QUESTIONNAIRE OF EARNINGS ALLOCATIONS 110818

A review of your return discloses that you lived and/or worked in more than one state during the tax year _

Please complete this questionnaire for you and/or your spouse, in order that a proper allocation of income can be made on your Kansas individual income tax return, and mail to: Kansas Department of Revenue, 120 SE 10th Ave., PO Box 750260 Topeka, Kansas 66675-0260.

1. Did you live in Kansas during tax period? Yes No		
2.	If married filing joint, did spouse live in Kansas during tax period?	? Yes No
If you answered "No" to question 1 <i>and</i> question 2, then stop here and mail form to the Kansas Department of Revenue		
3. What dates were you a Kansas resident? From: to to to		
3.	what dates were you a Kansas resident? From:	
4.	What dates was your spouse a Kansas resident? From:	to
5. List employers while a Kansas resident:		
	1. Employer Name	
	a. Employer location (city and state)	
	b. Dates worked for this employer: From:	
	c. Total income earned from this employer: \$	
	d. Income earned while living in Kansas: \$	-
	e. Name of person who worked for this employer (you or you	ur spouse):
	2. Employer Name	
	a. Employer location (city and state)	
	b. Dates worked for this employer: From:	to
	c. Total income earned from this employer: \$	
	d. Income earned while living in Kansas: \$	_
	e. Name of person who worked for this employer (you or you	ur spouse):
	3. Employer Name	
	a. Employer location (city and state)	
	b. Dates worked for this employer: From:	to
	c. Total income earned from this employer: \$	
	d. Income earned while living in Kansas: \$	_
	e. Name of person who worked for this employer (you or you	ur spouse):
	4. Employer Name	
	a. Employer location (city and state)	
	b. Dates worked for this employer: From:	to
	c. Total income earned from this employer: \$	
	d. Income earned while living in Kansas: \$	_
	e. Name of person who worked for this employer (you or you	ur spouse):

If you have more employers please complete and submit additional IA-22 form(s).