K-120S 2024 (Rev. 9-24) Page 1 of 6	PARTNERSHI	P OR 000 IE TAX RETURN	K-120S Page 1 154024
For the taxable year beginn	ing 01012024 e	nding 12312024	
BUSINESSNAMEXXXXXXX INCAREOFORADDRESSLIN		Filing an AMENDED return?	ein 187004320
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	C. Business Activity Code:	G. State of Commercial Domicile:
		500000	H. Enter number of shareholders / partners included in Part II:
A. This return is being filed for $X$ 1. Partnersh	hip X 2. S Corporation	D. Date Business Began in KS:	500000
B. Method Used to Determine Income of Corporation in	n Kansas	12312024	I. Tax credit schedules are enclosed? $\qquad X$
X 1. Activity wholly within Kansas or single entity	apportionment method	12312024	J. Enter the original federal due date if other than 15th day of the 3rd month after the end of the
X 2. Combined income method (Enclose Sch K-	121S)	E. Date Business Discontinued in KS:	tax year: 12312024
		12312024	K. Name or address has changed?
X 3. Common carrier mileage (Enclose mileage a	apportionment schedule)	F. State and Date of Incorporation:	L. Are you filing Form K-40C?
X 4. Alternative or separate accounting (See inst "Definitions" and enclose letter of authorizat		KS 122023	M. Have you submitted Form K-120EL? $% {\textstyle \  \  \  \  \  \  \  \  \  \  \  \  \ $
X 5. Qualified elective two-factor (Part III) Year q	ualified: 2024	KS 122025	N. Are you electing to be subject to tax at the entity level?
			O. Mark this box if electing to be taxed at the entity level and wishing to tax 100% of the income for Kansas residents
1. Ordinary income from federal Sch. K	-1019909991.01	15. Disallowed business meal expenses (I.R.C. § 274) (Sch. Req.)	15999099901.51
2a. Total of all other income from federal Sch. K	-2021909912.02	16. Other subtractions from federal income (Sch. Req.)	16229099992.61
2b. Total of allowable deductions from federal Sch. K	20229099220.02	17. Total subtractions from federal incon (Add lines 10 - 16)	-1722909999.71
3. Total federal income (Add line 1 to line 2a and subtract line 2b)	-3034909993.03	18. Net income before apportionment (A line 3 to line 9 and subtract line 17)	<sup>dd</sup> -1899909999.81
4. Total state and municipal interest (Sch. Req.)	40495099904.04	19. Nonbusiness income - Total Compar (Sch. Req.)	<sup>ny</sup> -1999909999.91
<ol> <li>Taxes on or measured by income or fees or payments in lieu of income taxes (Sch. Req.)</li> </ol>	50599699905.05	20. Apportionable business income (Subtract line 19 from line 18)	-2099909999.02
<ol> <li>250 deduction related to Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 250(a)(1)(B)) (Sch. Req.)</li> </ol>	60699979906.06	21. Average percent to Kansas (Part IV, A, B, C, & E: if 100% enter 100.0000	) 100.0000
<ol> <li>Business interest expense carryforward deduction (I.R.C. § 163(j)) (Sch. Req.)</li> </ol>	70799098907.07	А. 100.0000 с. 10 В. 100.0000	0.0000
8. Other additions to federal income (Sch. Req.)	80899099908.08	22. Amount to Kansas (Multiply line 20 by line 21)	-2299339999.22
9. Total additions to federal income (Add lines 4 - 8)	90999979909.09	23. Nonbusiness income - Kansas (Sch. Req.)	-2399904499.32
10. Interest on U.S. government obligations (Sch. Req.)	10109098011.01	<ol> <li>Kansas Expensing Recapture (See instr. for K-120EX and enclose applicable schs)</li> </ol>	24999099553.42
11. I.R.C. § 78 and 80% of foreign dividends (Sch. Req.)	11999099990.11	<ol> <li>Kansas Expensing Deduction (See instr. for K-120EX and enclose applicable schs)</li> </ol>	-2599909955.52
12. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A) (Sch. Req.)	12999979991.21	26. Total Kansas income (Add lines 22, 2 24 and subtract 25)	-2699909999.62
13. Disallowed business interest deduction (I.R.C. § 163(j)) (Sch. Req.)	13999098992.31	27. Kansas income not taxed as part of	-2799909999.72
14. Contributions to capital exceptions (I.R.C. § 118) (Sch. Req.)	14999099993.41	the election (schedule required) 28. Kansas taxable income for electing	
		<ol> <li>Kansas taxable income for electing pass-through entity (subtract line 27 from line 26).</li> </ol>	-2899909999.82

3	6	8 10 12 14 16 18 20 22 2	24 26 28 30 32 34 36 38 40 4:	2 44 46 48 50 52 54 56 58 60 6	32         64         66         68         70         72         74         76         78         80         84
4		(-120S	PARTNERSHIP	<b>OR</b> 000	
5	(R	age 1 of 6	S CORPORATION INCOM	E TAX RETURN	K-1200 5 Page 1 5 154024 6
7	İ	For the taxable year b	eginning 01012024 en	nding 12312024	7
8	B	USINESSNAMEXXXXXX	*****	Filing an AMENDED return?	EIN 187004320 9
10	Ι	NCAREOFORADDRESSL	INEXXXXXXXXXXXXXX		10
11 12		DDRESSXXXXXXXXXXXX ITYXXXXXXXXXXXXXXX		C. Business Activity Code:	G. State of Commercial Domicile: KS 11 12
13				500000	H. Enter number of shareholders / partners 13 included in Part II:
14 15	A.	This return is being filed for $X$ 1. Part	nership X 2. S Corporation	D. Date Business Began in KS:	500000 14
16 17	В.	Method Used to Determine Income of Corpora	tion in Kansas	12312024	I. Tax credit schedules are enclosed? X 16
18	Х	1. Activity wholly within Kansas or single	entity apportionment method	12312024	J. Enter the original federal due date if other than 18
19 20	X	2. Combined income method (Enclose So		E. Date Business Discontinued in KS:	15th day of the 3rd month after the end of the tax year: 12312023 20
21				12312024	K. Name or address has changed? X 21
22 23	Х	3. Common carrier mileage (Enclose mile	age apportionment schedule)	F. State and Date of Incorporation:	L. Are you filing Form K-40C?         X         23
24	Х	4. Alternative or separate accounting (Se "Definitions" and enclose letter of auth			M Have you submitted Form K-120EL? X 24
25 26	X	5. Qualified elective two-factor (Part III) Y	ear qualified: 2024	KS 122023	25     N. Are you electing to be subject to tax     X 26     at the entity level?
27					O. Mark this box if electing to be taxed 27
28 29	H				at the entity level and wishing to X 28 tax 100% of the income for Kansas residents 29
30	1.	Ordinary income from federal Sch. K	-1019909991.01	15. Disallowed business meal expenses (I.R.C. § 274) (Sch. Req.)	15999099901.51 30
31 32	2a	. Total of all other income from federal Sch. K	-2021909912.02	16. Other subtractions from federal income (Sch. Reg.)	31 16229099992.61 32
33 34	2b	. Total of allowable deductions from	20229099220.02	17. Total subtractions from federal incom	<sup>33</sup> -1722909999.71 <sup>34</sup>
35		federal Sch. K		(Add lines 10 - 16)	35
36 37	3.	Total federal income (Add line 1 to line 2a and subtract line 2b)	-3034909993.03	18. Net income before apportionment (Ad line 3 to line 9 and subtract line 17)	<sup>id</sup> -1899909999.81 <sup>36</sup>
38	4.	Total state and municipal interest (Sch. Req.)	40495099904.04	19. Nonbusiness income - Total Compan (Sch. Req.)	<sup>1y</sup> -1999909999.91 <sup>38</sup>
39 40		Taxes on or measured by income or fees or payments in lieu of income taxes (Sch. Req.)	50599699905.05	20. Apportionable business income (Subtract line 19 from line 18)	-2099909999.02 40
41		250 deduction related to Global Intangible Low-Taxed Income (GILTI)		21. Average percent to Kansas (Part IV, I	41
42 43	┢	(I.R.C. § 250(a)(1)(B)) (Sch. Req.)	60699979906.06	A, B, C, & E: if 100% enter 100.0000)	$ \begin{array}{c}     1 \\     0 \\     0 \\     0 \\     0 \\   \end{array} $
44 45	7.	Business interest expense carryforward deduction (I.R.C. § 163(j)) (Sch. Req.)	70799098907.07	в. 100.0000	44
45	8.	Other additions to federal income (Sch. Reg.)	80899099908.08	22. Amount to Kansas (Multiply line 20 by line 21)	-2299339999.22 46
47 48		Total additions to federal income (Add	90999979909.09	23. Nonbusiness income - Kansas (Sch.	-2399904499.32 48
49		lines 4 - 8)		24. Kansas Expensing Recapture (See	49
50 51		Interest on U.S. government obligations (Sch. Req.)	10109098011.01	applicable schs)	24999099553.42 <sup>50</sup> 51
52	11	I.R.C. § 78 and 80% of foreign dividends (Sch. Req.)	11999099990.11	25. Kansas Expensing Deduction (See instr. for K-120EX and enclose applicable schs)	-2599909955.52 52
53 54	12	. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A) (Sch. Req.)	12999979991.21	26. Total Kansas income (Add lines 22, 2	53 3 -2699909999.62 54
55	1.3	Disallowed business interest		24 and subtract 25)	55
56 57		deduction (I.R.C. § 163(j)) (Sch. Req.)	13999098992.31	27. Kansas income not taxed as part of the election (schedule required)	
58 59	14	. Contributions to capital exceptions (I.R.C. § 118) (Sch. Req.)	14999099993.41		58
60	t			28. Kansas taxable income for electing pass-through entity (subtract line 27 from line 26).	-2899909999.82 60
61 62					61
63	L				63
3 65	6	8 10 12 14 16 18 20 22 2	24 26 28 30 32 34 36 38 40 43	2 44 46 48 50 52 54 56 58 60 6	32         64         66         68         70         72         74         76         78         80         84           65 </td
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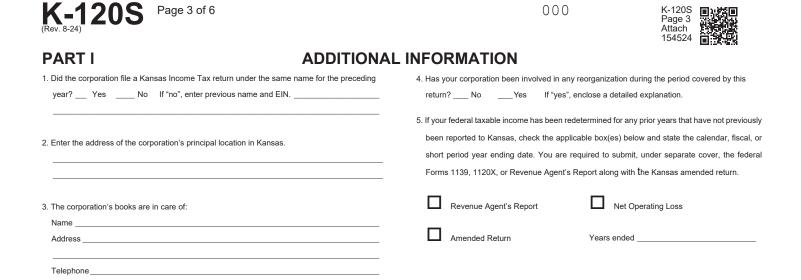
K-120S 2024 (Rev. 9-24) Page 2 of 6	PARTNERSHIP OF S CORPORATION INCOME TA	R 000 AX RETURN	K-120S
BUSINESSNAMEXXXXXXX	*****		EIN 187004320
29. Kansas taxable income for electing partners (Enter the amount from line 28 or if filing combined return, enter line 28 from the K-121S	30999099994.03	38. Total prepaid credits. (Add lines 33 - 36 and subtract line 37.)	42999099990.04
30. Remaining Kansas resident income taxed at 100% (schedule required)	-3199909999.03	39. Balance Due. (If line 32 exceeds line 38, subtract line 38 from line 32 and enter result.)	43999099991.14
		40. Interest.	44999099992.24
31. Total taxable income for electing partners (add lines 29 and 30)	-3299909990.13	41. Penalty.	45993399993.34
32. Electing pass-through entity income tax due (5.58% of line 31) (enter here and on Part III, box 7)	33999099905.13	42. Estimated tax penalty.	46993399994.34
33. Estimated tax paid and amount	36999099996.43	If annualizing to compute penalty, check this field	Х
credited forward (Sep. Sch.) 34. Other tax payments (Sep. Sch.)	37993399997.53	43. Total tax, interest, and penalty due (Add lines 39 - 42). Complete K-120V and enclose it with your payment.	47999044995.44
35. Amount paid with Kansas extension.	38999044998.63	44. Overpayment. (If line 32 is less than line 38, subtract line 32 from line 38 and enter the result.)	48999099556.54
36. Payment remitted with original return.	39999099909.73	45. Refund. Enter the amount of line 44 you wish to be refunded.	49999099997.64
(Sée instructions.) 37. Overpayment from original return. (This figure is a subtraction; see instr.)	41229089999.93	46. Credit Forward. Enter the amount of line 44 (original return only) you wish it to be applied to 2025 estimated tax. (line 46 cannot exceed the total of lines 33, 34, and 35)	50922109999.74

Х I authorize the Director of Taxation or the Director's designee to discuss my K-120S 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 ( <b>Required</b> )	Preparer Phone Number	Preparer PTIN, EIN or SSN (Required)	P03465080
	Enclose a copy of pages 1 through 4 (page 4 if Partnership) of your fec and any federal schedules that support Kansas modifications. Also in partnerships/S Corps and taxable entities. If additional information is ne	clude an organizational chart showing all	
Γ	S-CORPORATION PO BOX 750260 TOPEKA KS 66699-0260	For Office Use Only	

For Office Use Only

Served and the part of	K-120S 2024	PARTNERSHIP	OR 000	
But STINES SINAMERXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Rev. 9-24)	S CORPORATION INCOME	TAX RETURN	Page 2 154424
98. Names is able income for whething 2011       30999099994.03       110 Targ ground models, Mail Intel 33.       429990099990.04         99. Resultation Devices for whething 2011       99. Statement in white and the intel statement in white and the interval inte				1000000
Bit demonstrate in the region of the SD model o	BUSINESSNAMEXXXXXXX	*****		EIN 18/004320
10       Between and the next in the n	partners (Enter the amount from line 28 or if filing combined return, enter line 28	30999099994.03	38. Total prepaid credits. (Add lines 33 - 36 and subtract line 37.)	42999099990.04
tested is 100% isobelule required         -3199909999.03         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -32299099990.13         -3299099990.13         -3299099990.13         -3299099990.13         -3299099990.13         -3299099990.13         -3299099990.13         -3299099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -32999099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099990.13         -319990099900.13         -319990099900.13         -319990099900.13         -319990099900.13         -319990099900.13         -319990099900.13         -319990099900.13         -319990099900.13         -31999009900.13         -319990099900.13         -319990099900.13         -319990099900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -31999009900.13         -3199900900900.13         -319900090000000000000000000000000000000			38, subtract line 38 from line 32 and	
40. Intervet.       44.99990.99992.24         41. Tabilitation for intervet for intervet.       -32.99900.9900.13         41. Premity       45.9933.399903.34         42. Events place.Provide entity moments.       46.9933.399904.34         43. Events place.Provide entity moments.       46.9933.399904.34         44. Events place.Provide entity moments.       46.9933.399904.34         43. Events place.Provide entity moments.       46.9933.399904.34         44. Events place.Provide entity moments.       46.9933.399904.34         45. Annual place.Provide entity moments.       46.9933.399904.34         46. Over at a comments (ee.e. Son.)       37.9933.399977.53         46. Over at a comments.       38.9990.44998.63         47. Provide part with moments.       48.9990.09995.56.54         48. Provide part with moments.       38.9990.4999.73         49. Provide part with moments.       39.9990.9999.73         40. Correspondent. If the St is less than endower at a start with moments.       49.9990.9999.74         41. Provide part with moments.       41.2290.8999.99.93       50.92221.09999.74         42. Provide part with moments.       50.92221.09999.74       10.55.800.000         43. Provide part with moments.       50.92221.09999.74       10.55.800.000         44. Correspondent ton ordsplanet with moments.       50.92221.09999.74	30. Remaining Kansas resident income taxed at 100% (schedule required)	-3199909999.03	enter result.)	43999099991.14
11. Impertance (add vices 2d and 30)       -3.2.9.9.9.0.9.9.0.1.3         41. Pennaty       45.9.9.3.3.9.9.9.9.9.9.3.3.4         42. Electring patients (add vices of the principle)       3.3.9.9.9.0.9.9.9.5.1.3         43. Electring patients (add vices of the principle)       3.3.9.9.9.0.9.9.9.5.1.3         43. Electring patients (add vices of the principle)       3.3.9.9.9.0.9.9.9.5.1.3         43. Electring patients (add vices of the principle)       4.6.9.9.3.3.9.9.9.9.9.9.4.4.3         44. Other Line payments (Ber. Sen.)       3.7.9.9.9.0.9.9.9.7.5.3         45. Anount patie with Varies extension.       3.8.9.9.9.0.4.9.9.8.6.3         46. Overpayment (Brins 2d vices the means)       4.8.9.9.9.0.9.9.9.7.5.4.4         47. Overpayment (Brins 2d vices the means)       4.8.9.9.9.0.9.9.9.7.5.4.4.4         48. Anount patie with Varies extension.       3.8.9.9.9.0.9.9.9.9.7.3.4.4.4.9.9.9.0.9.9.9.7.6.4.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.6.4.4.9.9.4.9.9.7.4.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.4.0.9.9.9.9.9.9.7.3.4.4.9.9.4.0.9.9.9.9.9.9.7.3.4.4.9.9.4.0.9.9.9.9.9.9.7.3.4.4.9.9.4.0.9.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.7.3.4.4.9.9.4.0.9.9.9.9.9.7.3.4.4.9.9.5.0.9.2.1.0.9.9.9.9.7.3.4.4.9.9.9.0.9.9.9.9.7.3.4.4.9.9.5.0.9.2.1.0.9.9.9.9.7.3.4.4.9.9.5.0.9.2.1.0.9.9.9.9.7.3.4.4.9.9.5.0.9.2.1.0.9.9.9.9.7.3.4.4.9.9.5.0.9.2.1.0.9.9.9.7.3.4.4.5.9.0.9.2.1.0.9.9.9.7.3.4.4.9.9.5.0.9.2.1.0.9.9				
Detrom 20 methods 20 methods 20 methods     -3299909990.13     -3299909990.13     41 Penalty     45993399903.34     42 Extinued to penalty     46993399904.34     46993399904.34     46993399904.34     46993399904.34     46993399904.34     47999044995.13     47999044995.44     47999044995.44     47999044995.44     47999044995.44     47999044995.44     47999044995.44     47999044995.44     47999044995.44     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     48999099999.73     480 control of the 20 method in the 20			40. Interest.	44999099992.24
22       Exciting asset through entity income and one Put III. tox 71       46993399994.34         33.3990099905.13       If annualizing to compute penalty, check this field       X         35. Extended for spatianed amount confield for ward (Say, San.)       36999099996.43       43         40. Other is a payment (Say, San.)       36999099996.53.3       47.30         41. Other is a payment (Say, San.)       37.993399997.53       47.9990.44995.44         43. Annual paid with Kamaa extension       389990.44998.63       48.9990.099556.54         45. Annual paid with Kamaa extension       389990.9999.73       48.9990.9999.73         46. Sector Entropy of the same stemation       399990.9999.73       49.00         47. Overgamment (The same stemation)       399990.9999.9.3       40.00         48. Sector Entrop Same Same Same Same Same Same Same Same	partners (add lines 29 and 30)	-3299909990.13		
22       Becompare through entry income in a 33999099905.13       42 Estimated tax pendity.       46 9933 99994.34         33999099905.13       If annualizing to compute pendity, direct. this field       X         34       Estimated tax page and emount as 6999099906.43       43. Total tax internet, one pendity, direct. this field       X         44       Overpayment (Rep. Sch.)       37993399997.53       47. Total tax internet, one pendity direct. The field       X         45       Annount ped with Keinse extension.       389990044995.64       44. Overpayment (If line 32 is less than have and enclose tixelity pagement.       47.9990044995.64         46       Annount ped with Keinse extension.       38999004999.69.73       44. Overpayment (If line 32 is less than have as a promine 38. Status of the extension of the 44. Status of the extension of the extension of the extension of the 44. Status of the extension of the 44. Status of the extension of the extens			41. Penalty.	45993399993.34
and on PertII. box 7)       3.3.9990.9990.5.1.3         If annualizing to compute penalty, check this field       X         Stainmeet tax paid and amount credited forward (Sep. Sch.)       3.6.9.990.9999.6.4.3       43. Total tax, inforced, and penalty due and enclose it with your payment.       4.7.9990.4.4.995.4.4.4         40. Other tax payments (Sep. Sch.)       3.7.993.3.9999.0.9.997.5.3       44. Overpayment. (Files 25 informs change and enclose it with your payment.       4.7.9990.4.4.995.6.4.4         45. Annount paid with Kansae extension.       3.8.9.9.90.4.4.998.6.3       44. Overpayment. (Files 25 informs change and enclose it with your payment.       4.8.9.9.90.0.9.9.9.5.6.5.4         46. Orde Forward Cher tax payments (Sep. Sch.)       3.9.9.9.9.0.9.9.0.9.7.3       44. Overpayment. (Files 25 informs change and enclose it with your payment.       4.8.9.9.9.0.9.9.9.9.9.9.7.4         47. Overpayment remitted with original return.       3.9.9.9.9.0.9.9.9.9.7.3       46. Orde Forward. Ener the amount of it to be applied to 250 settingted on the 6.5.0.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	2. Electing pass-through entity income		42. Estimated tax penalty.	46993399994.34
It antwatiding to compute penalty, check this field       X         13 credited forward (Sec. Sch)       3699909996.43         44. Other tax peyments (Sec. Sch)       37993399997.53         45. Amount paid with Kanase extension.       38999044998.63         46. Other tax peyments (Sec. Sch)       37993399997.53         46. Other tax peyments (Sec. Sch)       37993399997.53         47. Openparent, (Thing 32 is less than include the count).       489999099556.54         46. Reform Easter themanut the set of the s	and on Part III, box 7)	33999099905.13		
33. Extended taxped and amount       36999099996.43         43. Total low inderest, and partially due of partially due of orderest with your payment.       47999044995.44         44. Other tax payments (Sep. Sch.)       37993399997.53         45. Amount paid with Kansas extension.       38999044998.63         44. Overstawment. (If the 32 bits than and order the result).       489990099556.54         45. Amount paid with Kansas extension.       38999099909.73         46. See instructions.)       39999099909.73         46. Gredit Forward. Enter the amount of line 44       4999990999997.64         47. Oversamment (If the 32 bits than and order the result).       4999909999997.64         48. See instructions.)       39999099990.73         46. Gredit Forward. Enter the amount of line 44       499999099999.74         47. Oversamment (If the 62 bits tax than and order the transmitted with original return.       3999909999.93         46. Gredit Forward. Enter the amount of line 44       49999099999.74         47. Oversamment (If the 62 bits tax than original return.       50922109999.74         48. Payment remitted with original return.       50922109999.73         49. Total forward. Enter the amount of line 44       49999099999.74         40. Credit Forward. Enter the amount of line 44       50922109999.74         47. Oversamment (If the 62 bits tax than orige tax than original return.       50			If annualizing to compute penalty, check this fie	eld X
(Add times 39 - 42) Compute (Files 28)       47999044995.44         34 Other tax payments (Sep. Sch.)       37/993399997.53         44. Overgayment. (If the 32 times that me 98, saturation that 32 for mine 39       489990.99556.54         35. Amount paid with Kansas extension.       38999044998.63       489990.99556.54         45. Remount paid with Kansas extension.       389990.9909.73       489990.9990.9990.73         46. Oregin the amount of time 44       499990.9999.7.64         9. Size instructions.)       39.9990.9999.9.73       46. Oregin the amount of time 44       49.999.909.999.7.64         37. Overgayment from original return.       39.999.099.99.9.3       46. Oregin the amount of time 44       50.92.210.99.99.7.64         37. Overgayment from original return.       41.22.90.89.99.9.93       10.83.34. and 35)       50.92.210.99.99.7.4         37. Overgayment from original return.       41.22.90.89.99.9.93       10.83.34. and 35)       50.92.210.99.99.7.4         X       Lauthorize the Director of Taxation or the Director's designee to discuss my K-120S and any enclosures with my preparer.       1       1         1 declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.       PO3.4.650.80.0         With the start is the declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.       PO3.4.650.80.0		36999099996.43		
34. Other tax payments (Sep. Sch.)       37993399997.53         45. Amount past with Kansse extension.       38999044998.63         46. Polyment (minited with original neture).       399990999997.64         47. Overpayment (minited with original neture).       39999099999.73         46. Credit Forward.       499990999999.7.64         47. Overpayment from original neture).       39999099999.7.3         48. Payment (minited with original neture).       39999099999.7.3         48. Original neture).       3999909999.9.7.3         48. Original neture).       3999909999.9.9.3         49. Overpayment from original reture.       41229089999.9.9.3         41. 229089999.9.9.3       Ines 33.34, and 36)         50.0922109999.74       Ines 33.34, and 36)         50.0922109999.75       Ines 33.34, and 36)         50.0922109999.74       Ines 33.34, and 36)         50.0922109999.74       Ines 33.34, and 36)         50.0922109999.75       Ines 33.34, and 36)         50.09221009999.75       Ines 33.34, and 36)			(Add lines 39 - 42). Complete K-120V	47999044995 44
44. Overpropert. If the 28 bits that         85. Amount paid with Kansas extension.       38.999044998.63         46. Payment remitted with original return.       48.9990099556.54         47. Source and the transmitted with original return.       39.999099909.73         46. Original return.       39.999099909.73         47. Source and the transmitted with original return.       39.999099909.73         48. Original return.       41.22.90.89999.93         49. The subtraction, see instr.)       41.22.90.89999.93         48. Original return.       50.92.210.99999.74         49. The subtraction, see instr.)       41.22.90.89999.93         40. Original return.       50.92.210.99999.74         41. Source and the rotation of the control original return.       50.92.210.99999.74         42. Lauthorize the Director of Taxation or the Director's designee to discuss my K-120S and any enclosures with my preparer.       1         1 declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.       PO.34.650.80         Preparer       Preparer       Preparer         Streament Correct and complete return.       PO.34.650.80         48. Coroll for the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.       PO.34.650.80         Preparer       Preparer       Preparer	14. Other tax payments (Sep. Sch.)	37993399997.53		
35. Amount paid with Kansas extension.       38.999044998.63       and entire 32 from tine 38       48.9990099556.54         45. Refund. Enter the amount of line 44       4.99990099909.64         46. Oredit Forward. Enter the amount of line 44       4.99990099909.7.64         47. Overpayment remitted with original return.       3.9999099909.9.7.3       46. Oredit Forward. Enter the amount of line 44       4.9999009999.7.64         37. Overpayment from original return.       4.1.2.2.90.8.9999.9.93       16.8.6.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			14 Overnavment (If line 22 is less than	
45. Refund. Enter the amount of line 44 you wish to be refunded. 49999009997.64 46. Orefit Frioward I. Enter the amount of line 44 you wish to be refunded. 49999009997.64 40. Orefit Frioward I. Enter the amount of line 44 if to be applied to 2025 estimated tax. (This figure is a subtraction; see instr.) 41229089999.93 46. Orefit Frioward I. Enter the amount of line 44 if to be applied to 2025 estimated tax. (This figure is a subtraction; see instr.) 41229089999.93 41. Certif Frioward I. Enter the amount of line 44 if to be applied to 2025 estimated tax. (This figure is a subtraction; see instr.) 41. Lauthorize the Director of Taxation or the Director's designee to discuss my K-120S 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. Concer Signature Preparer Preparer Preparer Preparer Prink, EN or SNN portice that subtractions. Also include an organizational chart showing all perturbations. Also include an organizational chart showing all Propeaser Filte Propeaser Filte Propeaser Filte Score Score P	35. Amount paid with Kansas extension.	38999044998.63	line 38, subtract line 32 from line 38	48999099556.54
be Payment remained with original return. (See instructions.)  46. Credit Provert. Either the semicircle and the discuss in the discus in the di			45 Refund Enter the amount of line 44	
46. Credit Forward: Enter the encount of intered original return.     41229089999.93     46. Credit Forward: Enter the encount of intered cannot exceed the total of it to be applied to 2025 estimated tax.     (This figure is a subtraction; see instr.)     41229089999.93     intered cannot exceed the total of intered cannot e		39999099909.73	you wish to be refunded.	49999099997.64
37. Overpayment from original return.       41229089999.93       Ime 40 cannot exceed the total of Consequence the total o			line 44 (original return only) you wish	
X I authorize the Director of Taxation or the Director's designee to discuss my K-120S 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 Preparer Preparer Preparer Preparer Preparer Preparer Preparer PTIN, EIN or SSN P0.34650.80 Enclose a copy of pages 1 through 4 (page 4 if Pattership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications. Also include an organizational chart showing ail partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date.  S-CORPORATION PO BOX 750260 For Office Use Only	37. Overpayment from original return.	41229089999 93	it to be applied to 2025 estimated tax. (line 46 cannot exceed the total of	50922109999 74
X 1 authorize the Director of Taxation or the Director's designee to discuss my K-120S 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 Preparer Preparer Preparer PTIN, EIN or SSN (Required) Enclose a copy of pages 1 through 4 (page 4 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support 4 and sem modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date. S-CORPORATION PO B0X 750260 TOPEKAK XS 66809-0260 For Office Use Only.	(This figure is a subtraction; see instr.)			
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.				
X I authorize the Director of Taxation or the Director's designee to discuss my K-120S 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)				
X Lauthorize the Director of Taxation or the Director's designee to discuss my K-120S 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 Date Preparer P				
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.				
X       Lauthorize the Director of Taxation or the Director's designee to discuss my K-120S and any enclosures with my preparer.         L 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)         Preparer         Preparer         Preparer         Probate         Probate         Date         Preparer         Preparer         Preparer         Probate         Probate         Probate         I and any. federal schedules that support. Kansas modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date.         S-CORPORATION         PO BOX 750260         TOP ENCAK SE 66699-0				
X       Lauthorize the Director of Taxation or the Director's designee to discuss my K-120S 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)         Preparer         Signature         Phone Number         Preparer         Preparer         Preparer         Preparer         Phone Number         Phone Number         Phone Number         Preparer         Properer         Score Phone Number         Properer         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) Preparer Signature (Required) Enclose a copy of pages 1 through 4 (page 4 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date. S-CORPORATION PO BOX 750260 TOPEKA KS 66699-0260 For Office Use Only				
Signature (Required) Preparer Signature (Required) Enclose a copy of pages 1 through 4 (page 4 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date. S-CORPORATION PO BOX 750260 TOPEKA KS 66699-0260 For Office Use Only	I declare under the penalties of perjur	y mat to the best of my knowledge and beli	ier this is a true, correct, and complete return.	
(Required)       Title       Title         Preparer       Signature       Preparer         Signatured       Preparer       Preparer         Enclose a copy of pages 1 through 4 (page 4 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date.         S-CORPORATION       PO BOX 750260         TOPEKA KS 66699-0260       For Office Use Only				
Preparer Signature (Required) Preparer PTIN, EIN or SSN (Required) Preparer PTIN, EIN or SSN (Required) Problem Number Pro	Signature (Required)	Title		
(Required)       Phone Number       (Required)       POS 405000         Enclose a copy of pages 1 through 4 (page 4 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date.       Image: Corp of pages 1 through 4 (page 4 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date.         S-CORPORATION       S-CORPORATION         PO BOX 750260       For Office Use Only				
Enclose a copy of pages 1 through 4 (page 4 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date.	Signature Required		Préparer PT	
S-CORPORATION PO BOX 750260 TOPEKA KS 66699-0260 For Office Use Only	Enclose a cop	y of pages 1 through 4 (page 4 if Partners al schedules that support Kansas modific	hip) of your federal return, Schedule M-1, Sched	ule M-2,
S-CORPORATION PO BOX 750260 TOPEKA KS 66699-0260 For Office Use Only	partnerships/S	Corps and taxable entities. If additional int	formation is needed, we will request it at a later d	ate.
TOPEKA KS 66699-0260 For Office Use Only				┼┼┼┼┼┼┼┢┿┿╉
		PO BOX 75026 TOPEKA KS 66699	50 9-0260 For Office Use (	



### PART II

## PARTNER'S OR SHAREHOLDER'S DISTRIBUTION OF INCOME

This schedule is to be completed for all partners or shareholders. If there are more than 12 partners or shareholders, you must complete a schedule similar to the schedule below and submit it with your return. Individual partners or shareholders complete columns 1 through 9. All other partners and shareholders complete columns 1 through 6.

(1) Name and address of partner or shareholder	Type of Partner or Shareholder (2) R = Kansas resident individual N = Norresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(3) SSN or EIN	(4) Partner's or shareholder's percent of ownership	(5) Partner's profit percent or shareholder's applicable percentage
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				
(g)				
(h)				
(i)				
(j)				
(k)				
(I)				

#### See instructions for Nonresident Partner's or Shareholder's Computation of Columns 7, 8 and 9.

(6)	(7)	(8)	(9)
Income from Kansas sources. Kansas resident individuals: Multiply column 5 by line 18. Nonresident individuals: If income is earned only from Kansas sources multiply column 5 by line 18. If earned from inside and outside of Kansas, multiply column 5 by sum of lines 22 and 23. All other partners or shareholders: Multiply column 5 by sum of lines 22 and 23.	Partner's or shareholder's portion of federal ordinary and other income (losses) and deductions. Multiply the percentage in column 5 by line 3, page 1.	Partner's or shareholder's portion of total Kansas income. Multiply the percentage in column 5 by line 18, page 1.	Partner's or shareholder's modification. See instructions. Enter result in Part A of Schedule S, Form K-40.
(-)			
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			
(K)			
(1)			

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## PART III - PARTNERS OR SHAREHOLDERS DISTRIBUTION OF INCOME (Electing to pay tax using the K-120S.)

K-120S

Page 4 of 6

This schedule is to be completed for individuals or fiduciary partners or shareholders that elected to pay tax on the Kansas Partnership or S Corporation Income form K-120S. It there are more than 6 partners or shareholders, you must complete the form below before going to a similar schedule and submit it with your return.

(1) Name and address of partner or shareholder	Type of Partner or Shareholder R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(2) Social Security Number or Employer Identification Number (EIN)	(3) Partner's percent of Income and credits	(4) Kansas Taxable Income	(5) Total Tax @ 5.58%
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					
(g)					
(h)					
(i)					
(j)					

#### TOTALS FOR PART III INCLUDING ADDITIONAL SCHEDULES

(6) Kansas Taxable Income	(7) Total Tax @ 5.58%



## KANSAS Corporation Apportionment Schedule

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FOR USE BY CORPORATIONS APPORTIONING INCOME

(Corporations using the combined income method must use Schedule K-121S)

For the taxable year beginning

, ending

Name as shown on Form K-120

Employer Identification Number (EIN)

# PART IV - APPORTIONMENT FORMULA

A. Property	WITHIN KA	NSAS	TOTAL C	OMPANY	PERC	ENT
(1) Value of owned real and tangible personal property	Beginning	End	Beginning	End	WITH	HIN
used in business at original cost:	of Year	of Year	of Year	of Year	KANS	SAS
Inventory						
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					-	
TOTAL PROPERTY (Enter on line 21A, page 2)					A	
3. Payroll (Those corporations qualified and utilizing the elective	two-factor formula must comp	olete this area only				
during the first year of qualifying. After the 10th year, the	e business must re-qualify.)		WITHIN KANSAS	TOTAL COMPANY		
(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					-	
TOTAL PAYROLL (Enter on line 21B, page 2) (If qualified and	dutilizing the elective two facto	or formula, do not			-	
carry this percentage to page 2)	-				В	
Sales (Gross receipts, less returns and allowances)						
(1) Sales delivered or shipped to purchasers in Kansas:					T	
(a) Shipped from outside Kansas						
(b) Shipped from within Kansas						
(2) Sales shipped from Kansas to:						
(a) The United States Government						
(b) Purchasers in a state where the taxpayer would not be				-		
(3) Dividends		,			-	
Interest					-	
Rents					-	
Royalties						
Gains/losses from intangible asset sales						
Gross proceeds from tangible asset sales						
Other income (Enclose schedule)						
TOTAL RECEIPTS (Enter on line 21C, Page 2)					С	
				ļ	~	
D(1). Total percent (Sum of lines A, B & C if qualified and utilizing thr	ee-factor formula)				D(1)	
D(2). Total percent (Sum of lines A & C if qualified and utilizing two-fr					D(1) D(2)	



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## PART V - KANSAS PASS-THROUGH SCHEDULE

The distributions from the entities listed below have been passed-through and are included in your entity.

Pass-through Entity Name	EIN of Pass-through Entity	Your Entity to which income of Pass-through is included	EIN to which income of Pass- through Entity is included	Principal Product of Services of Pass-through Entity	Kansas Operations (Y / N)

### PART VI - KANSAS QSUB - DISREGARDED ENTITY SCHEDULE

The disregarded entities listed below are included in this return.

QSub or Disregarded Entity Name	EIN of Disregarded Entity	Your Entity to which income of QSUB or Disregarded Entity is included	EIN to which income of QSub or Disregarded Entity is included	Principal Product of Services of Disregarded Entity	Kansas Operations (Y / N)