## 2019 KANSAS INDIVIDUAL INCOME TAX

K-40

(Rev. 7-19)

DO NOT STAPL	E	10/									
Your First Name		Initial Last Name					too the first form latter				
Design of the Proof No.		1.00.1					Enter the first four letters of your last name. Use ALL CAPITAL letters.				
Spouse's First Name		Initial	Last Nam	e			our Social ecurity Number				
Mailing Address (N	Number and Street, inc	luding Ru	ural Route	e)	School District No	).					
						las	ter the first four letter t name. Use ALL CA				
City, Town, or Pos	t Office		State	Zip Code	County Abbreviatio	Sp	oouse's Social ecurity Number				
	or address has chan r spouse if filing joint)	•	,			Te	aytime lephone ımber				
Amended Return (Mark ONE)	If this is an AME				ark one of the follow Amended Federa	Ũ		Adjustment by th	he IRS		
Filing Status (Mark ONE)	Single		Ma (Ev	arried filing jo ven if only or	oint ne had income)	N	Married filing sepa	rate	Head of ho mark if filir		
Residency Status (Mark ONE)	Resident		Pa (Co	rt-year resid omplete Sch	lent from . S, Part B)		_ to	_	Nonreside (Complete		S, Part B)
Exemptions and Dependents	der If fi	bendent. ling statu al Kansa	is above <b>as exem</b>	is Head of h ptions.	u, your spouse (if a <i>ousehold</i> , add one	exemp	otion.	Ĩ			
	Name (please print)				irth (MMDDYY)				Security Nun		
Food Sales	You must have b	been a K	ansas re	esident for A	ALL of 2019. Comp	lete th	is section to deter	mine your quali	fications an	d credi	t.
Tax Credit	A. Had a dependent child who lived with you all year and was under the age of 18 all of 2019?									3	NO
	B. Were you (or spouse) 55 years of age or older all of 2019 (born before January 1, 1964)?										NO
	C. Were you (or spouse) totally and permanently disabled or blind all of 2019, regardless of age?										NO
	If you answered "No" to A, B, and C, <b>STOP HERE</b> ; you do not qualify for this credit.										
	<ul> <li>D. If you answered "Yes" to A, B, or C, enter your federal adjusted gross income from line 1 of this return.</li> <li>If line "D" is more than \$30,615, STOP HERE; you do not qualify for this credit.</li> <li>E. Number of exemptions claimed.</li> </ul>										00
	<ul> <li>F. Number of dependents that are 18 years of age or older (born before January 1, 2002)</li> </ul>										
	G. Total qualifying exemptions (subtract line F from line E)										
	<ul> <li>H. Food Sales Tax Credit (multiply line G by \$125). Enter the result here and on line 18 of this form</li></ul>										00
-	Mail to: Kans PO Box 7502				Dept. of Revenue	e					Г

## ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income	1.	Federal adjusted gross income (as reported on your federal income tax return)			00
Shade the box for negative amounts.		Modifications (from Schedule S, line A18; enclose Schedule S) 2		1	00
Example:	3.	Kansas adjusted gross income (line 2 added to or subtracted from line 1) 3		1	00
Deductions	4.	Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedule S)	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
Тах	8	Tax (from Tax Tables or Tax Computation Schedule)	8		00
Computation		). Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)			
Compatition		0. Nonresident tax (multiply line 8 by line 9)			00
		Kansas tax on lump sum distributions (residents only - see instructions)	10		00
		TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10)	12		00
•					00
Credits		Credit for taxes paid to other states (see instructions; enclose return(s) from other states)	13		
		Credit for child and dependent care expenses (residents only - see instructions)	14		00
		Other credits (enclose all appropriate credit schedules)	15		00
		Subtotal (subtract lines 13, 14 and 15 from line 12)	16		00
		Earned income tax credit (from worksheet on page 8 of instructions)	17		00
		Food sales tax credit (from line H, front of this form)	18		00
	19.	Tax balance after credits (subtract lines 17 and 18 from line 16; cannot be less than zero)	19		00
Use Tax	20.	Use tax due (out of state and internet purchases; see instructions)	20		00
		Total tax balance (add lines 19 and 20)	21		00
		Kansas income tax withheld from W-2s and/or 1099s	22		00
Withholding and Payments		Estimated tax paid	23		00
			24		00
If this is an AMENDED return, complete lines 27 and 28		Amount paid with Kansas extension	25		00
		Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)	26		00
		Refundable portion of tax credits			00
		Payments remitted with original return.	27		
		Overpayment from original return (this figure is a subtraction; see instructions)		-	00
	29.	Total refundable credits (add lines 22 through 27; then subtract line 28)		-	00
Balance Due	30.	Underpayment (if line 21 is greater than line 29, enter the difference here)	30		00
	31.	Interest (see instructions)	31		00
	32.	Penalty (see instructions)	32	_	00
	33.	Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 2019	33		00
	34.	AMOUNT YOU OWE (add lines 30 through 33 and any entries on lines 37 through 43)	34		00
Overpayment You may donate to any of the programs	35.	Overpayment (if line 21 is less than line 29, enter the difference here)	35		00
	36.	CREDIT FORWARD (enter amount you wish to be applied to your 2020 estimated tax)	36		00
	37.	CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	37		00
on lines 37 through 43. The amount you enter will reduce your refund or increase the amount you owe.	38.	SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	38		00
	20	). BREAST CANCER RESEARCH FUND			00
		MILITARY EMERGENCY RELIEF FUND	40		00
		KANSAS HOMETOWN HEROES FUND	41		00
			42		00
		KANSAS CREATIVE ARTS INDUSTRY FUND		-	00
		LOCAL SCHOOL DISTRICT CONTRIBUTION FUND School District Number	43		
	44.	REFUND (subtract lines 36 through 43 from line 35)	44		00
Signature(s)		I authorize the Director of Taxation or the Director's designee to discuss my return and enc         I declare under the penalties of perjury that to the best of my knowledge this is a true, correctly and the set of the test of the test of the test of test of the test of test		• • •	_
I		Signature of spouse if Married Filing Joint Tax preparer's EIN or SSN:			