

Your First Name

## 2018 KANSAS INDIVIDUAL INCOME TAX

Initial Last Name

Spouse's First Name		Initial	Last Name	Э				
				-	1	Your Social Security Number		
Mailing Address (	Number and Street, incl	luding F	Rural Route	)	School District No.	Enter the first four let last name. Use ALL 0	tters of your spouse's CAPITAL letters.	
City, Town, or Pos	st Office		State	Zip Code	County Abbreviation	Spouse's Social Security Number		
	or address has char or spouse if filing joint)	-	-			Daytime Telephone Number		
Amended Return (Mark ONE)	If this is an AME			_	ark one of the followi Amended Federal	-	Adjustment by the IF	२९
Filing Status (Mark ONE)	Single			rried filing jo ven if only or	int he had income)	Married filing se		ad of household (Do noi rk if filing a joint return)
Residency Status (Mark ONE)	Resident		Pa (Co	rt-year resid omplete Sch.	ent from S, Part B)	to		onresident omplete Sch. S, Part B)
Exemptions and Dependents	dep	endent ing stat al Kans	tus above i sas exemp	is Head of he otions.	ousehold, add one ex	xemption.		e schedule if necessary. urity Number
Food Sales Tax Credit	<ul> <li>A. Had a depend</li> <li>B. Were you (or</li> <li>C. Were you (or</li> <li>If you answered "</li> <li>D. If you answered</li> <li>If line "D" is more</li> </ul>	dent chi spouse (No" to ed "Yes' than \$	ild who live e) 55 years e) totally ar A, B, and ( ' to A, B, on 30,615, <b>S</b>	ed with you a of age or ol nd permanen C, STOP HE r C, enter you TOP HERE;	all year and was under der all of 2018 (born htly disabled or blind IRE; you do not qualit ur federal adjusted gro you do not qualify for	er the age of 18 all of before January 1, 1 all of 2018, regardle fy for this credit. oss income from line r this credit.	_	YES NO
	E. Number of ex	emptio	ns claimed					

F.	Number of dependents that are	8 years of age or older (born before January 1, 2001)	
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G. Total qualifying exemptions (subtract line F from line E) .....

H. Food Sales Tax Credit (multiply line G by \$125). Enter the result here and on line 18 of this form......

Mail to:	Kansas	Income Ta	ax,	Kansas Dept.	of Revenue
<b>PO Box</b>	750260,	Topeka, K	KS (	66675-0260	



## 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		 00
Example: 💻	3.	Kansas adjusted gross income (line 2 added to or subtracted from line 1)	3	-	00
Deductions	4.	Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedule S)		4	00
	5.	Exemption allowance (\$2,250 x number of exemptions claimed)		5	00
	6.	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		Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)		9	
		Nonresident tax (multiply line 8 by line 9)		10	00
		Kansas tax on lump sum distributions (residents only - see instructions)		11	00
		TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10).		12	00
Que dite			-	13	00
Credits		Credit for taxes paid to other states (see instructions; enclose return(s) from other states)		14	00
		Credit for child and dependent care expenses Other credits (enclose all appropriate credit schedules)	-		
		Subtotal (subtract lines 13, 14 and 15 from line 12)	-	15	00
		Earned income tax credit (from worksheet on page 8 of instructions)	L	16	 00
				17	00
		Food sales tax credit (from line H, front of this form)		18	00
	19.	Tax balance after credits (subtract lines 17 and 18 from line 16; cannot be less than zero)	•	19	 00
Use Tax	20.	Use tax due (out of state and internet purchases; see instructions)		20	00
	21.	Total tax balance (add lines 19 and 20)		21	00
Withhalding		Kansas income tax withheld from W-2s and/or 1099s		22	00
Withholding and		Estimated tax paid	[	23	00
Payments		Amount paid with Kansas extension		24	00
If this is an		Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)		25	00
AMENDED return, complete lines		Refundable portion of tax credits		26	00
27 and 28		Payments remitted with original return	-	27	00
	27.		-	28	00
	29.		9		00
Balance		Underpayment (if line 21 is greater than line 29, enter the difference here)		30	00
Due	31.	Interest (see instructions)		31	 00
	32.	Penalty (see instructions)	- F	32	00
	33.	Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 2018	3	33	 00
	34.	AMOUNT YOU OWE (add lines 30 through 33 and any entries on lines 37 through 43)		34	00
Overpayment	35.	Overpayment (if line 21 is less than line 29, enter the difference here)		35	 00
You may donate to	36.	CREDIT FORWARD (enter amount you wish to be applied to your 2019 estimated tax)		36	00
any of the programs on lines 37 through 43.	37.	CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)		37	00
The amount you enter	38.	SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM		38	00
will reduce your refund or increase the amount	39.	BREAST CANCER RESEARCH FUND		39	00
you owe.	40.		-	40	00
		KANSAS HOMETOWN HEROES FUND		41	00
		KANSAS CREATIVE ARTS INDUSTRY FUND		42	00
			;	42	 00
	43.		┛┟		
	44.	REFUND (subtract lines 36 through 43 from line 35)		44	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, cor         Signature of taxpayer       Date         Signature of taxpayer       Date		t, and	 _
		Signature of spouse if Married Filing Joint Tax preparer's EIN or SSN:			1