

KANSAS INDIVIDUAL INCOME TAX

Your First Name Spouse's First Name		Initial	Last Nam	е		Enter the first four letters of your last name.						
		Initial	Last Nam	e		Use ALL CAPITAL letters. Your Social						
Mailing Address (Number and Street, including Rural Route)					School District No.	Security Number Enter the first four letters of your spouse's						
City, Town, or Post Office State Zip 0			Zip Code	County Abbreviation	Spouse's Social							
If your name or address has changed since last year, mark an "If taxpayer (or spouse if filing joint) died during this tax year, ma						Security Number Daytime Telephone Number						
Amended Return	If this is an AMENDED 2019 Kansas return mark one of the following boxes: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS											
(Mark ONE) Filing Status (Mark ONE)	Single		Ma	arried filing jo		Married filing separate Head of househole mark if filing a join						
Residency Status (Mark ONE)	Resident		Pa	rt-year resid	ent from	to Nonresident (Complete Sch. S						
and Dependents Enter the reque	If fi	al Kans	us above	ptions. d as depend	ents. Do <u>NOT</u> inclu	exemption. Ide you or your spouse. Enclose separate schedule if ne Relationship Social Security Number	cessary.					
Food Sales Tax Credit	A. Had a dependB. Were you (orC. Were you (orIf you answered	dent chi spouse spouse	ld who live) 55 years) totally ar A, B, and	ed with you a s of age or ol and permaner C, STOP HE	all year and was und der all of 2019 (borr ntly disabled or blind IRE; you do not qual		NO					
	D. If you answered "Yes" to A, B, or C, enter your federal adjusted gross income from line 1 of this return. If line "D" is more than \$30,615, STOP HERE; you do not qualify for this credit. E. Number of exemptions claimed. F. Number of dependents that are 18 years of age or older (born before January 1, 2002) 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											
\neg	Mail to: Kans				Dept. of Revenue		Г					

Income	1.	Federal adjusted gross income (as reported on your federal income tax return)			00
Shade the box for negative amounts.	2.	Modifications (from Schedule S, line A18; enclose Schedule S)			00
Example:	3.	Kansas adjusted gross income (line 2 added to or subtracted from line 1)			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
Tax	8.	Tax (from Tax Tables or Tax Computation Schedule)	8		00
Computation	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)	11		00
	12.	TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10)	12		00
Credits	13.	Credit for taxes paid to other states (see instructions; enclose return(s) from other states)	13		00
		Credit for child and dependent care expenses (residents only - see instructions)	14		00
		Other credits (enclose all appropriate credit schedules)	15		00
	16.	Subtotal (subtract lines 13, 14 and 15 from line 12)	16		00
	17.	Earned income tax credit (from worksheet on page 8 of instructions)	17		00
	18.	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	Lies toy due (out of state and internet purchases; and instructions)	20		00
OSC TAX		Use tax due (out of state and internet purchases; see instructions)	21		00
		Total tax balance (add lines 19 and 20)	22		00
Withholding and Payments		Kansas income tax withheld from W-2s and/or 1099s	23		00
		Estimated tax paid	24		00
If this is an		Amount paid with Kansas extension	25		00
AMENDED return, complete lines		Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)	26		00
27 and 28		Refundable portion of tax credits			00
		Payments remitted with original return.	27		00
		Overpayment from original return (this figure is a subtraction; see instructions)	28		+
		Total refundable credits (add lines 22 through 27; then subtract line 28)			00
Balance Due		Underpayment (if line 21 is greater than line 29, enter the difference here)	30		00
	31.	Interest (see instructions)	31		00
		Penalty (see instructions)	32		00
		Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 2019	33		00
	34.	AMOUNT YOU OWE (add lines 30 through 33 and any entries on lines 37 through 43)	34		00
Overpayment You may donate to	35.	Overpayment (if line 21 is less than line 29, enter the difference here)	35		00
	36.	CREDIT FORWARD (enter amount you wish to be applied to your 2020 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 will reduce your refund or increase the amount you owe.	38.	SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	38		00
	39.	BREAST CANCER RESEARCH FUND			00
	40.	MILITARY EMERGENCY RELIEF FUND	40		00
	41.	KANSAS HOMETOWN HEROES FUND	41		00
	42.	KANSAS CREATIVE ARTS INDUSTRY FUND	42		00
	43.	LOCAL SCHOOL DISTRICT CONTRIBUTION FUND School District Number	43		00
	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 encl I declare under the penalties of perjury that to the best of my knowledge this is a true, corre Signature of taxpayer Date Signature of preparer other than taxpayer	ct, an	• • •	
I		Signature of spouse if Married Filing Joint Tax preparer's EIN or SSN:			