

2012 KANSAS INDIVIDUAL INCOME TAX and/or FOOD SALES TAX REFUND

114512

Your First Name		Initial	al Last Name				``	Enter the first four letters of your last name. Use ALL CAPITAL letters.				
 Spouse's First Name 		Initial	I Last Name				Your Social Security number					
Mailing Address (Number and Street, including Rural Route)			School District No. 1			- '		etters of your spouse's				
City, Town, or Post Office			Stat	21000			uon	Spouse's Social Security number				
If your name or address has changed since last			-			зох	Daytime telephone number					
Amended Return (Mark ONE)	If this is an AME			_	_	one of the follo ended Federa		·	Adjustment by the If	۶۶		
Filing Status Single Married filing joint Married filing separate Head of household (Do no mark if filing a joint return) Mark ONE) Single Married filing joint (Even if only one had income) Married filing separate Head of household (Do no mark if filing a joint return)												
Residency Status (Mark ONE)	Resident		Pa (C	art-year resi Complete Sc	dent fro h. S, Pa	om / art B)	_/	to//_	— No	onresident omplete Sch. S, Part B)		
Exemptions and Dependents	exemptions for you, your spouse (if applicable), and each person you claim as a dependent. iendents If filing status above is <i>Head of household</i> , add one exemption. Total Kansas exemptions.											
space is needed, e	aces, provide the re nclose a separate s ame (please print)	eques schec	sted inform lule.			s you claimed mm/dd/yy)	l as o	dependents. Do <u>NO</u> Relationship		our spouse. If additional Security Number)		
					Ļ							
Food Sales Tax Qualification	Mark ONE box A. Had B. Were C. Were D. If you QUA 14 is E. If am	a dep e you e you u ansv LIFYI a neg ount	endent ch (or spouse (or spouse wered YES NG INCOI gative amo on line D is	ild who lived e) 55 years o e) totally and S to A, B, or ME from line ount, shade t s less than \$	d with yo of age o d perma C, com e 14. If li the box. \$36,701,	ou all year and r older during nently disable plete the worl ine 14 is zero Example:	d was 2012 ed or kshee , you	b determine if you q s under the age of 18 2 (born prior to Janu blind all of 2012, reg et on page 11 and er must enter "0" here the tax booklet to fig S TAX REFUND	ary 1, 1958)? gardless of age? nter the s. If line	les Tax refund. YES NO YES NO YES NO 00 00		
								t need to complete re not issued for u		Just SIGN this return on		
	Mail to: Kans PO E			⁻ ax, Kansa Topeka, K			ue					

1	1	4	2	1	2	

ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income	1. Federal adjusted gross income (as reported on your federal income tax return)	1	-	00
Shade the box for negative amounts.	2. Modifications (From Schedule S, line A21. Enclose Schedule S.)	2	-	00
Example:	3. Kansas adjusted gross income (Line 2 added to or subtracted from line 1)	3	-	00
Deductions	4. Standard deduction OR itemized deductions (See instructions).		4	00
Doudottonis	5. Exemption allowance (\$2,250 x number of exemptions claimed)		5	00
	6. Total deductions (Add lines 4 and 5)		6	00
	7. Taxable income (Subtract line 6 from line 3; if less than zero, enter 0)		7	00
 Tov			8	00
Tax Computation	8. Tax (From Tax Tables or Tax Computation Schedules)		9	
computation	 Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000) Nonresident true (Marking C, hurking C) 			
	10. Nonresident tax (Multiply line 8 by line 9)		10	00
	11. Kansas tax on lump sum distributions (Residents only - see instructions).		11	00
	12. TOTAL INCOME TAX (Residents: add lines 8 & 11; Nonresidents: enter amount from line	9 10)	12	00
Credits	13. Credit for taxes paid to other states (See instructions. Enclose return(s) from other states	tes.)	13	00
	14. Credit for child & dependent care expenses (See instructions)		14	00
	15. Other credits (Enclose all appropriate credit schedules)		15	00
	16. Total tax credits (Add lines 13, 14 and 15)		16	00
	17. Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero))	17	00
Use Tax	18. Use tax due (See instructions)		18	00
	19. Total Tax Balance (Add lines 17 and 18).		19	00
Withholding	20. Kansas income tax withheld from W-2, 1099, or K-19 (Enclose K-19; see instructions)		20	00
and	21. Estimated tax paid		21	00
Payments	22. Amount paid with Kansas extension		22	00
	23. Earned income credit (See instructions).		23	00
If this is an	24. Refundable portion of tax credits (Enclose all appropriate credit schedules)		24	00
AMENDED return,	25. Payments remitted with original return.		25	00
complete lines 25 and 26.	26. Overpayment from original return (This figure is a subtraction; see instructions)	_	26	00
	27. Total refundable credits (Add lines 20 through 25 and , if applicable, your Food Sales		20	
	Tax refund amount from line E; then subtract amount on line 26)	27		00
Balance	28. Underpayment (If line 19 is <i>greater</i> than line 27, enter the difference here)		28	00
Due	29. Interest (See instructions).		29	00
	30. Penalty (See instructions).		30	00
	31. Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 2		31	00
	32. AMOUNT YOU OWE (Add lines 28 thru 31 and any entries on lines 35 thru 39)		32	00
Overneviment			33	00
Overpayment	33. Overpayment (If line 19 is <i>less</i> than line 27, enter the difference here)		34	
	34. CREDIT FORWARD (Enter amount you wish to be applied to your 2013 estimated tax).			00
You may donate to any of the	35. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)		35	00
programs on lines 35 through 39.	36. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM.		36	00
The amount you	37. BREAST CANCER RESEARCH FUND		37	00
enter will reduce your refund or	38. MILITARY EMERGENCY RELIEF FUND		38	00
increase the amount you owe.	39. KANSAS HOMETOWN HEROES FUND	39	00	
	40. REFUND (Subtract lines 34 through 39 from line 33)		40	00
Signature(s)	I authorize the Director of Taxation or the Director's designee to discuss my retu I declare under the penalties of perjury that to the best of my knowledge this is a			

Signature of taxpayer	Date	Signature of preparer other than taxpayer Phone number of preparer
Signature of spouse if Married Filing Joint	Tax prepar	arer's EIN or SSN:

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