



Your First Name	Initial	Last Name
Spouse's First Name	Initial	Last Name
Mailing Address (Number and Street, including Rural Route)		School District No.
City, Town, or Post Office	State	Zip Code
		County Abbreviation

Enter the first four letters of your last name. Use ALL CAPITAL letters.

Your Social Security Number

Enter the first four letters of your spouse's last name. Use ALL CAPITAL letters.

Spouse's Social Security Number

Daytime Telephone Number

If your name or address has changed since last year, mark an "X" in this box.

If taxpayer (or spouse if filing joint) died during this tax year, mark an "X" in this box.

Amended Return

(Mark ONE)

If this is an AMENDED 2022 Kansas return mark one of the following boxes:

- Amended affects Kansas only
- Amended Federal tax return
- Adjustment by the IRS

Filing Status

(Mark ONE)

- Single
- Married filing joint (Even if only one had income)
- Married filing separate
- Head of household (Do not mark if filing a joint return)

Residency Status

(Mark ONE)

- Resident
- Part-year resident from _____ to _____ (Complete Sch. S, Part B)
- Nonresident (Complete Sch. S, Part B)

Exemptions and Dependents

Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

If filing status above is Head of household, add one exemption.

Total Kansas exemptions.

Enter the requested information for all persons claimed as dependents. Do NOT include you or your spouse. Enclose separate schedule if necessary.

Name (please print)	Date of Birth (MMDDYY)	Relationship	Social Security Number

Food Sales Tax Credit

You must have been a Kansas resident for ALL of 2022. 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 2022?..... YES NO
- B. Were you (or spouse) 55 years of age or older all of 2022 (born before January 1, 1967)?..... YES NO
- C. Were you (or spouse) totally and permanently disabled or blind all of 2022, regardless of age? YES NO

If you answered "No" to A, B and C, STOP HERE; you do not qualify for this credit.

D. If you answered "Yes" to A, B, or C, enter your federal adjusted gross income from line 1 of this return. 00

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, 2005)

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..... 00

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Income <small>Shade the box for negative amounts. Example: <input checked="" type="checkbox"/></small>	1. Federal adjusted gross income (as reported on your federal income tax return).....	1	<input type="checkbox"/>		00
	2. Modifications (from Schedule S, line A25; enclose Schedule S)	2	<input type="checkbox"/>		00
	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)	3	<input type="checkbox"/>		00
Deductions	4. Standard deduction OR itemized deductions (if itemizing, complete Kansas Schedule A) ...	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 Computation	8. Tax (from Tax Tables or Tax Computation Schedule)	8			00
	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
	14. Credit for child and dependent care expenses (residents only - see instructions).....	14			00
	15. 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. Total tax balance (subtract lines 17 and 18 from line 16; cannot be less than zero)	19			00
Withholding and Payments <small>If this is an AMENDED return, complete lines 25, 26 and 27</small>	20. Kansas income tax withheld from W-2s and/or 1099s	20			00
	21. Estimated tax paid.....	21			00
	22. Amount paid with Kansas extension	22			00
	23. Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)	23			00
	24. Refundable portion of tax credits	24			00
	25. Payments remitted with original return.....	25			00
	26. Credit for tax paid on the K-120S (enclose K-9)	26			00
	27. Overpayment from original return (this figure is a subtraction; see instructions)	27	<input checked="" type="checkbox"/>		00
	28. Total refundable credits (add lines 20 through 26; then subtract line 27)	28	<input type="checkbox"/>		00
Balance Due	29. Underpayment (if line 19 is greater than line 28, enter the difference here)	29			00
	30. Interest (see instructions).....	30			00
	31. Penalty (see instructions).....	31			00
	32. Estimated Tax Penalty <input type="checkbox"/> Mark box if engaged in commercial farming or fishing in 2022 ..	32			00
	33. AMOUNT YOU OWE (add lines 29 through 32 and any entries on lines 36 through 42).....	33			00
Overpayment <small>You may donate to any of the programs on lines 36 through 42. The amount you enter will reduce your refund or increase the amount you owe.</small>	34. Overpayment (if line 19 is less than line 28, enter the difference here).....	34			00
	35. CREDIT FORWARD (enter amount you wish to be applied to your 2023 estimated tax)	35			00
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	36			00
	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	37			00
	38. BREAST CANCER RESEARCH FUND.....	38			00
	39. MILITARY EMERGENCY RELIEF FUND.....	39			00
	40. KANSAS HOMETOWN HEROES FUND.....	40			00
	41. KANSAS CREATIVE ARTS INDUSTRY FUND.....	41			00
	42. LOCAL SCHOOL DISTRICT CONTRIBUTION FUND School District Number <input type="text"/>	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 enclosures with my preparer.
 I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete return.

Signature of taxpayer _____ Date _____ Signature of preparer other than taxpayer _____ Phone number of preparer _____

Signature of spouse if Married Filing Joint _____ Tax Preparer's PTIN, EIN or SSN _____

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