

K-24

(7-23)

KANSAS APPRENTICESHIP CREDIT

K-24
Attach
195623



For the taxable year beginning _____, 20 ____ ; ending _____, 20 ____ .

Name of taxpayer (as shown on return)	Social Security Number or Employer ID Number (EIN)
If partner, shareholder or member, enter name of partnership, S corporation, LLC or LLP that earned credit	EIN of entity that earned the credit
Sponsor Program Number	

PART A - GENERAL INFORMATION

1. Enter the credit amount as determined by the Secretary of Commerce 1. _____
2. Proportionate share percentage (see instructions) 2. _____
3. Enter your share of credit for this year. (multiply line 1 by line 2)..... 3. _____
4. Amount of your Kansas tax liability for this tax year after all credits other than this credit 4. _____
5. Enter the lesser of lines 3 or 4. This is the amount of credit allowed this tax year.
Enter this amount on the appropriate line of Form K-40, K-41, K-120 or K-120S 5. _____

PART B - APPRENTICESHIP INFORMATION

(1) Name of Apprentice	(2) Social Security Number	(3) Apprenticeship Registration Number	(4) Date of Completion	(5) Probationary Period Dates To and From

I hereby certify that all information reported on this form and any accompanying documentation is true and correct and that I am duly authorized to submit this information on behalf of the eligible taxpayer.

Name of Qualified Employer _____ Signature of Company Official _____
Title _____ Date _____