

2010 KANSAS INDIVIDUAL INCOME TAX and/or FOOD SALES TAX REFUND



DO NOT STAPLE

Filing Information

Form with fields for 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.

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

Mark this box if you are filing this as an AMENDED 2010 Kansas return. NOTE: This form cannot be used for tax years prior to 2010.

Reason for amending your 2010 original Kansas return:

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 this box if you are filing a joint return)

Residency Status (Mark ONE)

- Resident
Nonresident or Part-year resident from ___/___/___ to ___/___/___ (Complete Schedule S, Part B)

Exemptions

Number of exemptions claimed on your 2010 federal return
If filing status is head of household, add one exemption
Total Kansas exemptions

Income

If amount is negative, shade the minus (-) in box. Example: -

Table with 3 rows: 1. Federal adjusted gross income, 2. Modifications (From Schedule S, line A19). Enclose Schedule S., 3. Kansas adjusted gross income (Line 2 added to or subtracted from line 1; see instructions).

Deductions

Table with 4 rows: 4. Standard deduction OR itemized deductions (See instructions), 5. Exemption allowance (\$2,250 x number of exemptions claimed), 6. Total deductions (Add lines 4 and 5), 7. Taxable income (Subtract line 6 from line 3; if less than zero, enter 0)

Tax Computation

Table with 4 rows: 8. Tax (From Tax Tables or Tax Computation Schedules), 9. Nonresident allocation percentage (from Schedule S, line B23). If 100%, enter 100.0000. Enclose your completed Schedule S with this form., 10. Nonresident tax (Multiply line 8 by line 9), 11. Kansas tax on lump sum distributions (Residents only - see instructions), 12. TOTAL INCOME TAX (Residents: add lines 8 & 11; Nonresidents: enter amount from line 10)

PLEASE COMPLETE REVERSE SIDE

Empty box for additional information or signature



TAX: Enter the income tax amount from line 12 _____

Credits	13. Credit for taxes paid to other states (See instructions. Enclose return(s) from other states.)								00
	14. Credit for child & dependent care expenses (See instructions).								00
	15. Other credits (Enclose all appropriate credit schedules).								00
	16. Total tax credits (Add lines 13, 14 and 15)								00
	17. Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero)								00

Use Tax	18. Use tax due (See instructions).								00
	19. Total Tax Balance (Add lines 17 and 18).								00

Withholding and Payments	20. Kansas income tax withheld from W-2, 1099, or K-19 (Enclose K-19; see instructions)								00
	21. Estimated tax paid.								00
	22. Amount paid with Kansas extension								00
	23. Earned income credit (See instructions).								00
	24. Refundable portion of tax credits (Enclose all appropriate credit schedules).								00

For an ORIGINAL return, skip to line 28. For an AMENDED return, complete lines 26 and/or 27 before continuing to line 28.

Withholding and Payments	26. Payments remitted with original return								00
	27. Overpayment from original return (This figure is a subtraction; see instructions)	-							00
	28. Total refundable credits (Add lines 20 through 26 and subtract line 27)	-							00

Balance Due	29. UNDERPAYMENT (If line 19 is <i>greater</i> than line 28, enter the difference here)								00
	30. Interest (See instructions)								00
	31. Penalty (See instructions)								00
	32. Estimated Tax Penalty (See instructions) <input type="checkbox"/> Check here if you were engaged in commercial farming or fishing in 2010.								00

33. **AMOUNT YOU OWE** (Add lines 29 through 32. Include amounts from lines 36 through 39, if applicable.) See instructions for payment options

Overpayment	34. OVERPAYMENT (If line 19 is <i>less</i> than line 28, enter the difference here)								00	
	35. CREDIT FORWARD (Enter the amount of line 34 you wish to be applied to your 2011 estimated tax)								00	
	If you wish to donate to any of the following contribution programs, enter your donation amount(s) on the appropriate line(s). These donations will reduce your refund or increase the amount you owe.									
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program).									00
	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM									00
	38. BREAST CANCER RESEARCH FUND									00
	39. MILITARY EMERGENCY RELIEF FUND									00

40. **REFUND** (Subtract lines 35 through 39 from line 34. **SIGN your return below.**)

Signatures	<input type="checkbox"/> 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 and belief this is a true, correct, and complete return.									
	_____ Signature of taxpayer			_____ Date		_____ Signature of preparer other than taxpayer			_____ Phone number of preparer	
	If joint return, BOTH taxpayer and spouse must sign even if only one had income									

Tax preparer's EIN (Employer Identification Number) OR SSN (Social Security Number)									
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ENCLOSE any necessary documents with this form. DO NOT STAPLE.

**MAIL TO: KANSAS INCOME TAX
KANSAS DEPARTMENT OF REVENUE
915 SW HARRISON ST
TOPEKA, KS 66699-1000**