

Enter the business name, address, EIN, phone number and contact persons name in the spaces provided.

If business name or address information has changed since last year, be sure to fill the "Name or Address Change" field with two "XX".

If you are paying for an amended return, fill the appropriate field with two "XX"

If you are filing an extension of time to file your return, fill the appropriate field with two "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Corporate Income Tax" for the full amount of your tax due.

Write the last 4 digits of your 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, 2024**, 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

**NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.**

**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**  
Rev. 8-23

000

**2024 Kansas**  
PRIVILEGE TAX  
PAYMENT VOUCHER



01012023

12312023

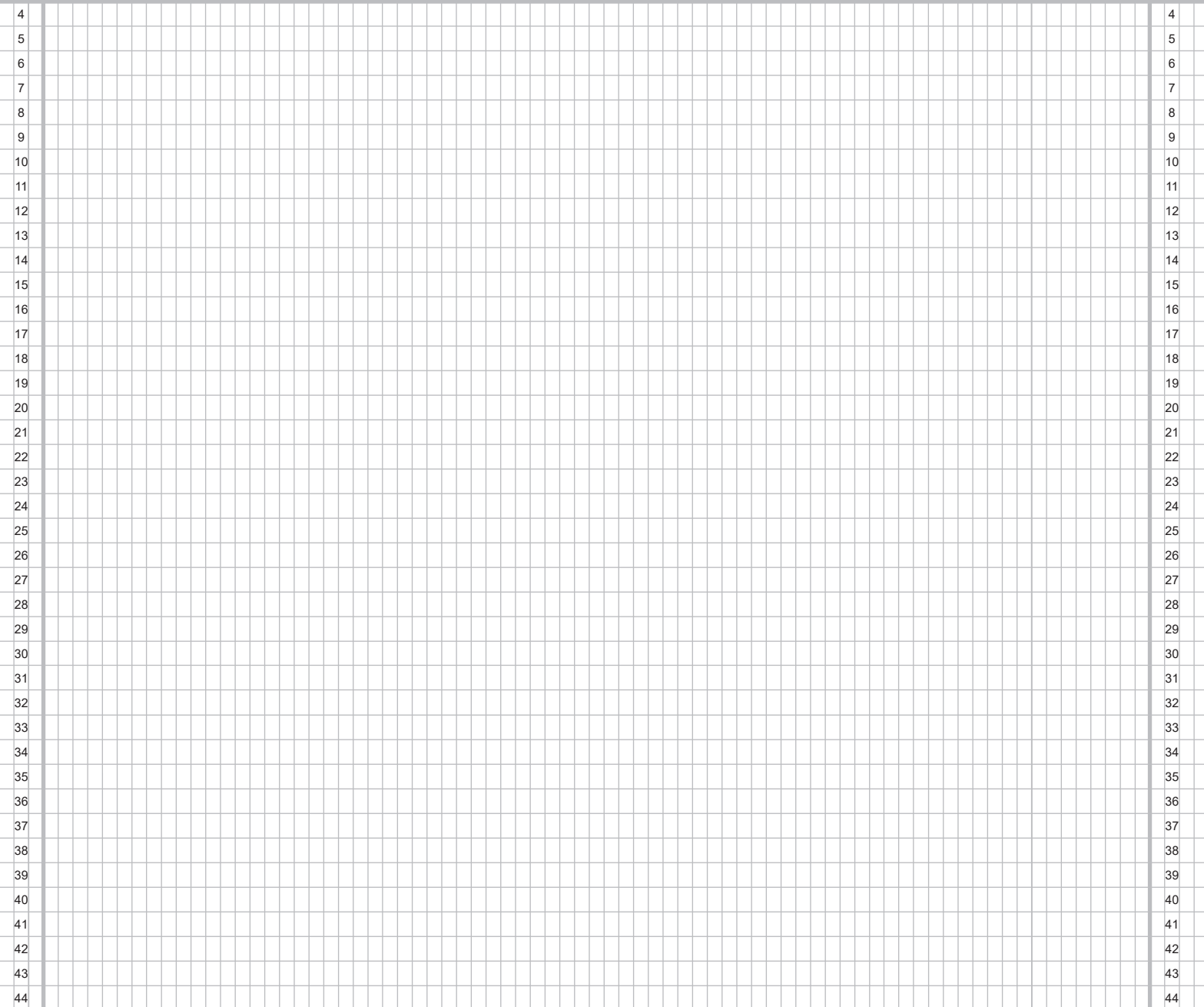
551234560

BUSINESSNAME TESTXXXXXXXXXXXXXXXXXXXX  
BUSINESSADDRESS TESTXXXXXXXXXXXXXXXXXXXX  
BUSINESSADDRESS TEST2XXXXXXXXXXXXXXXXXXXX  
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712  
Daytime Phone Number: 7855551212  
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXX

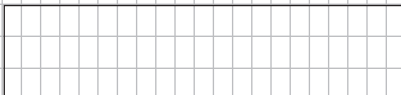
Name or Address Change	Amended Return	Extension Payment
XX	XX	XX

Payment Amount      \$      2567189.00

179223551234560551234560010123123123



**K-130V** 000  
Rev. 8-23



**2024 Kansas**  
PRIVILEGE TAX  
PAYMENT VOUCHER



01012023 12312023 551234560

BUSINESSNAME TESTXXXXXXXXXXXXXXXXXXXX  
BUSINESSADDRESS TESTXXXXXXXXXXXXXXXXXXXX  
BUSINESSADDRESS TEST2XXXXXXXXXXXXXXXXXXXX  
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712  
Daytime Phone Number: 7855551212  
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXX

Name or Address Change	Amended Return	Extension Payment
XX	XX	XX

Payment Amount \$ 2567189.00

179223551234560551234560010123123123



1/2" from bottom of page to bottom edge of scanline