# Kansas 2025

# Individual Estimated Tax

# WHAT ARE ESTIMATED TAX PAYMENTS

Estimated tax payments are required on income not subject to withholding, such as earnings from self-employment, unemployment, interest and dividends (including income earned in another state while living in Kansas). You must make estimated tax payments if your estimated Kansas income tax after withholding and credits is \$500 or more **and** your withholding and credits may be less than the smaller of:

- a) 90% of the tax on your tax return for tax year 2025; or
- b) 100% of the tax shown on your 2024 tax return.

Nonresidents should only consider income from Kansas sources for meeting these conditions.

# WHEN TO FILE YOUR ESTIMATED TAX VOUCHERS

Calendar Year Taxpayers (except farmers and fishers) – Payments are due on or before the due dates on each voucher (April 15, 2025, June 15, 2025, September 15, 2025 and January 15, 2026 unless your return for the 2025 tax year is filed and the tax fully paid by January 31, 2026.

**Farmers and Fishers –** Payment is due on or before January 15, 2026 unless your return for the 2025 tax year is filed and tax fully paid on or before March 1, 2026.

**Fiscal Year Taxpayers –** Payments are due on or before the 15th day of the 4th, 6th and 9th months of the current fiscal year and the 1st month of the following fiscal year.

When the due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

#### Need to make a quick payment?

It's simple — pay your estimated tax electronically. Visit the Kansas Department of Revenue Payment portal at

www.kansas.gov/payment-portal/

or Visit ksrevenue.gov and log in to the Kansas Customer Service Center.

# **HOW TO FILE YOUR ESTIMATED TAX**

To ensure the most efficient processing of your payments, it is important that you **use only black ink** to complete the vouchers.

- Complete the enclosed worksheet to calculate your estimated tax for tax year 2025. NOTE: You may need to recompute your estimate if there are substantial changes to your income and/or deductions during the year.
- 2) Be sure to use the correct voucher for the quarter in which you are remitting payment. Enter all required information, including the amount of your payment. If you plan to file a joint return, include both names and Social Security numbers.
- 3) Write your Social Security number on your check or money order and make payable to: Kansas Individual Estimated Tax.
- 4) Send the voucher and payment to: Estimated Tax, Kansas Department of Revenue, PO Box 3506, Topeka, KS 66625-3506.

If you need assistance completing your vouchers, contact the Kansas Department of Revenue at 785-368-8222. You may also use the new Chat option on the Taxation home page of our ksrevenue.gov website for 24 hour assistance, or chat with a Live Agent, Monday through Friday from 8:00am-4:45pm.

# **ESTIMATED TAX PENALTY**

If you do not pay enough estimated tax, a penalty may be charged. However, the penalty will not apply if each payment is timely and your total payments and credits:

- are at least 90% (66 2/3% for farmers and fishers) of the tax shown on your return for tax year 2025, OR
- equal or exceed 100% of the tax shown on your 2024 return, (the return must cover a 12-month period with a tax liability), OR
- equal or exceed 90% of the tax shown on your annualized income for the periods January 1, 2025 to March 31, May 31, August 31 and December 31, 2025.

Use Schedule K-210 to figure any underpayment of estimated tax, to determine if you meet one of the exceptions to the penalty, and figure any penalty due. Schedule K-210 is available from our website at: **ksrevenue.gov** 

| K-40ES (Rev. 7-24)  If married filing joint | INDIVIDUAL ES<br>TAX V      | KANSAS TIMATED INCOME OUCHER   |  | ICE USE ONLY                      |   | K-40ES<br>1810 Please use UPPER CASE letters<br>to print the first four letters of<br>Your last name Spouse's last name |
|---|-----------------------------|--|--|-----------------------------------|---|---|
| Your First Name                             | Initial                     | Last Name  | ,  | <u> </u>                          |   |   |
| Spouse's First Name                         | Initial                     | Last Name  |  |                                   | Your Social<br>Security number<br>Spouse's Social |   |
| Mailing Address (Number and Str             | eet, including Rural Route) |  |  | Name or<br>Address                | Security number                                   |   |
| City  |                             | State  | Zip Code                                 | Change                            | 1   | 1ST QUARTER PAYMENT DUE<br>APRIL 15, 2025   |
| Daytime Phone Number                        | Kans                        | e your SSN(s) on your che<br>sas Individual Estimated Ta<br>artment of Revenue, PO B | ax. Mail to: Estima<br>ox 3506, Topeka h | ted Tax, Kansas<br>(S 66625-3506. | PAYMENT<br>AMOUNT                                 | \$  |

# **ESTIMATED TAX WORKSHEET**

| 1. | Enter the total adjusted gross income you expect to receive during tax year 2025  | 1 |  |
|----|---|---|--|
| 2. | Enter your standard deduction (from chart below) or estimated amount of itemized deductions. The standard deduction chart applies to most taxpayers. However, if you or your spouse are 65 or over, or blind, or if someone else claims you as a dependent, use the standard deduction worksheets in the Kansas income tax booklet (available on our website) | 2 |  |
| 3. | Exemptions (See instructions for exemption amounts on page 6 of the K-40 instruction booklet)   | 3 |  |
| 4. | Total deductions (add lines 2 and 3)  | 4 |  |
| 5. | Kansas taxable income (subtract line 4 from line 1)   | 5 |  |
| 6. | Estimated Kansas tax liability (use the Tax Computation Schedules below)  | 6 |  |
| 7. | Estimated Kansas withholding and tax credits for the year 2025  | 7 |  |
| 8. | Kansas estimated income tax (subtract line 7 from line 6). If the amount is less than \$500, estimated tax payments are not required  | 8 |  |
| 9. | Amount of each quarterly payment (enter 1/4 of line 8 here and on Voucher 1)  | 9 |  |
|    | If you are beginning estimated payments after April 15, but on or before:   |   |  |

June 15 enter 1/3 of line 8; September 15 enter 1/2 of line 8;

January 15 enter the total amount on line 8.

\$23,000

Enter each payment made in the Estimated Payment Record below.

| STANDARD DEDUCTION      | CHART   |
|-------------------------|---------|
| Single                  | \$3,605 |
| Married Filing Joint    | \$8,240 |
| Married Filing Separate | \$4,120 |
| Head of Household       | \$6,180 |

| ESTIMATED PAYM    | ENT RECORD |
|-------------------|------------|
| Date Paid         | Amount     |
| 2024 Carryforward |            |
|                   |            |
|                   |            |
|                   |            |
|                   |            |
| Total Payments    |            |

# **TAX COMPUTATION SCHEDULES**

IMPORTANT: Be sure to use the proper schedule for your filing status.

# **Schedule I - MARRIED FILING JOINT**

| If line 5 is: |                 |   |
|---------------|-----------------|---|
| Over          | But not over    | Enter on line 6:                              |
| \$ 0.00       | \$46,000        | 5.2% of line 5                                |
| \$46,000      |                 | \$2,392 plus 5.58% of excess over \$46,000    |
|               | •               | GLE, HEAD OF HOUSEHOLD,<br>ED FILING SEPARATE |
|               | <u>OR WARRI</u> | ED FILING SEPARATE                            |
| If line 5 is: |                 |   |
| Over          | But not over    | Enter on line 6:                              |
| \$ 0.00       | \$23,000        | 5.2% of line 5                                |

......\$1,196 plus 5.58% of excess over \$23,000

#### **2025 KANSAS** INDIVIDUAL ESTIMATED INCOM **TAX VOUCHER**

| <b>K-40ES</b> (Rev. 7-24)        | INDIVIDUA                | L EST   | ANSAS<br>IMATED IN |         | FOR OFF                                 | ICE USE ONLY                        |    |                                    | Please use UPPER CAS<br>to print the first four lett |                           |
|----------------------------------|--------------------------|---------|--------------------|---------|---|-------------------------------------|----|------------------------------------|--|---------------------------|
| If married filing joint,         | include both             | name    | s and soci         | al secu | ritv numbers                            | s (SSNs).                           |    |                                    | Your last name                                       | Spouse's last name        |
| Your First Name                  |                          | Initial | Last Name          |         |   | ( ( ) ( ) ( )                       |    |                                    |  |                           |
| Spouse's First Name              |                          | Initial | Last Name          |         |   |                                     |    | Your Social<br>Security number     |  |                           |
| Mailing Address (Number and Stre | eet, including Rural Rou | ute)    |                    |         |   |                                     |    | Spouse's Social<br>Security number |  |                           |
|                                  |                          |         |                    |         |   | Name or<br>Address                  |    |                                    |  |                           |
| City                             |                          |         |                    | State   | Zip Code                                | Change                              | Ш  | 4 4                                | TH QUARTER JANUARY                                   | PAYMENT DUE<br>′ 15, 2026 |
| Daytime Phone Number             |                          |         |                    |         | k or money order<br>k. Mail to: Estimal | and make payable<br>ted Tax, Kansas | to | PAYMENT                            | Φ  |                           |

**AMOUNT** 

\$

Department of Revenue, PO Box 3506, Topeka KS 66625-3506. DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

**K-40ES** 

(Rev. 7-24)

**2025 KANSAS** INDIVIDUAL ESTIMATED INCOME **TAX VOUCHER** 

|                 |                                | Please use UPPER C/<br>to print the first four |            |
|-----------------|--------------------------------|--|------------|
| numbers (SSNs). |                                | Your last name                                 | ietters of |
|                 | Your Social<br>Security number |  |            |

Spouse's Social Security number

If married filing joint, include both names and social security i Last Name Spouse's First Name Initial Last Name Mailing Address (Number and Street, including Rural Route) Name or Address Change City State Zip Code Daytime Phone Number Write your SSN(s) on your check or money order and make payable to Kansas Individual Estimated Tax. Mail to: Estimated Tax, Kansas Department of Revenue, PO Box 3506, Topeka KS 66625-3506. DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

181025

**PAYMENT** AMOUNT



K-40ES

Spouse's last name

181025

**K-40ES** (Rev. 7-24)

**2025 KANSAS INDIVIDUAL ESTIMATED INCOME TAX VOUCHER** 

| FOR ( | OFFICE ( | JSE ONL | .Y |  |  |
|-------|----------|---------|----|--|--|
|       |          | 1 Г     |    |  |  |
|       |          | J L     |    |  |  |

Please use UPPER CASE letters to print the first four letters of

Your last name



Spouse's last name

If married filing joint, include both names and social socurity numbers (SSNs)

| i married filing joint, include both names and social security numbers (55Ns). |         |                  |            |                    |  |   |  |  |  |
|--|---------|------------------|------------|--------------------|--|---|--|--|--|
| Your First Name  | Initial | Last Name        |            |                    |  |   |  |  |  |
| Spouse's First Name  | Initial | Last Name        |            |                    |  |   |  |  |  |
| <br>  Mailing Address (Number and Street, including Rural Ro                   | ute)    | <u> </u>         |            |                    | Name or  | _ |  |  |  |
|  |         |                  |            |                    | Address<br>Change  |   |  |  |  |
| City   |         |                  | State      | Zip Code           | Change   |   |  |  |  |
| Daytime Phone Number   | Kansa   | s Individuaĺ Est | imated Tax | k. Mail to: Éstima | ar and make payable to<br>ated Tax, Kansas<br>KS 66625-3506. |   |  |  |  |

2ND QUARTER PAYMENT DUE **JUNE 15, 2025** 

**PAYMENT AMOUNT** 

Your Social Security number Spouse's Social

|  | \$ |  |  |  |  |  |  |  |  |  |
|--|----|--|--|--|--|--|--|--|--|--|
|--|----|--|--|--|--|--|--|--|--|--|

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM