

2024 KANSAS FIDUCIARY INCOME TAX



DO NOT STAPLE

For the taxable year beginning / 2 0 2 4 ; ending

Empty box for additional information

Filing Information section including Name of Estate or Trust, Name of Fiduciary, Mailing Address, Telephone Number, City, Town or Post Office, State, Zip Code, School District Number, County Abbreviation, and checkboxes for name/address changes and amended returns.

Main table with 24 rows for Income, Tax Computation, Credits, Withholding & Payments, and Refund or Balance Due. Includes a large 'DO NOT SUBMIT PHOTOCOPIES OF THIS FORM' watermark.

PLEASE COMPLETE THE BACK OF THIS FORM





PART I - MODIFICATIONS TO FEDERAL TAXABLE INCOME

25. Additions to federal taxable income:		
a. State and local bond interest (reduced by related expenses, enclose schedule).....	25a	00
b. State or local taxes measured by income deducted on the federal return	25b	00
c. Administrative expenses claimed as deductions on Kansas estate tax return	25c	00
d. Business interest expense carryforward deduction (I.R.C. § 163(j))	25d	00
e. Other additions (see instructions, enclose schedule)	25e	00
f. Total additions to federal income (add lines 25a through 25e)	25f	00
26. Subtractions from federal taxable income:		
a. Interest on U.S. Government obligations (reduced by related expenses, enclose schedule)	26a	00
b. State income tax refunds reported as income on federal return	26b	00
c. Exempt retirement benefits	26c	00
d. Global intangible low-taxed income (GILTI) (I.R.C. § 951A)	26d	00
e. Disallowed business interest deduction (I.R.C. § 163(j)).....	26e	00
f. Disallowed business meal expenses (I.R.C. § 274)	26f	00
g. Other subtractions from federal taxable income (see instructions, enclose schedule).....	26g	00
h. Total subtractions from federal taxable income (add lines 26a through 26g)	26h	00
27. Net modification to federal taxable income (subtract line 26h from line 25f)	27	00

PART II - COMPUTATION OF SHARES OF THE MODIFICATION TO FEDERAL TAXABLE INCOME

NOTE: The Kansas fiduciary modification is to be allocated among the beneficiaries and the fiduciary in proportion to their share of the sum of the federal distributable net income and the amount distributed or required to be distributed from current income.

	(A) Name and Address	(B) Social Security Number	(C) Percent of Distribution	(D) Share of fiduciary adjustment (line 27, Part I, multiplied by column C)
RESIDENT BENEFICIARIES				
(a)			%	
(b)			%	
(c)			%	
(d)			%	
NONRESIDENT BENEFICIARIES				
(e)			%	
(f)			%	
(g)			%	
(h)			%	
(i)	Charitable beneficiaries' portion		(i)	%
	Subtotal			%
(j)	Fiduciary's portion		(j)	%
	Total			100%

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.

sign
here

Signature of fiduciary

Signature of preparer other than fiduciary

Title

Date

Tax Preparer's PTIN, EIN or SSN:

**FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS
WITH NONRESIDENT BENEFICIARIES**

PART III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM KANSAS SOURCES

(A) These items correspond to those listed on Federal Form 1041	(B) Total income as reported on Federal Form 1041	(C) Amount from Kansas sources	(D) Nonresident fiduciary's portion of Col. C & capital gains not distributed
28. Interest income			
29. Dividends			
30. Business income (loss)			
31. Capital gain (loss)			
32. Rents, royalties, partnerships, other estates and trusts, etc.			
33. Farm income (loss)			
34. Ordinary income (loss)			
35. Other income			
36. Total income (Add lines 28 through 35)			
37. Interest			
38. Taxes			
39. Fiduciary fees			
40. Charitable deduction			
41. Attorney, accountant, and return preparer fees			
42a. Other deductions not subject to the 2% floor			
42b. Allowable miscellaneous itemized deductions subject to the 2% floor			
43. Total (Add lines 37 through 42b)			
44. Subtract line 43 from line 36			
45. Distributions to beneficiaries			
46a. Estate tax deduction (fiduciary)			
46b. Estate tax deduction (beneficiary)			
47. Exemption (For Column D, see instructions)			
48. Total (Add lines 45 through 47)			
49. Taxable income (Subtract line 48 from line 44)			
50. Total percent of all nonresident beneficiaries - from Part II, lines (e), (f), (g) & (h)			
51. Total Kansas income of nonresident beneficiaries (Multiply line 49 by line 50).			

PART IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND TAX TO BE WITHHELD

(A) Name and Address	(B) Social Security Number	(C) Beneficiary's Percentage	(D) Kansas Taxable Income	(E) Tax to be withheld (Multiply Col. D by 2.5%)
NONRESIDENT BENEFICIARIES				
(a)		%		
(b)		%		
(c)		%		
(d)		%		
TOTAL. Enter amount from column E on line 6		%		

TAX COMPUTATION SCHEDULE

If amount on line 3, Form K-41 is:

Over	But not over	Enter on line 4, Form K-41:
\$ 0	\$23,000.....	5.2% of line 3
\$23,000	\$1,196 plus 5.58% of excess over \$23,000

TAX WITHHELD FOR NONRESIDENT BENEFICIARIES

Under Kansas law the executor, administrator, trustee or other fiduciary of an estate or trust is required to withhold 2.5% (.025) of the amount distributable to each nonresident beneficiary. The amount to be withheld from each nonresident beneficiary is shown in Part IV, column (E). For each nonresident beneficiary from whom tax is withheld, three copies of form "K-18 Fiduciary Report of Nonresident Beneficiary Tax Withheld," must be prepared. Copy the form K-18 shown above.

Distribute copies of Form K-18 as follows:

- to the beneficiary from whom the tax is withheld to enclose with their Kansas Income Tax return.
- to the beneficiary for their records.
- to be retained by fiduciary.

K-18

K-18
Attach
140324



2024

FIDUCIARY REPORT OF NONRESIDENT BENEFICIARY TAX WITHHELD KANSAS DEPARTMENT OF REVENUE

ENDING DATE OF ESTATE OR TRUSTS TAX YEAR _____

NONRESIDENT BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER	NAME OF ESTATE OR TRUST	EIN OF TRUST
		NONRESIDENT BENEFICIARY'S SHARE OF DISTRIBUTABLE INCOME FROM KANSAS SOURCES:	
		Taxable income..... \$ _____	
		Modifications as if Kansas resident..... \$ _____	
		Amount of tax withheld..... \$ _____*	
STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE

* Beneficiary: Enter this amount on the "Kansas Income Tax Withheld" line of your Kansas Individual Income Tax return (K-40).