

2024 KANSAS INDIVIDUAL INCOME TAX



Form fields for personal information: Your First Name, Initial, Last Name, Spouse's First Name, Initial, Last Name, Mailing Address, School District No., City, Town, or Post Office, State, Zip Code, County Abbreviation.

Form fields for identification and contact: Enter the first four letters of your last name, Your Social Security Number, Enter the first four letters of your spouse's last name, Spouse's Social Security Number, Daytime Telephone Number.

Checkboxes for name/address changes and taxpayer status: 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 section: If this is an AMENDED 2024 Kansas return mark one of the following boxes: Amended affects Kansas only, Amended Federal tax return, Adjustment by the IRS.

Filing Status section: (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 section: (Mark ONE) Resident, Part-year resident from (Complete Sch. S, Part B) to, Nonresident (Complete Sch. S, Part B).

Check One Box section: (This selection must match your Filing Status from above) Married individuals filing a joint return, Married individuals filing a separate return, Head of Household exemption amount.

Exemptions and Dependents section: Dependents, Disabled Veteran Personal Exemption allowance, Total Kansas Exemptions, Total Kansas Exemption Amount.

Table for dependent information with columns: Name (please print), Date of Birth (MMDDYYYY), Relationship, Social Security Number.

Food Sales Tax Credit section: You must have been a Kansas resident for ALL of 2024. Complete this section to determine your qualifications and credit. Questions A through H regarding dependent child, age, disability, and exemption amounts.

Final form fields for tax calculation and payment.



ENTER AMOUNTS IN WHOLE DOLLARS ONLY



Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Income (Federal adjusted gross income, Modifications, Kansas adjusted gross income), Deductions (Standard deduction, Exemption allowance, Total deductions, Taxable income), Tax Computation (Tax, Nonresident percentage, Nonresident tax, Kansas tax on lump sum distributions, TOTAL INCOME TAX), Credits (Credit for taxes paid to other states, Credit for child and dependent care expenses, Other credits, Subtotal, Earned income tax credit, Food sales tax credit, Total tax balance), Withholding and Payments (Kansas income tax withheld, Estimated tax paid, Amount paid with Kansas extension, Refundable portion of earned income tax credit, Refundable portion of tax credits, Payments remitted with original return, Credit for tax paid on the K-120S, Overpayment from original return, Total refundable credits), Balance Due (Underpayment, Interest, Penalty, Estimated Tax Penalty, AMOUNT YOU OWE), and Overpayment (Overpayment, CREDIT FORWARD, CHICKADEE CHECKOFF, SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM, BREAST CANCER RESEARCH FUND, MILITARY EMERGENCY RELIEF FUND, KANSAS HOMETOWN HEROES FUND, KANSAS CREATIVE ARTS INDUSTRY FUND, LOCAL SCHOOL DISTRICT CONTRIBUTION FUND, KANSAS HISTORIC SITE CONTRIBUTION FUND, REFUND).

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.

Taxpayer Signature

DATE

Spouse Signature (If married filing joint)

DATE

SIGNATURE OF PREPARER OTHER THAN TAXPAYER

Phone number of preparer

Tax Preparer's PTIN, EIN or SSN

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