K-130V (Rev. 7/07)				2008 KANSAS  PRIVILEGE TAX  PAYMENT VOUCHER		
For the taxable year beginning// ending//  Corporation Name				Employer Identification Number		
Corporation Address  City, Town, or Post Office	State Zi	p Code	Name or Address Change	Amended Payment	Extension Payment	
Name of Contact Person  Please make check or money order po		Phone Nu	<b>M</b> ber	PAYMENT \$		