

KANSAS INDIVIDUAL INCOME TAX

			Initial Last Name				Enter the first four letters of your last name. Use ALL CAPITAL letters.					
		Initial Last Name					Your Social Security Number					
Mailing Address (I	Number and Street, inc		Rural Route		School District N			ters of your I tters.	ast name.			
City, Town, or Post Office			State	Zip Code	County Abbreviati	Spouse's So	Spouse's Social Security Number					
	or address has char r spouse if filing joint)	Ū	,	•		Daytime Telephone Number						
Amended Return (Mark ONE)	If this is an AME				ark one of the follo	· ·		Adjustm	ent by the	: IRS		
Filing Status (Mark ONE)	Single		Ma (Ev	rried filing jo	oint ne had income)	Married	filing se	parate				old (Do not int return)
Residency Status (Mark ONE)	Resident			rt-year resid omplete Sch		to				Nonres (Compl		S, Part B)
and Dependents		Ū	sas exemp		ousehold, add one	, , , , , , , , , , , , , , , , , , ,						
Dependents		al Kans	sas exemp	otions. d as depend	·	·	•	use. Enclo	•		edule if r y Number	necessary.
Dependents	You must have Mark ONE box D. If you this re E. Numb	been a depen you (or swered answeeturn. If per of experience of experien	Kansas redent child response) to NO to A, Bred YES to it is more to exemptions	esident for who lived with the state of an otally and personal control of the state	lents. Do <u>NOT</u> inc	nplete this sections was under the adjusted gross in u do not qualify et ax return	on to dage of age of a age of	etermine y 18 all of 20 ry 1, 1961) gardless o t. from line 1 credit.	rour qualifi 16? ? f age?	ications Y Y	s and cre	

Mail to: Kansas Income Tax, Kansas Dept. of Revenue PO Box 750260, Topeka, KS 66675-0260

Income Shade the box for negative amounts. Example:	Federal adjusted gross income (as reported on your federal income tax return) Modifications (from Schedule S, line A30; enclose Schedule S) Kansas adjusted gross income (line 2 added to or subtracted from line 1)	2		00 00 00		
Deductions	Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedul)	e S)	4	00		
Deddotions	5. Exemption allowance (\$2,250 x number of exemptions claimed)	•		00		
	6. Total deductions (add lines 4 and 5)			00		
	7. Taxable income (subtract line 6 from line 3; if less than zero, enter 0)			00		
Tax	Tax (from Tax Tables or Tax Computation Schedule)			00		
Computation	9. Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)			00		
•	10. Nonresident tax (multiply line 8 by line 9)			00		
	11. Kansas tax on lump sum distributions (residents only - see instructions)			00		
	12. TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line			00		
Credits			13			
Orcuits	13. Credit for taxes paid to other states (see instructions; enclose return(s) from other st			00		
	15. Subtotal (subtract lines 13 and 14 from line 12)	4. Other credits (enclose all appropriate credit schedules)				
	16. Earned income tax credit (from worksheet on page 8 of instructions)		00			
	17. Food sales tax credit (from line H, front of this form)		00			
	18. Tax balance after credits (subtract lines 16 and 17 from line 15; cannot be less than zero			00		
Llee Tev		<i>'</i>	10	00		
Use Tax	19. Use tax due (out of state and internet purchases; see instructions)			00		
	20. Total tax balance (add lines 18 and 19)		20	00		
Withholding and Payments	21. Kansas income tax withheld from W-2s and/or 1099s			00		
	22. Estimated tax paid			00		
	23. Amount paid with Kansas extension			00		
If this is an AMENDED return, complete lines 26 and 27.	24. Refundable portion of earned income tax credit (from worksheet, page 8 of instruction	•		00		
	25. Refundable portion of tax credits		00			
	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 21 through 26; then subtract line 27)	28	B -	00		
Balance Due	29. Underpayment (if line 20 is greater than line 28, enter the difference here)		. 29	00		
	30. Interest (see instructions)		30	00		
	31. Penalty (see instructions)		31	00		
	32. Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in	2016	32	00		
	33. AMOUNT YOU OWE (add lines 29 through 32 and any entries on lines 36 through 41)		33	00		
Overpayment	34. Overpayment (if line 20 is less than line 28, enter the difference here)		34	00		
You may donate to any of the programs on lines 36 through 41. The amount you enter will reduce your refund or increase the amount you owe.	35. CREDIT FORWARD (enter amount you wish to be applied to your 2017 estimated tax) .		35	00		
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)		36	00		
	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM		37	00		
	38. BREAST CANCER RESEARCH FUND		38	00		
	39. MILITARY EMERGENCY RELIEF FUND		39	00		
	40. KANSAS HOMETOWN HEROES FUND		40	00		
	41. KANSAS CREATIVE ARTS INDUSTRY FUND		41	00		
	42. REFUND (subtract lines 35 through 41 from line 34)		42	00		
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 Signature of taxpayer Date Signature of preparer of	e, cori	rect, and comp	• • •		