195622



KANSAS TARGETED EMPLOYMENT CREDIT

	For the taxable year beginning	_ , 20	; ending		, 20	0	
Na	me of Targeted Employment Business or Taxpayer Outsourcing Work to a Targeted I	Employment I	Business	Social Security Num	ber or Empl	oyer ID Number (E	IIN)
lfp	partner, shareholder or member, enter name of partnership, S corporation, LLC or LL	.P		Employer ID Numbe	r (EIN)		
-	ou are filing as a targeted employment business check here \Box Compou are filing as a taxpayer outsourcing work to a targeted employment				art B, Part	t C and Part D.	
P	ART A - TARGETED EMPLOYMENT BUSINESS			-		-	
Na	me of Targeted Employment Business			Social Security Numb	er / FEIN		
Ad	dress of Targeted Employment Business	City			State	Zip	
	Number of eligible individuals employed by targeted employment			•			
	Targeted employment business credit for current year (total all co			·			
	ART B - TAXPAYER OUTSOURCING WORK TO A TARG me of Targeted Employment Business	ETED EN		MENT BUSINE Social Security Numb		DIT	
IN a	me of raigeted Employment Business			Social Security Numb	ei/FEIN		
Ad	dress of Targeted Employment Business	City			State	Zip	
3.	Number of eligible individuals employed by targeted employment outsourced work (Complete Part D)				3		
4.	Taxpayer outsourcing work to a targeted employment business of (total all column H fields from Part D)				4		
PA	RT C - COMPUTATION OF TOTAL CREDIT CLAIMED TH	HIS YEAR	₹				
5.	Targeted employment business credit (enter amount from line 2))			5		
6.	Taxpayer outsourcing work to a targeted employment business of	credit (ente	r amoun	from line 4)	6		
7.	Total credit for current tax year (add lines 5 and 6)				7		
8.	Proportionate share percentage (see instructions)				8		%
9.	Your share of the credit (multiply line 7 by line 8)				9		%
10.	Amount of your Kansas tax liability for this tax year after all credi	ts other the	an this cr	edit	10		
11.	Amount of credit allowed this tax year. Enter the lesser of lines 9 on the appropriate line of Form K-40, K-41, K-120, K-120S or K-1) or 10. Ent 130	er this ar	nount	11		

PARID-	ELIGIBLE IN	DIVIDUALS (Attach additional	schedules as no	eeded)					
Name of Eligible	e Individual		Social Security	Social Security Number						
Job Title		Descri	Description of work performed							
A	В	C	D	E	F	G	Н			
	Usual and	_	_	_						
	Customary		Hours							
144 D 4	Market Wage		Worked	(O D)	(F 0.50)	(D #7.50)	45.0			
Wage Rate Per Hour	Rate for Similar Job	Lesser of A or E Wage Rate	(see instructions)	(C x D) Net Pay	(E x 0.50) 50% Limitation	(D x \$7.50) \$7.50 Limitation	Lesser of F or G Tax Credit			
reilioui	Ollilliai Jub	vvage Nate	mstructions)	Netray	30 % Ellilliation	\$7.50 Elillitation	lax Oleult			
Name of Eligible Individual Social Security Number										
Job Title		Descri	Description of work performed							
Α	В	С	D	E	F	G	Н			
	Usual and Customary		Hours							
	Market Wage		Worked							
Wage Rate	Rate for	Lesser of A or E		(C x D)	(E x 0.50)	(D x \$7.50)	Lesser of For G			
Per Hour	Similar Job	Wage Rate	instructions)	Net Pay	50% Limitation	\$7.50 Limitation	Tax Credit			
Name of Eligible	e Individual				Social Security Number					
Job Title		Descri	otion of work performed							
А	В	C	D	E	F	G	Н			
	Usual and									
	Customary		Hours							
Wage Rate	Market Wage Rate for	Lesser of A or E	Worked (see	(C x D)	(E x 0.50)	(D x \$7.50)	Lesser of F or G			
Per Hour	Similar Job	Wage Rate	instructions)	Net Pay	50% Limitation	\$7.50 Limitation	Tax Credit			
		- rage rais			CC / CIMICATON		2.24			
Name of Eligible	e Individual		Social Security Number							
Job Title		Descri	otion of work performed							
^	D	C	T D	T -	T -					
Α	B Usual and		D	E	F	G	Н			
	Customary		Hours							
	Market Wage		Worked							
Wage Rate	Rate for	Lesser of A or E		(C x D)	(E x 0.50)	(D x \$7.50)	Lesser of F or G			
Per Hour	Similar Job	Wage Rate	instructions)	Net Pay	50% Limitation	\$7.50 Limitation	Tax Credit			
Per House Bill Aging and Disa		ith name, addres	, as, and contact number	authorize the Kansas er of the targeted en	s Department of Revenunployment business.	e to provide the Kar	ısas Department fo			
understand in	formation provid	ed to the Kansas	Department for Agin	a and Disability San	vices will maintain the a	onfidentiality of the t	argeted			
I understand information provided to the Kansas Department for Aging and Disability Services will maintain the confidentiality of the targeted employment business.										
, , , , , , , , , , , , , , , , , , , ,	- ,					ve consent for the K				
						hare my contact info				
Signature		F	Phone	Date	канъаѕ Берап	ment for Aging and [noability SetVICE.			