



Your First Name	Initial	Last Name
Spouse's First Name	Initial	Last Name
Mailing Address (Number and Street, including Rural Route)		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 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

Amended Return

If this is an AMENDED 2016 Kansas return mark one of the following boxes:

- Amended affects Kansas only
- Amended Federal tax return
- Adjustment by the IRS

Filing Status

- Single
- Married filing joint (Even if only one had income)
- Married filing separate
- Head of household (Do not mark if filing a joint return)

Residency Status

- Resident
- Part-year resident from \_\_\_\_\_ to \_\_\_\_\_ (Complete Sch. S, Part B)
- Nonresident (Complete Sch. S, Part B)

Exemptions and Dependents

Enter the number of exemptions you claimed on your 2016 federal return. If no federal return is required, enter total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

If filing status above is Head of household, add one exemption.

Total Kansas exemptions.

Enter the requested information for all persons claimed as dependents. Do NOT include you or your spouse. Enclose separate schedule if necessary.

Name (please print)	Date of Birth (MMDDYY)	Relationship	Social Security Number

Food Sales Tax Credit

You must have been a Kansas resident for ALL of 2016. Complete this section to determine your qualifications and credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2016? YES NO
- B. Were you (or spouse) 55 years of age or older all of 2016 (born before January 1, 1961)? YES NO
- C. Were you (or spouse) totally and permanently disabled or blind all of 2016, regardless of age? YES NO

If you answered NO to A, B, and C, STOP HERE; you do not qualify for this credit.

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, STOP HERE; 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 before January 1, 1999)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter the result here and on line 17 of this form.

Stamp area with grid boxes



<b>Income</b> Shade the box for negative amounts. Example: <input checked="" type="checkbox"/>	1. Federal adjusted gross income (as reported on your federal income tax return) .....	1	<input checked="" type="checkbox"/>		00
	2. Modifications (from Schedule S, line A30; <b>enclose Schedule S</b> ) .....	2	<input checked="" type="checkbox"/>		00
	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1) .....	3	<input checked="" type="checkbox"/>		00
<b>Deductions</b>	4. Standard deduction OR itemized deductions ( <b>if itemizing, complete Part C of Schedule S</b> ) ..	4			00
	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
<b>Tax Computation</b>	8. Tax (from Tax Tables or Tax Computation Schedule) .....	8			00
	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			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 10) ...	12			00
<b>Credits</b>	13. Credit for taxes paid to other states ( <b>see instructions; enclose return(s) from other states</b> )	13			00
	14. Other credits (enclose all appropriate credit schedules) .....	14			00
	15. Subtotal (subtract lines 13 and 14 from line 12) .....	15			00
	16. Earned income tax credit ( <b>from worksheet on page 8 of instructions</b> ) .....	16			00
	17. Food sales tax credit (from line H, front of this form) .....	17			00
	18. Tax balance after credits (subtract lines 16 and 17 from line 15; cannot be less than zero).....	18			00
<b>Use Tax</b>	19. Use tax due (out of state and internet purchases; see instructions) .....	19			00
	20. Total tax balance (add lines 18 and 19).....	20			00
<b>Withholding and Payments</b>  If this is an AMENDED return, complete lines 26 and 27.	21. Kansas income tax withheld from W-2s and/or 1099s .....	21			00
	22. Estimated tax paid .....	22			00
	23. Amount paid with Kansas extension .....	23			00
	24. Refundable portion of earned income tax credit ( <b>from worksheet, page 8 of instructions</b> ) ...	24			00
	25. Refundable portion of tax credits .....	25			00
	26. Payments remitted with original return .....	26			00
	27. Overpayment from original return (this figure is a subtraction; see instructions) .....	27	<input checked="" type="checkbox"/>		00
	28. Total refundable credits (add lines 21 through 26; then subtract line 27) .....	28	<input checked="" type="checkbox"/>		00
<b>Balance Due</b>	29. <b>Underpayment</b> (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 <input type="checkbox"/> Mark box if engaged in commercial farming or fishing in 2016	32			00
	33. <b>AMOUNT YOU OWE</b> (add lines 29 through 32 and any entries on lines 36 through 41) .....	33			00
<b>Overpayment</b>  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.	34. <b>Overpayment</b> (if line 20 is less than line 28, enter the difference here) .....	34			00
	35. <b>CREDIT FORWARD</b> (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. <b>REFUND</b> (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 and enclosures with my preparer.  
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 than taxpayer

\_\_\_\_\_  
Phone number of preparer

\_\_\_\_\_  
Signature of spouse if Married Filing Joint

\_\_\_\_\_  
Tax preparer's EIN or SSN: \_\_\_\_\_

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