| Your First Name | Initial | Last Name |  |
| :--- | :--- | :--- | :--- |
| Spouse's First Name |  |  |  |
| Mailing Address (Number and Street, including Rural Route) |  |  |  |
| City, Town, or Post Office |  |  |  |

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

| Amended Return <br> (Mark ONE) | If this is an AMENDED 2019 Kansas return mark one of the following boxes:Amended affects Kansas only Amended Federal tax return Adjustment by the IRS |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Filing Status <br> (Mark ONE) | Single | Marri (Even | had income) | Marri | arate | Head mark |
| Residency Status <br> (Mark ONE) | Resident | Part(Com | nt from <br> S, Part B) | to | — | Nonr (Com |
| Exemptions and <br> Dependents | Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. <br> If filing status above is Head of household, add one exemption. <br> 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.


Food Sales
You must have been a Kansas resident for ALL of 2019. Complete this section to determine your qualifications and credit.
Tax Credit
A. Had a dependent child who lived with you all year and was under the age of 18 all of 2019 ?

YES
B. Were you (or spouse) 55 years of age or older all of 2019 (born before January 1, 1964)? YES
C. Were you (or spouse) totally and permanently disabled or blind all of 2019, regardless of age? YES
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 line "D" is more than $\$ 30,615$, STOP HERE; you do not qualify for this credit.
E. Number of exemptions claimed.
F. Number of dependents that are 18 years of age or older (born before January 1, 2002) $\qquad$
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 18 of this form. $\qquad$

## Income

Shade the box for negative amounts. Example:

## Deductions

Tax
Computation

Credits

## Use Tax

Withholding and Payments

## If this is an

AMENDED return,
complete lines
27 and 28

## Balance Due

## Overpayment

You may donate to any of the programs on lines 37 through 43.
The amount you enter will reduce your refund or increase the amount you owe.

## Signature(s)

Federal adjusted gross income (as reported on your federal income tax return)..................
Modifications (from Schedule S, line A18; enclose Schedule S)
Kansas adjusted gross income (line 2 added to or subtracted from line 1)
Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedule S)
Exemption allowance ( $\$ 2,250 \times$ number of exemptions claimed)
Total deductions (add lines 4 and 5).
Taxable income (subtract line 6 from line 3 ; if less than zero, enter 0 ).
8. Tax (from Tax Tables or Tax Computation Schedule)
9. Nonresident percentage (from Schedule S, line B23; or if 100\%, enter 100.0000)

Nonresident tax (multiply line 8 by line 9 )
Kansas tax on lump sum distributions (residents only - see instructions).
TOTAL INCOME TAX (residents: add lines 8 \& 11; nonresidents: enter amount from line 10)..
Credit for taxes paid to other states (see instructions; enclose return(s) from other states) .....
Credit for child and dependent care expenses (residents only - see instructions)
Other credits (enclose all appropriate credit schedules)
Subtotal (subtract lines 13, 14 and 15 from line 12)
Earned income tax credit (from worksheet on page 8 of instructions)
Food sales tax credit (from line H, front of this form)
. Tax balance after credits (subtract lines 17 and 18 from line 16; cannot be less than zero)..
Use tax due (out of state and internet purchases; see instructions)
Total tax balance (add lines 19 and 20)
Kansas income tax withheld from W-2s and/or 1099s
Estimated tax paid.
Amount paid with Kansas extension
Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)....
Refundable portion of tax credits
Payments remitted with original return.
Overpayment from original return (this figure is a subtraction; see instructions)
Total refundable credits (add lines 22 through 27; then subtract line 28)...
Underpayment (if line 21 is greater than line 29, enter the difference here)
Interest (see instructions)
Penalty (see instructions)
Estimated Tax Penalty $\square$ Mark box if engaged in commercial farming or fishing in 2019
AMOUNT YOU OWE (add lines 30 through 33 and any entries on lines 37 through 43)..........
Overpayment (if line 21 is less than line 29, enter the difference here).
CREDIT FORWARD (enter amount you wish to be applied to your 2020 estimated tax).
CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program).
SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM
BREAST CANCER RESEARCH FUND
MILITARY EMERGENCY RELIEF FUND
KANSAS HOMETOWN HEROES FUND.
KANSAS CREATIVE ARTS INDUSTRY FUND
LOCAL SCHOOL DISTRICT CONTRIBUTION FUND School District Number
. REFUND (subtract lines 36 through 43 from line 35)..

| - | 00 |
| :---: | :---: |
| $\square$ | 00 |
| $\square$ | 00 |
| 4 | 00 |
| 5 | 00 |
| 6 | 00 |
| 7 | 00 |
| 8 | 00 |
| 9 |  |
| 10 | 00 |
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| 22 | 00 |
| 23 | 00 |
| 24 | 00 |
| 25 | 00 |
| 26 | 00 |
| 27 | 00 |
| 28 | 00 |
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| 30 | 00 |
| 31 | 00 |
| 32 | 00 |
| 33 | 00 |
| 34 | 00 |
| 35 | 00 |
| 36 | 00 |
| 37 | 00 |
| 38 | 00 |
| 39 | 00 |
| 40 | 00 |
| 41 | 00 |
| 42 | 00 |
| 43 | 00 |
| 44 | 00 |

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.

