(Rev ${ }^{\text {(R-23) }}$ NOT STAPLE

Your First Name

Initial Last Name

Spouse's First Name

IMPORTANT: Refer to the Schedule $\mathbf{S}$ instructions before completing Parts A and B of this form. To claim itemized deductions you must complete Kansas form Schedule A. You must enclose all supportive documentation where indicated in the instructions.

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

## Your Social <br> Security number

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

Spouse's Social
Security number

## PART A - Modifications to Federal Adjusted Gross Income



## PART B - Income Allocation for Nonresidents and Part-Year Residents

Income

Shade box for negative amounts. Example: -

B1. Wages, salaries, tips, etc
B2. Interest and dividend income
B3. Pensions, IRA distributions \& annuities..

Total from federal return:

| B1 |  | 00 |
| :--- | :--- | :--- |
| B2 |  | 00 |
| B3 |  | 00 |

Amount from Kansas sources:

| B1 |  | 00 |
| :--- | :--- | :--- |
| B2 |  | 00 |
| B3 |  | 00 |

## Additional Income

B4. Refund of state \& local income taxes
B5. Alimony received
B6. Business income or loss
B7. Capital gain or loss.
B8. Other gains or losses
B9. Rental real estate,royalties, partnerships, S corps, trusts, estates, REMICS etc .

B10. Farm income or loss
B11. Unemployment compensation, taxable social security benefits \& other income..

|  | $B 4$ |  | 00 |
| :--- | :--- | :--- | :--- |
|  | $B 5$ |  | 00 |
| $B 6$ |  | 00 |  |
| $B 7$ |  | 00 |  |
| B8 | $\square$ | 00 |  |
| B9 | $\square$ | 00 |  |
| B10 | $\square$ | 00 |  |
| B11 | $\square$ | 00 |  |

B12. Total income from Kansas sources (add lines B1 through B11)

