

# FORM K-130V INSTRUCTIONS

To ensure the most efficient processing of your payments, it is important that you **use only black ink** to complete the vouchers.

Make your check or money order payable to "Kansas Privilege Tax" for the full amount due.

Write your federal EIN on your check or money order, and ensure it contains a valid telephone number.

**Do not send cash.** If payment is not made on or before **April 15, 2026**, the tax due is subject to penalty and interest.

**Do not attach** the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS PRIVILEGE TAX  
KANSAS DEPARTMENT OF REVENUE  
PO BOX 750260  
TOPEKA, KS 66699-0260

## Need to make a quick payment?

It's simple — pay your tax electronically. Visit the Kansas Department of Revenue Payment portal at

[www.kansas.gov/payment-portal/](http://www.kansas.gov/payment-portal/)

or visit [ksrevenue.gov](http://ksrevenue.gov)

and log in to the **Kansas Customer Service Center**.

If you need assistance completing your vouchers, contact the Kansas Department of Revenue at 785-368-8222. You may also use the new Chat option on the Taxation home page of our [ksrevenue.gov](http://ksrevenue.gov) website for 24 hour assistance, or chat with a Live Agent, Monday through Friday from 8:00am-4:45pm.

**NOTE: When a due date falls on a Saturday, Sunday or legal holiday, returns and payments are due the next regular work day.**

## DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

## SEND THE ORIGINAL

K-130V

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2026 Kansas

PRIVILEGE TAX  
PAYMENT VOUCHER

K-130V  
1792



01012025

12312025

551234560

BUSINESSNAME TESTXXXXXXXXXXXXXXXXXXXX

BUSINESSADDRESS TESTXXXXXXXXXXXXXXXXXX

BUSINESSADDRESS TEST2XXXXXXXXXXXXXXXXX

CITYXXXXXXXXXXXXXXXXXX ST 66429-1712

Daytime Phone Number: 7855551212

CONTACT PERSON NAME XXXXXXXXXXXXXXXXXXXX

Name or Address  
Change

XX

Amended  
Return

XX

Extension  
Payment

XX

Payment Amount

\$

2567189.00

179225551234560551234560010125123125

