

DO NOT STAPLE

For the taxable year beginning ___ / ___ / 2 0 1 1 ; ending ___ / ___ / ___

TAXPAYER INFORMATION section containing fields for Name, Business Activity Code, EINs, Date Business Began/Discontinued, Method Used to Determine Income, State and Month/Year of Incorporation, State of Commercial Domicile, Type of Federal Return Filed, and Check the box if you have submitted a Kansas Form K-120EL?

Mark this box if you are filing this as an AMENDED 2011 Kansas return.

NOTE: This form cannot be used for tax years prior to 2011.

Reason for amending your 2011 Kansas return:

- Amended affects Kansas only
Adjustment by the IRS
Amended federal tax return

Table with 19 rows and 3 columns for tax calculations. Rows include: 1. Federal taxable income, 2. Total state and municipal interest, 3. Taxes on or measured by income or fees or payments in lieu of income taxes, 4. Federal net operating loss deduction, 5. Other additions to federal taxable income, 6. Total additions to federal taxable income, 7. Interest on U.S. government obligations, 8. IRC Section 78 and 80% of foreign dividends, 9. Other subtractions from federal taxable income, 10. Total subtractions from federal taxable income, 11. Net income before apportionment, 12. Nonbusiness income -- Total company, 13. Apportionable business income, 14. Average percent to Kansas, 15. Amount to Kansas, 16. Nonbusiness income - Kansas, 17. Kansas net income before NOL deduction, 18. Kansas net operating loss deduction, 19. Combined report (Schedule K-121) or alternative/separate accounting income.

| | | | |
|---|------|--|---|
| 20. Kansas taxable income (Subtract line 18 from line 17 or enter line 19, as applicable) | 20 | | . |
| 21. Normal tax (4% of line 20) | 21 | | . |
| 22. Surtax (3% of line 20 in excess of \$50,000). | 22 | | . |
| 23. Total tax (Add lines 21 and 22. If filing combined, use line 22 of K-121.) | 23 | | . |
| 24. Total nonrefundable credits (Part I, line 27; cannot exceed amount on line 23). | 24 | | . |
| 25. Balance (Subtract line 24 from line 23; cannot be less than zero). | 25 | | . |
| 26. Estimated tax paid and amount credited forward (Part II, line 4). | 26 | | . |
| 27. Other tax payments (Enclose separate schedule and any applicable K-19 forms). | 27 | | . |
| 28. Amount paid with Kansas extension | 28 | | . |
| 29. Business machinery & equipment property tax credit; see instructions | 29 | | . |
| 30. Total of all other refundable credits (Part I, line 37. Do not include the business machinery & equipment property tax credit amount). | 30 | | . |
| 31. Payment remitted with original return; see instructions | 31 | | . |
| 32. Overpayment from original return (This figure is a subtraction; see instructions). | - 32 | | . |
| 33. Total prepaid credits (Add lines 26 through 31 and subtract line 32) | 33 | | . |
| 34. BALANCE DUE. (If line 25 exceeds line 33). | 34 | | . |
| 35. Interest | 35 | | . |
| 36. Penalty | 36 | | . |
| 37. Estimated tax penalty If annualizing to compute penalty, check this box <input type="checkbox"/> | 37 | | . |
| 38. Total tax, interest & penalty due (Add lines 34 through 37). Complete Form K-120V and enclose it with your payment. | 38 | | . |
| 39. OVERPAYMENT. (If line 25 plus line 37 is less than line 33) | 39 | | . |
| 40. REFUND. Enter the amount of line 39 you wish to be refunded. | 40 | | . |
| 41. CREDIT FORWARD. Enter the amount of line 39 (original return only) you wish to be applied to 2012 estimated tax. (Line 41 cannot exceed the total of lines 26, 27, and 28) | 41 | | . |

If this is your ORIGINAL Kansas return, skip lines 31 and 32 and continue to line 33.

If this is your AMENDED Kansas return, complete lines 31 and 32 before continuing to line 33.

I authorize the Director of Taxation or the Director's designee to discuss my K-120 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

| | | |
|---|-----------------------------------|---------------|
| _____ Signature of officer | _____ Title | _____ Date |
| _____ Individual or firm signature of preparer | _____ Address and Phone Number | _____ 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

NONREFUNDABLE CREDITS

| | |
|---|---|
| 1. Center for Entrepreneurship Credit (Enclose Schedule K-31; see instructions) | . |
| 2. Agritourism Liability Insurance Credit (Enclose Schedule K-33; see instructions) | . |
| 3. Business and Job Development Credit (Enclose Schedule K-34; see instructions) | . |
| 4. Historic Preservation Credit (Enclose Schedule K-35; see instructions) | . |
| 5. Disabled Access Credit (Enclose Schedule K-37; see instructions) | . |
| 6. Swine Facility Improvement Credit (Enclose Schedule K-38; see instructions) | . |
| 7. Oil and Gas Well Plugging Credit (Enclose Schedule K-39; see instructions) | . |
| 8. Assistive Technology Contribution Credit (Enclose Schedule K-42; see instructions) | . |
| 9. Research and Development Credit (Enclose Schedule K-53; see instructions) | . |
| 10. Venture Capital Credit (Enclose Schedule K-55; see instructions) | . |
| 11. Seed Capital Credit (Enclose Schedule K-55; see instructions) | . |
| 12. High Performance Incentive Program Credit (Enclose Schedule K-59; see instructions) | . |
| 13. Community Service Contribution Credit (Enclose Schedule K-60; see instructions) | . |
| 14. Alternative-Fuel Motor Vehicle Property Credit (Enclose Schedule K-62; see instructions) | . |
| 15. Law Enforcement Training Center Credit (Enclose Schedule K-72; see instructions) | . |
| 16. Petroleum Refinery Credit (Enclose Schedule K-73; see instructions) | . |
| 17. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74; see instructions) | . |
| 18. Single City Port Authority Credit (Enclose Schedule K-76; see instructions) | . |
| 19. Qualifying Pipeline Credit (Enclose Schedule K-77; see instructions) | . |
| 20. BioMass-to-Energy Credit (Enclose Schedule K-79; see instructions) | . |
| 21. Environmental Compliance Credit (Enclose Schedule K-81; see instructions) | . |
| 22. Storage and Blending Equipment Credit (Enclose Schedule K-82; see instructions) | . |
| 23. Electric Cogeneration Facility Credit (Enclose Schedule K-83; see instructions) | . |
| 24. Film Production Credit (Enclose Schedule K-86; see instructions) | . |
| 25. Declared Disaster Capital Investment Credit (Enclose Schedule K-87; see instructions) | . |
| 26. Farm Net Operating Loss (Enclose Schedule K-139F; see instructions) | . |
| 27. Total nonrefundable credits (Enter on line 24, page 2) | . |

REFUNDABLE CREDITS

| | |
|---|---|
| 28. Regional Foundation Contribution Credit (Enclose Schedule K-32; see instructions) | . |
| 29. Telecommunications and Railroad Credit (Enclose Schedule K-36; see instructions) | . |
| 30. Child Day Care Assistance Credit (Enclose Schedule K-56; see instructions) | . |
| 31. Small Employer Healthcare Credit (Enclose Schedule K-57; see instructions) | . |
| 32. Community Service Contribution Credit (Enclose Schedule K-60; see instructions) | . |
| 33. Individual Development Account Credit (Enclose Schedule K-68; see instructions) | . |
| 34. Historic Site Contribution Credit (Enclose Schedule K-75; see instructions) | . |
| 35. Declared Disaster Capital Investment Credit (Enclose Schedule K-87; see instructions) | . |
| 36. Farm Net Operating Loss (Enclose Schedule K-139F; see instructions) | . |
| 37. Total refundable credits (Enter on line 30, 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 (Form K-120 or K-120X, whichever is applicable).

- 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 ____ / ____ / **2 0 1 1** ; 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 14, Block A, 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) | 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 | | | |
| TOTAL PAYROLL (Enter on line 14, Block B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1) | | | B % |

| C. Sales (Gross receipts, less returns and allowances) | Within Kansas | Total Company | PERCENT WITHIN KANSAS |
|---|---|---------------|-----------------------|
| | (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 14, Block C, 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 | % |

