

KANSAS PARTNERSHIP RETURN

2001

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

HEADER INFORMATION

Partnership's Name		For Office Use Only
Number and Street		
City	State	

1. Did you file a 2000 Kansas partnership return? ____ Yes ____ No If no, state reason. _____	4. Is this a final Kansas return? ____ Yes ____ No
2. Have you filed amended federal partnership returns for prior years that have not previously been amended for Kansas? ____ Yes ____ No If yes, show years. _____	5. (A) Is this an initial Kansas return? ____ Yes ____ No (B) Date business began in Kansas: _____
3. Is the partnership doing business in any other state other than Kansas? ____ Yes ____ No	6. Business activity code no. _____ 7. EIN _____ 8. Are any of the partners corporations? ____ Yes ____ No

PART I — RESIDENT AND NONRESIDENT PARTNERS INFORMATION

List the name and address of each partner, check box if nonresident.	Social Security No. or EIN	Percent of Ownership	Percent of Profit	Percent of Loss
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				
_____ <input type="checkbox"/>				

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 partner or member	Date
Signature of preparer other than partner or member	Address
	Date

TELEPHONE NUMBER: _____ The number you furnish will be confidential and should be one at which you can be reached during our office hours. If you prefer that the department contact your tax preparer in regard to questions about this form, please provide the name and number at which your tax preparer may be reached during our office hours: _____

ENCLOSE A COPY OF YOUR FEDERAL RETURN, PAGES 1, 2, 3 AND 4 TO THIS RETURN. PLEASE DO NOT ATTACH SCHEDULE K-1 TO THE RETURN WHEN FILED. THE DEPARTMENT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION AS NECESSARY.

PART II — MODIFICATIONS TO COMPUTE KANSAS ADJUSTED GROSS INCOME OF PARTNERS

9. Total state and municipal interest not specifically exempt from Kansas tax	9	
10. Taxes on or measured by income or fees or payments in lieu of income taxes	10	
11. Other additions to federal ordinary income	11	
12. Interest on obligations of the United States	12	
13. Other subtractions from federal ordinary income	13	
14. Partnership adjustment from other partnerships	14	
15. Fiduciary adjustments	15	

PART III — APPORTIONMENT OF INCOME

This schedule is to be used only by partnerships that derive income or have activities both within and without Kansas.

16. Apportionment fraction:		WITHIN KANSAS	TOTAL COMPANY	PERCENT WITHIN KANSAS
a. Average cost of real and tangible personal property owned or rented at the beginning and end of year. (Exclude property not connected with the business and construction in progress, see instructions.)	16a			%
b. Payroll	16b			%
c. Gross sales or revenue	16c			%
17. Total percent (Add lines 16a, 16b, & 16c)			17	%
18. Average percent (Divide line 17 by the number of factors utilized)			18	%