



Your First Name		Initial	Last Name		Enter the first four letters of your last name. Use ALL CAPITAL letters.	<input type="text"/>	
Spouse's First Name		Initial	Last Name				
Mailing Address (Number and Street, including Rural Route)				School District No.		Enter the first four letters of your last name. Use ALL CAPITAL letters.	<input type="text"/>
City, Town, or Post Office		State	Zip Code	County Abbreviation			
				Your Social Security Number		<input type="text"/>	
				Spouse's Social Security Number		<input type="text"/>	
<input type="checkbox"/>		If your name or address has changed since last year, mark an "X" in this box				Daytime Telephone Number	
<input type="checkbox"/>		If taxpayer (or spouse if filing joint) died during this tax year, mark an "X" in this box				<input type="text"/>	

**Amended Return** (Mark ONE)

If this is an AMENDED 2015 Kansas return mark one of the following boxes:

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

**Filing Status** (Mark ONE)

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** (Mark ONE)

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 2015 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 2015.** Complete this section to determine your qualifications and credit.

Mark ONE box {

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2015? ..... YES  NO

B. Were you (or spouse) 55 years of age or older all of 2015 (born before January 1, 1960)? ..... YES  NO

C. Were you (or spouse) totally and permanently disabled or blind all of 2015, 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.        **00**

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, 1998) .....

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.        **00**



