

# K-120

(Rev. 7-16)

DO NOT STAPLE

## 2016 KANSAS CORPORATION INCOME TAX

150016

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For the taxable year beginning 2 0 1 6 ; ending \_\_\_\_\_

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING INFORMATION | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B. Business Activity Code (NAICS)                                                                                                                                                                                                                                                | Employer's Identification Numbers (EINs)<br>(Enter both if applicable)                                                                                                                                                                                    |                                                                                                                                                                                                         |
|                    | Number and Street of Principal Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C. Date Business Began in KS (mm/dd/yyyy)                                                                                                                                                                                                                                        | EIN this entity:                                                                                                                                                                                                                                          |                                                                                                                                                                                                         |
|                    | City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D. Date Business Discontinued in KS (mm/dd/yyyy)                                                                                                                                                                                                                                 | EIN Federal Consolidated Parent:                                                                                                                                                                                                                          |                                                                                                                                                                                                         |
|                    | A. Method Used to Determine Income of Corporation in Kansas<br><input type="checkbox"/> 1. Activity wholly within Kansas - Single entity<br><input type="checkbox"/> 2. Activity wholly within Kansas - Consolidated<br><input type="checkbox"/> 3. Single entity apportionment method (K-120AS)<br><input type="checkbox"/> 4. Combined income method - Single corporation filing (Sch. K-121)<br><input type="checkbox"/> 5. Combined income method - Multiple corporation filing (Sch. K-121)<br><input type="checkbox"/> 6. Qualified elective two-factor (K-120AS) Year qualified: _____<br><input type="checkbox"/> 7. Common carrier mileage (Enclose mileage apportionment schedule)<br><input type="checkbox"/> 8. Alternative or separate accounting (Enclose letter of authorization & schedule) | E. State and Month/Year of Incorporation (mm/yyyy)<br>_____, _____<br>F. State of Commercial Domicile _____<br>G. Type of Federal Return Filed<br>____ 1. Separate ____ 2. Consolidated<br>H. Mark this box if you have submitted a Kansas Form K-120EL <input type="checkbox"/> | I. Enter your original federal due date if other than the 15th day of the 4th month after the end of the tax year.<br>_____<br>J. If any taxpayer information has changed since the last return was filed, please mark this box. <input type="checkbox"/> |                                                                                                                                                                                                         |
|                    | <input type="checkbox"/> Mark this box if you are filing this as an AMENDED 2016 Kansas return.<br>NOTE: This form cannot be used for tax years prior to 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           | Reason for amending your 2016 Kansas return:<br><input type="checkbox"/> Amended affects Kansas only <input type="checkbox"/> Adjustment by the IRS <input type="checkbox"/> Amended federal tax return |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |

|                                                                                                               |    |                         |
|---------------------------------------------------------------------------------------------------------------|----|-------------------------|
| 1. Federal taxable income .....                                                                               | 1  |                         |
| 2. Total state and municipal interest .....                                                                   | 2  |                         |
| 3. Taxes on or measured by income or fees or payments in lieu of income taxes (Part IV, line 2) .....         | 3  |                         |
| 4. Federal net operating loss deduction .....                                                                 | 4  |                         |
| 5. Other additions to federal taxable income (Schedule required) .....                                        | 5  |                         |
| 6. Total additions to federal taxable income (add lines 2, 3, 4 and 5) .....                                  | 6  |                         |
| 7. Interest on U.S. government obligations (Part V, line 2) .....                                             | 7  |                         |
| 8. IRC Section 78 and 80% of foreign dividends (schedule required) .....                                      | 8  |                         |
| 9. Other subtractions from federal taxable income (schedule required) .....                                   | 9  |                         |
| 10. Total subtractions from federal taxable income (add lines 7, 8 and 9) .....                               | 10 |                         |
| 11. Net income before apportionment (add line 1 to line 6, then subtract line 10) .....                       | 11 |                         |
| 12. Nonbusiness income -- Total company (schedule required) .....                                             | 12 |                         |
| 13. Apportionable business income (subtract line 12 from line 11) .....                                       | 13 |                         |
| 14. Average percent to Kansas (Part VI, lines A, B, C and E; if 100% enter 100.0000) .....                    | 14 | A _____ B _____ C _____ |
| 15. Amount to Kansas (multiply line 13 by line 14) .....                                                      | 15 |                         |
| 16. Nonbusiness income - Kansas (schedule required) .....                                                     | 16 |                         |
| 17. Kansas expensing recapture (see instructions for Schedule K-120EX and enclose applicable schedules) ..... | 17 |                         |
| 18. Kansas expensing deduction (see instructions for Schedule K-120EX and enclose applicable schedules) ..... | 18 |                         |
| 19. Kansas net income before NOL deduction (add lines 15, 16 and 17, then subtract line 18) .....             | 19 |                         |
| 20. Kansas net operating loss deduction (schedule required) .....                                             | 20 |                         |

|                                                                                                                                                                                            |    |                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21. Combined report (Schedule K-121) or alternative/separate accounting income (separate schedule).....                                                                                    | 21 |                                                                                                                                                                                                                 |
| 22. Kansas taxable income (subtract line 20 from line 19 or enter line 21, as applicable) .....                                                                                            | 22 |                                                                                                                                                                                                                 |
| 23. Normal tax (4% of line 22) .....                                                                                                                                                       | 23 |                                                                                                                                                                                                                 |
| 24. Surtax (3% of line 22 in excess of \$50,000) .....                                                                                                                                     | 24 |                                                                                                                                                                                                                 |
| 25. Total tax (Add lines 23 and 24. If filing combined, use line 24 of K-121.) .....                                                                                                       | 25 |                                                                                                                                                                                                                 |
| 26. Total nonrefundable credits (Part I, line 27; cannot exceed amount on line 25) .....                                                                                                   | 26 |                                                                                                                                                                                                                 |
| 27. Balance (subtract line 26 from line 25; cannot be less than zero) .....                                                                                                                | 27 |                                                                                                                                                                                                                 |
| 28. Estimated tax paid and amount credited forward (Part II, line 4).....                                                                                                                  | 28 | <p>If this is your <b>ORIGINAL</b> Kansas return, skip lines 32 and 33 and continue to line 34.</p> <p>If this is your <b>AMENDED</b> Kansas return, complete lines 32 and 33 before continuing to line 34.</p> |
| 29. Other tax payments (enclose separate schedule) .....                                                                                                                                   | 29 |                                                                                                                                                                                                                 |
| 30. Amount paid with Kansas extension .....                                                                                                                                                | 30 |                                                                                                                                                                                                                 |
| 31. Total of all other refundable credits (Part I, line 34) .....                                                                                                                          | 31 |                                                                                                                                                                                                                 |
| 32. Payment remitted with original return; see instructions .....                                                                                                                          | 32 |                                                                                                                                                                                                                 |
| 33. Overpayment from original return (this figure is a subtraction; see instructions) .....                                                                                                | 33 |                                                                                                                                                                                                                 |
| 34. Total prepaid credits (add lines 28 through 32 and subtract line 33).....                                                                                                              | 34 |                                                                                                                                                                                                                 |
| 35. <b>BALANCE DUE</b> (if line 27 exceeds line 34) .....                                                                                                                                  | 35 |                                                                                                                                                                                                                 |
| 36. Interest .....                                                                                                                                                                         | 36 |                                                                                                                                                                                                                 |
| 37. Penalty .....                                                                                                                                                                          | 37 |                                                                                                                                                                                                                 |
| 38. Estimated tax penalty.<br>If annualizing to compute penalty, mark this box <input type="checkbox"/> .....                                                                              | 38 |                                                                                                                                                                                                                 |
| 39. Total tax, interest & penalty due (add lines 35 through 38). <b>Complete Form K-120V and enclose it with your payment.</b>                                                             | 39 |                                                                                                                                                                                                                 |
| 40. <b>OVERPAYMENT</b> (if line 27 plus line 38 is less than line 34).....                                                                                                                 | 40 |                                                                                                                                                                                                                 |
| 41. <b>REFUND.</b> Enter the amount of line 40 you wish to be refunded .....                                                                                                               | 41 |                                                                                                                                                                                                                 |
| 42. <b>CREDIT FORWARD.</b> Enter the amount of line 40 (original return only) you wish to be applied to 2017 estimated tax. (Line 42 cannot exceed the total of lines 28, 29 and 30) ..... | 42 |                                                                                                                                                                                                                 |

☐ I authorize the Director of Taxation or the Director's designee to discuss my return and enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete return.

sign  
here

|                                                   |                                   |               |
|---------------------------------------------------|-----------------------------------|---------------|
| _____<br>Signature of officer                     | _____<br>Title                    | _____<br>Date |
| _____<br>Individual or firm signature of preparer | _____<br>Address/Telephone Number | _____<br>Date |

Tax preparer's EIN (Employer Identification Number) or SSN (Social Security Number)

**NOTE: You are not required to send a copy of your entire federal return. See instructions for the list of federal forms required to accompany the state return.**

**PART I - NONREFUNDABLE AND REFUNDABLE CREDITS (see instructions)****NONREFUNDABLE CREDITS**

1. Center for Entrepreneurship Credit (Enclose Schedule K-31).....
2. Agritourism Liability Insurance Credit (Enclose Schedule K-33) .....
3. Business and Job Development Credit -- **for carry forward use only** (Enclose Schedule K-34).....
4. Historic Preservation Credit (Enclose Schedule K-35) .....
5. Disabled Access Credit (Enclose Schedule K-37).....
6. Swine Facility Improvement Credit (Enclose Schedule K-38).....
7. Oil and Gas Well Plugging Credit (Enclose Schedule K-39).....
8. Assistive Technology Contribution Credit (Enclose Schedule K-42) .....
9. Research and Development Credit (Enclose Schedule K-53).....
10. Venture Capital Credit -- **for carry forward use only** (Enclose Schedule K-55).....
11. Seed Capital Credit -- **for carry forward use only** (Enclose Schedule K-55) .....
12. High Performance Incentive Program Credit (Enclose Schedule K-59).....
13. Community Service Contribution Credit (Enclose Schedule K-60).....
14. Alternative-Fuel Motor Vehicle Property Credit (Enclose Schedule K-62) .....
15. Low Income Student Scholarship Credit (Enclose Schedule K-70).....
16. Law Enforcement Training Center Credit -- **for carry forward use only** (Enclose Schedule K-72) .....
17. Petroleum Refinery Credit -- **for carry forward use only** (Enclose Schedule K-73).....
18. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74) .....
19. Single City Port Authority Credit (Enclose Schedule K-76) .....
20. Qualifying Pipeline Credit -- **for carry forward use only** (Enclose Schedule K-77) .....
21. BioMass-to-Energy Credit -- **for carry forward use only** (Enclose Schedule K-79) .....
22. Environmental Compliance Credit (Enclose Schedule K-81).....
23. Storage and Blending Equipment Credit -- **for carry forward use only** (Enclose Schedule K-82).....
24. Electric Cogeneration Facility Credit -- **for carry forward use only** (Enclose Schedule K-83).....
25. Declared Disaster Capital Investment Credit -- **for carry forward use only** (Enclose Schedule K-87).....
26. Farm Net Operating Loss (Enclose Schedule K-139F).....
27. **Total nonrefundable credits (Add lines 1 through 26. Enter total here and on line 26, page 2)** .....

**REFUNDABLE CREDITS**

28. Telecommunications and Railroad Credit (Enclose Schedule K-36) .....
29. Child Day Care Assistance Credit (Enclose Schedule K-56) .....
30. Small Employer Healthcare Credit (Enclose Schedule K-57).....
31. Community Service Contribution Credit (Enclose Schedule K-60) .....
32. Individual Development Account Credit (Enclose Schedule K-68).....
33. Farm Net Operating Loss (Enclose Schedule K-139F).....
34. **Total refundable credits (Add lines 28 through 33. Enter total here and on line 31, page 2)** .....

## PART II - ADDITIONAL INFORMATION

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

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 | Date | Amount |
|------|--------|------|--------|
|      |        |      |        |
|      |        |      |        |
|      |        |      |        |

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

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

7. If your federal taxable income has been redetermined for any prior years 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

☐ Net Operating Loss

☐ Amended Return

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

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 III - AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

| Name of Corporation | Employer ID Number |
|---------------------|--------------------|
|                     |                    |
|                     |                    |
|                     |                    |

(Enclose a separate sheet for additional corporations)

## PART IV - SCHEDULE OF TAXES

(Include those taxes deducted on line 17 of the federal return. See instructions.)

1. Taxes on or measured by income or fees or payments in lieu of income taxes (include federal environmental tax; itemize).

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

2. Total (Enter on line 3, page 1) .....

3. Total other taxes .....

4. Total taxes (Must equal line 17 of the federal return) .....

## PART V - SCHEDULE OF INTEREST INCOME

(Include the interest from line 5 of the federal return)

1. U.S. interest income (describe type):

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

2. Total (Enter on line 7, page 1) .....

3. Total other interest income .....

4. Total interest income (Must equal line 5 of the federal return) .....

# K-120AS

# KANSAS Corporation Apportionment Schedule

FOR USE BY CORPORATIONS APPORTIONING INCOME  
(Corporations using the combined income method must use Schedule K-121)

For the taxable year beginning 2016 ; ending \_\_\_\_\_

Name as shown on Form K-120

Employer Identification Number (EIN)

## PART VI - 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 the business at original cost |                   |             |                   |             |                       |
| 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 14A, page 1) .....                                             |                   |             |                   |             |                       |

| B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the 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 14B, page 1) (If qualified and utilizing the elective two-factor formula, <b>do not</b> carry this percentage to page 1) .....                                                  |               |               |  |

| C. Sales (Gross receipts, less returns and allowances) .....                                                    |  |  |  |     |
|-----------------------------------------------------------------------------------------------------------------|--|--|--|-----|
| (1) Sales delivered or shipped to purchasers in Kansas:                                                         |  |  |  |     |
| (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 taxable (e.g., under federal Public Law 86-272) ..... |  |  |  |     |
| (3) Dividends .....                                                                                             |  |  |  |     |
| Interest .....                                                                                                  |  |  |  |     |
| Rents .....                                                                                                     |  |  |  |     |
| Royalties .....                                                                                                 |  |  |  |     |
| Gains/losses from intangible asset sales .....                                                                  |  |  |  |     |
| Gross proceeds from tangible asset sales .....                                                                  |  |  |  |     |
| Other income (Enclose schedule) .....                                                                           |  |  |  |     |
| TOTAL SALES (Enter on line 14C, page 1) .....                                                                   |  |  |  | C % |

|                                                                                                     |      |   |
|-----------------------------------------------------------------------------------------------------|------|---|
| D(1). Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula) .....   | D(1) | % |
| D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula) .....        | D(2) | % |
| E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 14, page 1) ..... | E    | % |

## PART VII - ADDITIONAL INFORMATION

1. Does the Kansas sales figure in Part VI include (1) all sales delivered from Kansas where purchaser is the U.S. Government and (2) all sales delivered from Kansas to states in which this corporation is immune from state income taxation under federal Public Law 86-272 (15 U.S.C. § 381)?

If not, please explain

2. If you claim that part of your net income is assignable to business done outside Kansas:

- a. Enclose a list of all states in which this corporation is doing business and filing state corporation income or franchise tax returns.

- b. Has any state determined that this corporation conducts or has conducted a unitary business with any other corporation?

\_\_\_ Yes \_\_\_ No If yes, specify which state(s) and enclose a complete list of the corporations conducting the unitary business.

3. Describe briefly the nature and location(s) of your Kansas business activities.

4. Are the amounts in the total company column the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act?      Yes      No If no, please explain.

**PART VIII - AFFILIATED CORPORATIONS INCLUDED IN FORM K-120AS CORPORATION APPORTIONMENT SCHEDULE**

[illegible]