

## **2013** Kansas Individual Income Tax

[										
Your First Name		Initial	I Last Name				Enter the first four letters of your last name. Use <b>ALL CAPITAL</b> letters.			
Spouse's First Name			Last Name				Your Social Security number			
Mailing Address (Number and Street, including Rural Route)				School District No.		0.	Enter the first four le last name. Use <b>ALL</b>	tters of your spouse's		
City, Town, or Post Office				Zip Code	County Abbrevia	tion	Spouse's Social Security number			
	or address has char spouse if filing joint)	•				зох	Daytime telephone number			
Amended Return (Mark ONE)	If this is an <b>AME</b>		<b>)</b> 2013 Kans Kansas only		one of the follo			Adjustment by the IRS		
Filing Status (Mark ONE)	Single			ied filing joint n if only one ha	d income)		Married filing sepa		of household (Do no if filing a joint return)	
Residency Status (Mark ONE)	Resident			year resident fr nplete Sch. S, P			to		esident plete Sch. S, Part B)	
Exemptions and Dependents	exec	emptic ling st <b>al Ka</b>	ns for you, y atus above i nsas exemp	our spouse (if a s <i>Head of hous</i> t <b>ions.</b>	applicable), and <i>ehold</i> , add one	d ea e exe	ch person you claim emption.	·		
	l, enclose a separate	sched			•	l as		I include you or you	•	
Name (please print)				Date of Birth (mm/dd/yy)			Relationship	SSN (Social Security Number)		

Food	d Sales	
Tax	Credit	

You must have been a Kansas resident for ALL of 2013. Complete this section to determine your qualifications and credit.

Mark	■A.	Had a dependent child who lived with you all year and was under the age of 18 all of 2013? YES	NO		
				NO	
JUX	C.	Were you (or spouse) 55 years of age or older all of 2013 (born prior to January 1, 1958)? YES   Were you (or spouse) totally and permanently disabled or blind all of 2013, regardless of age? YES	NO		
	D.	If you answered YES to A, B, or C, enter your federal adjusted gross income from line 1 of this return. If it is more than \$30,615 <b>STOP HERE</b> , you do not qualify for this credit.			
		E.	Number of exemptions claimed on your federal income tax return		
		F.	Number of dependents that are 18 years of age or older (born on or before January 1, 1996)		
		G.	Total qualifying exemptions (subtract line F from line E).		
		н.	Food sales tax credit (multiply line G by \$125). Enter the result here and on line 17 of this form.		

## ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income	1. Federal adjusted gross income (as reported on your federal income tax return) 1	-		
Shade the box for negative amounts.	2. Modifications (from Schedule S, line A28; enclose Schedule S)			
Example:	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)			
Deductions	4. Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedule S)	4		
Doudottonis	5. Exemption allowance (\$2,250 x number of exemptions claimed)	5		
	6. Total deductions (add lines 4 and 5).	6		
	7. Taxable income (subtract line 6 from line 3; if less than zero, enter 0)	7		
Tav		8		
Tax	8. Tax (from Tax Tables or Tax Computation Schedule)			
Computation	9. Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)	9		
	10. Nonresident tax (multiply line 8 by line 9)	10		
	11. Kansas tax on lump sum distributions (residents only - see instructions)	11		
	12. TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10)	12		
Credits	13. Credit for taxes paid to other states (see instructions; enclose return(s) from other states)	13		
	14. Other credits (enclose all appropriate credit schedules)	14		
	15. Subtotal (subtract lines 13 and 14 from line 12)	15		
	16. Earned income tax credit (from worksheet on page 8 of instructions)	16		
	17. Food sales tax credit (from line H, front of this form)	17		
	18. Tax balance after credits (subtract lines 16 and 17 from line 15; cannot be less than zero)	18		
Use Tax	10. Lles tax due (cos instructions)	19		
USE TAX	19. Use tax due (see instructions)   20. Total tax balance (add lines 18 and 19).	20		
Withholding	21. Kansas income tax withheld from W-2, 1099, or K-19 (enclose K-19; see instructions)	21		
and Payments	22. Estimated tax paid	22		
i ujinento	23. Amount paid with Kansas extension.	23		
	24. Refundable portion of earned income tax credit (from worksheet, page 8 of instructions) .	24		
If this is an <u>AMENDED</u> return,	25. Refundable portion of tax credits (K-60 only).	25		
complete lines	26. Payments remitted with original return	26		
26 and 27.	27. Overpayment from original return (this figure is a subtraction; see instructions)	27		
	28. Total refundable credits (add lines 21 through 26; then subtract line 27) 28			
Balance	29. Underpayment (if line 20 is greater than line 28, enter the difference here)	29		
Due	30. Interest (see instructions)	30		
	31. Penalty (see instructions)	31		
	32. Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 2013.	32		
	33. <b>AMOUNT YOU OWE</b> (add lines 29 throught 32 and any entries on lines 36 through 41)	33		
-				
Overpayment	34. <b>Overpayment</b> (if line 20 is <i>less</i> than line 28, enter the difference here)	34		
	35. <b>CREDIT FORWARD</b> (enter amount you wish to be applied to your 2014 estimated tax)	35		
You may donate to any of the	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	36		
programs on lines	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	37		
36 through 41. The amount you	38. BREAST CANCER RESEARCH FUND	38		
enter will reduce your refund or	39. MILITARY EMERGENCY RELIEF FUND.	39		
increase the amount you owe.	40. KANSAS HOMETOWN HEROES FUND	40		
, , , , , , , , , , , , , , , , , , , ,	41. KANSAS CREATIVE ARTS INDUSTRY FUND	41		
	42. REFUND (subtract lines 35 through 41 from line 34)	42		
Signature(s)				
	I authorize the Director of Taxation or the Director's designee to discuss my return a			
	I declare under the penalties of perjury that to the best of my knowledge this is a true	, correct	, and complete return.	
	Signature of taxpayer Date Signature of preparer other t	han taxpaye	er Phone number of pre	eparer

Signature of spouse if Married Filing Joint

Tax preparer's EIN or SSN: