial Institution Apportionment Schedule**  
FOR USE BY FINANCIAL INSTITUTIONS APPORTIONING INCOME  
(Financial Institutions using the combined income method must use Schedule K-131)

172418

For the taxable year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name as shown on Form K-130

Employer Identification Number (EIN)

**PART V**

**APPORTIONMENT FORMULA**

A. Property	WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
	Beginning of Year	End of Year	Beginning of Year	End of Year	
(1) Value of owned real and tangible personal property used in business at original cost:					
Value of taxpayer's loans and credit card receivables					
Depreciable assets.....					
Land.....					
Other tangible assets (Enclose schedule).....					
Less: Construction in progress.....					
Total property to be averaged.....					
Average owned property (Beg. + End ÷ 2).....					
(2) Net annual rented property. Multiplied by 8.....					
<b>TOTAL PROPERTY (Enter on line 12A, page 1).....</b>					<b>A</b> %

B. Payroll	WITHIN KANSAS	TOTAL COMPANY	PERCENT WITHIN KANSAS
(1) Compensation of officers .....			
(2) Wages, salaries and commissions .....			
(3) Payroll expense included in cost of goods sold .....			
(4) Payroll expense included in repairs .....			
5) Other wages and salaries.....			
<b>TOTAL PAYROLL (Enter on line 12B, page 1).....</b>			<b>B</b> %

C. Receipts			PERCENT WITHIN KANSAS
	(1) Receipts from:		
	(a) Lease of real property.....		
	(b) Lease of tangible personal property.....		
	(c) Credit card receivable.....		
	(d) Merchants discount.....		
	(e) Services .....		
	(f) Investment and trading assets and activities .....		
	(g) Other.....		
	(2) Interest from loans:		
	(a) Secured by real property.....		
	(b) Not secured by real property.....		
	(3) Net gains from sale of		
	(a) Loans .....		
	(b) Credit card receivable.....		
	(4) Fees:		
	(a) Loan servicing .....		
	(b) Credit card issuers reimbursement .....		
	(5) Attribution of certain receipts to commercial domicile		
<b>TOTAL RECEIPTS (Enter on line 12C, Page 1).....</b>			<b>C</b> %

D. Total percent (Sum of lines A, B & C).....	D	%
E. Average percent of D (Enter on line 12, page 1).....	E	%

## **PART VI ADDITIONAL INFORMATION**

1. If you claim that part of your net income is assigned to business conducted outside Kansas:
  - a. Enclose a list of all states in which this corporation is doing business and filing state net income, franchise tax, privilege tax, corporate stock tax, bank shares tax, single business tax or earned surplus tax returns.
  - b. Has any state determined that this corporation conducts or has conducted a unitary business with any other corporation? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, specify which state or states and enclose a complete list of corporations conducting the unitary business.

2. Describe briefly the nature and location(s) of your Kansas business activities. \_\_\_\_\_

---

---

3. Are the amounts in the total company column the same as those reported in returns or reports to other states? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please explain \_\_\_\_\_

---

**PART VII AFFILIATED CORPORATIONS INCLUDED IN FORM K-130AS FINANCIAL INSTITUTION CORPORATION APPORTIONMENT SCHEDULE**