

Amended

Filing Status

(Mark ONE)

Residency Status

(Mark ONE)

Exemptions and Dependents

Food Sales

Tax Credit

Return (Mark ONE)

2017 **KANSAS INDIVIDUAL INCOME TAX**

ipouse's First Name					Enter the first four letters of Use ALL CAPITAL letters.	Enter the first four letters of your last name. Use ALL CAPITAL letters.							
			Last Name		Your Social Security Number								
lailing Address (Number and Street, including Rural Route)				School District No.	D. Enter the first four letters of Use ALL CAPITAL letters.								
ity, Town, or Post Office			State Zip Code	County Abbreviati	on Spouse's Social Security Number								
	or address has chang r spouse if filing joint) c				Daytime Telephone OX Number								
mended eturn ^(ark ONE)	If this is an AMENDED 2017 Kansas return mark one of the following boxes: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS												
iling Status ¹ ark ONE)	Single		Married filing jo (Even if only of	pint ne had income)	Married filing separate		of household (Do not f filing a joint return)						
esidency tatus 1ark ONE)	Resident		Part-year resic (Complete Sch	lent from . S, Part B)	to		sident blete Sch. S, Part B)						
xemptions nd ependents	 Enter the number of exemptions you claimed on your 2017 federal return. If no federal return is required, enter total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is <i>Head of household</i>, add one exemption. Total Kansas exemptions. 												
Enter the reque	sted information for all Name (please print)	person		lents. Do <u>NOT</u> incl irth (MMDDYY)	ude you or your spouse. E Relationship	Enclose separate sc Social Secur	•						
ood Sales ax Credit	You must have been a Kansas resident for ALL of 2017. Complete this section to determine your qualifications and credit. A. Had a dependent child who lived with you all year and was under the age of 18 all of 2017?												

H. Food Sales Tax Credit (multiply line G by \$125). Enter the result here and on line 17 of this form......

Mail to: Kansas Income Tax, Kansas Dept. of Revenue PO Box 750260, Topeka, KS 66675-0260



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ENTER AMOUNTS IN WHOLE DOLLARS ONLY

			-		
Income	1.	Federal adjusted gross income (as reported on your federal income tax return)	1		 00
Shade the box for negative amounts.		2. Modifications (from Schedule S, line A17; enclose Schedule S)			 00
Example: 💻		Kansas adjusted gross income (line 2 added to or subtracted from line 1)			 00
Deductions		Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedule S)		4	 00
		Exemption allowance (\$2,250 x number of exemptions claimed)		5	00
		Total deductions (add lines 4 and 5)		6	00
	7.	Taxable income (subtract line 6 from line 3; if less than zero, enter 0)		7	00
Тах	8.	Tax (from Tax Tables or Tax Computation Schedule)		8	00
Computation	9.	9. Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)		9	
	10.	Nonresident tax (multiply line 8 by line 9)		10	 00
	11.	. Kansas tax on lump sum distributions (residents only - see instructions)			 00
	12.	TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10)		12	 00
Credits	13.	3. Credit for taxes paid to other states (see instructions; enclose return(s) from other states)			 00
	14.	. Other credits (enclose all appropriate credit schedules)		14	00
	15.	5. Subtotal (subtract lines 13 and 14 from line 12)		15	00
	16.	Earned income tax credit (from worksheet on page 8 of instructions)		16	00
	17.	7. Food sales tax credit (from line H, front of this form)		17	00
	18.	Tax balance after credits (subtract lines 16 and 17 from line 15; cannot be less than zero)		18	00
Use Tax	19.	Use tax due (out of state and internet purchases; see instructions)		19	00
	20.	Total tax balance (add lines 18 and 19)		20	00
Withholding	21.	Kansas income tax withheld from W-2s and/or 1099s		21	00
and		Estimated tax paid		22	00
Payments		Amount paid with Kansas extension		23	00
		Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)		24	00
lf this is an AMENDED return,		5. Refundable portion of tax credits		25	00
complete lines 26 and 27.	26.	Payments remitted with original return		26	00
	27.	Overpayment from original return (this figure is a subtraction; see instructions)	_	27	00
	28.	Total refundable credits (add lines 21 through 26; then subtract line 27)	28		00
Balance	29	Underpayment (if line 20 is greater than line 28, enter the difference here)	-	29	00
Due		Interest (see instructions)		30	00
240		I. Penalty (see instructions)		31	00
		2. Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 2017		32	00
		3. AMOUNT YOU OWE (add lines 29 through 32 and any entries on lines 36 through 42)		33	00
Overpayment		Overpayment (if line 20 is less than line 28, enter the difference here)		34	00
Jerpayment		CREDIT FORWARD (enter amount you wish to be applied to your 2018 estimated tax)		35	00
You may donate to any of the programs on lines		CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)		36	00
		SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM		37	00
36 through 42.		3. BREAST CANCER RESEARCH FUND		38	00
The amount you enter will reduce your refund or increase the amount you owe.				39	00
		MILITARY EMERGENCY RELIEF FUND KANSAS HOMETOWN HEROES FUND		40	 00
		KANSAS TOMETOWN HEROES FUND		40	 00
		LOCAL SCHOOL DISTRICT CONTRIBUTION FUND School District Number		42	00
	43.	REFUND (subtract lines 35 through 42 from line 34)		43	00
Signature(s)		I authorize the Director of Taxation or the Director's designee to discuss my return and en I declare under the penalties of perjury that to the best of my knowledge this is a true, co			

ENCLOSE any necessary documents with this form. DO NOT STAPLE.