

KANSAS INDIVIDUAL INCOME TAX

Your First Name		Initial	Lust Humo	Name		Enter the first four letters of your last name. Use ALL CAPITAL letters.				
Spouse's First Name	Initial Last Name		Last Name	ie		Your Social Security Number				
Mailing Address (Num	ddress (Number and Street, including Rural Route)			School District No.	Enter the first four letters of your last name. Use ALL CAPITAL letters.		ast name.			
City, Town, or Post Of	ffice		State	Zip Code	County Abbreviation	Spouse's Social Security Number				
	or address has chan or spouse if filing joint)	•	•			Daytime Telephone Number				
Amended Return (Mark ONE)			2015 Kansa Kansas only		k one of the followi	_	Adjustm	ent by the IR	:S	
Filing Status (Mark ONE)	Single			ried filing joint en if only one		Married filing	separate			sehold (Do no a joint return)
Residency Status (Mark ONE)	Resident		Part (Cor	-year residen nplete Sch. S	nt from , Part B)	to			nresident omplete S	ch. S, Part B
and Dependents	If fili		•	, ,	r spouse (if applica esehold, add one ex	kemption.	,	·	rident.	
Dependents		ing sta	atus above is	Head of hou	<i>sehold</i> , add one ex ats. Do <u>NOT</u> includ	·	·	•		-
Dependents	You must have Mark ONE box A. Had a B. Were C. Were If you ans D. If you this re E. Numb	been a depe you (you (answered answeturn.	a Kansas reendent child wor spouse) 55 or spouse) to d NO to A, B, ered YES to Alf it is more the exemptions codependents to dependents to	sident for All who lived with syears of age tally and permand C, STOP A, B, or C, enternant \$30,615,\$ claimed on you hat are 18 year	<i>sehold</i> , add one ex ats. Do <u>NOT</u> includ	ete this section to as under the age of both before Januar born before Januar on to qualify for this cre	determine y f 18 all of 20 uary 1, 1960) regardless of dit. e from line 1 is credit.	our qualification of age?	tions and YES YES	ber

Mail to: Kansas Income Tax, Kansas Dept. of Revenue 915 SW Harrison St., Topeka, KS 66612-1588

Income	Federal adjusted gross income (as reported on your federal income tax return)	1 🗖	00							
Shade the box for negative amounts.	2. Modifications (from Schedule S, line A30; enclose Schedule S)	2	00							
Example:	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)	3	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							
Tax	8. Tax (from Tax Tables or Tax Computation Schedule)	. 8	00							
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	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							
Credits	13. Credit for taxes paid to other states (see instructions; enclose return(s) from other states)	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 (from worksheet on page 8 of instructions)	. 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							
Use Tax	19. Use tax due (see instructions)	. 19	00							
	20. Total tax balance (add lines 18 and 19)	- 20	00							
Withholding	21. Kansas income tax withheld from W-2s and/or 1099s		00							
and	22. Estimated tax paid		00							
Payments If this is an AMENDED return, complete lines 26 and 27.	23. Amount paid with Kansas extension		00							
	24. Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)		00							
	25. Refundable portion of tax credits									
	26. Payments remitted with original return		00							
	27. Overpayment from original return (this figure is a subtraction; see instructions)		00							
	CO. Talahari adahla adahla adahlara Odhara bookha abbara 15 a CO.	21	00							
	1-		00							
Balance	29. Underpayment (if line 20 is greater than line 28, enter the difference here)		00							
Due	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 2015	32	00							
	33. AMOUNT YOU OWE (add lines 29 through 32 and any entries on lines 36 through 41)	- 33	00							
Overpayment You may donate to any of the	34. Overpayment (if line 20 is less than line 28, enter the difference here)	. 34	00							
	35. CREDIT FORWARD (enter amount you wish to be applied to your 2016 estimated tax)	35	00							
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	. 36	00							
programs on lines 36 through 41.	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	. 37	00							
The amount you enter will reduce your refund or increase the amount you owe.	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 and er	nclosures	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 th	an taxpayer	Phone number of preparer							
	Signature of shouse if Married Filing, Joint Tay preparer's FIN or SSN:									