

**KANSAS
TARGETED EMPLOYMENT CREDIT**

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

Name of Targeted Employment Business or Taxpayer Outsourcing Work to a Targeted Employment Business	Social Security Number or Employer ID Number (EIN)
If partner, shareholder or member, enter name of partnership, S corporation, LLC or LLP	Employer ID Number (EIN)

If you are filing as a targeted employment business check here Complete Part A, Part C and Part D.

If you are filing as a taxpayer outsourcing work to a targeted employment business check here Complete Part B, Part C and Part D.

PART A - TARGETED EMPLOYMENT BUSINESS

Name of Targeted Employment Business	Social Security Number / FEIN		
Address of Targeted Employment Business	City	State	Zip

- 1. Number of eligible individuals employed by targeted employment business (Complete Part D) 1. _____
- 2. Targeted employment business credit for current year (total all column H fields from Part D) 2. _____

PART B - TAXPAYER OUTSOURCING WORK TO A TARGETED EMPLOYMENT BUSINESS CREDIT

Name of Targeted Employment Business	Social Security Number / FEIN		
Address of Targeted Employment Business	City	State	Zip

- 3. Number of eligible individuals employed by targeted employment business to which taxpayer outsourced work (Complete Part D)..... 3. _____
- 4. Taxpayer outsourcing work to a targeted employment business credit for current year (total all column H fields from Part D) 4. _____

PART C - COMPUTATION OF TOTAL CREDIT CLAIMED THIS YEAR

- 5. Targeted employment business credit (enter amount from line 2)..... 5. _____
- 6. Taxpayer outsourcing work to a targeted employment business credit (enter amount 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 credits other than this credit..... 10. _____
- 11. Amount of credit allowed this tax year. Enter the lesser of lines 9 or 10. Enter this amount on the appropriate line of Form K-40, K-41, K-120, K-120S or K-130..... 11. _____

PART D - ELIGIBLE INDIVIDUALS (Attach additional schedules as needed)

Name of Eligible Individual					Social Security Number		
Job Title		Description of work performed					
A	B	C	D	E	F	G	H
Wage Rate Per Hour	Usual and Customary Market Wage Rate for Similar Job	Lesser of A or B Wage Rate	Hours Worked (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

Name of Eligible Individual					Social Security Number		
Job Title		Description of work performed					
A	B	C	D	E	F	G	H
Wage Rate Per Hour	Usual and Customary Market Wage Rate for Similar Job	Lesser of A or B Wage Rate	Hours Worked (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

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Per House Bill 2703, I, _____, authorize the Kansas Department of Revenue to provide the Kansas Department for Aging and Disability Services with name, address, and contact number of the targeted employment business.

I understand information provided to the Kansas Department for Aging and Disability Services will maintain the confidentiality of the targeted employment business.

I do not give consent for the Kansas Department of Revenue to share my contact information with the Kansas Department for Aging and Disability Service.

Signature _____ Phone _____ Date _____