

## 2021 KANSAS INDIVIDUAL INCOME TAX

114521

Your First Name			Last Name		Enter the first four letters of you	r last name.		
Spouse's First Name		Initial Last Name			Use ALL CAPITAL letters.			
Mailing Address (N	lumber and Street, incl			School District No.	Your Social Security Number			
		uting i			Enter the first four letters of you last name. Use ALL CAPITAL le			
City, Town, or Post			State Zip Code	County Abbreviation	Spouse's Social			
		-	nce last year, mark an uring this tax year, m		Security Number Daytime Telephone Number			
Amended Return (Mark ONE)	If this is an AME	ment by the IRS						
Filing Status Mark ONE)	Single		Married filing jo (Even if only or		Married filing separate			old (Do no int return)
Residency Status Mark ONE)	Resident		Part-year resid (Complete Sch	ent from . S, Part B)	to	Nonresi (Comple		S, Part B)
Dependents	Tota	al Kan	•		e you or your spouse. Enc Relationship	close separate sche Social Security N		iecessary.
Food Sales Tax Credit	<ul><li>A. Had a depend</li><li>B. Were you (or</li></ul>	lent ch spouse	ild who lived with you a e) 55 years of age or ol	all year and was unde der all of 2021 (born	te this section to determine y r the age of 18 all of 2021? before January 1, 1966)? all of 2021, regardless of age	Y	ES	Jit. NO NO NO
	If you answered " D. If you answere If line "D" is more E. Number of ex	return. 🗖		00				
	<ul><li>G. Total qualifyin</li><li>H. Food Sales Tage</li></ul>	orm		00				
٦	Mail to: Kans	as Inc	ome Tax, Kansas I peka, KS 66699-02	Dept. of Revenue				

## ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income	1.	Federal adjusted gross income (as reported on your federal income tax return)			00
Shade the box for	2.	Modifications (from Schedule S, line A23; enclose Schedule S)		1	00
negative amounts. 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 Kansas Schedule A)	4		00
		Exemption allowance (\$2,250 x number of exemptions claimed)	5		00
	6.		6		00
		Taxable income (subtract line 6 from line 3; if less than zero, enter 0)	7		00
Тах		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
			11		00
		Kansas tax on lump sum distributions (residents only - see instructions)	12		
<b>•</b> • • •		TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10)	13		00
Credits		Credit for taxes paid to other states (see instructions; enclose return(s) from other states)	14		
		Credit for child and dependent care expenses (residents only - see instructions)	15		00
		Other credits (enclose all appropriate credit schedules)			00
	16.	Subtotal (subtract lines 13, 14 and 15 from line 12)	16		00
		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.	Use tax due (out of state and internet purchases; see instructions)	20		00
	21.	Total tax balance (add lines 19 and 20)	21		00
Withholding	22.	Kansas income tax withheld from W-2s and/or 1099s	22		00
and	23.	Estimated tax paid	23		00
Payments	24.	Amount paid with Kansas extension	24		00
If this is an AMENDED return, complete lines	25.	Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)	25		00
	26.	Refundable portion of tax credits	26		00
27 and 28	27.	Payments remitted with original return	27		00
	28.	Overpayment from original return (this figure is a subtraction; see instructions)	28		00
	29.	Total refundable credits (add lines 22 through 27; then subtract line 28)			00
Balance	30.	Underpayment (if line 21 is greater than line 29, enter the difference here)	30		00
Due		Interest (see instructions)	31		00
		Penalty (see instructions)	32		00
		Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 2021	33		00
		AMOUNT YOU OWE (add lines 30 through 33 and any entries on lines 37 through 43)	34		
			35		00
Overpayment You may donate to any of the programs on lines 37 through 43. The amount you enter will reduce your refund or increase the amount you owe.		<b>Overpayment</b> (if line 21 is less than line 29, enter the difference here)	36		00
		<b>CREDIT FORWARD</b> (enter amount you wish to be applied to your 2022 estimated tax)	30		00
		CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	38		00
		SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM			00
	39.		39		00
			40		00
		KANSAS HOMETOWN HEROES FUND	41		00
		KANSAS CREATIVE ARTS INDUSTRY FUND	42		00
		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 enc			
		□ I declare under the penalties of perjury that to the best of my knowledge this is a true, corre	ect, a	nd complete return.	
		Signature of taxpayer Date Signature of preparer other than taxpayer		Phone number of preparer	