

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX 7855551212 TEST 234007891
TESTGERTRUDE B TESTGIBSONXXXXXXXXXXXX
1234 TESTJEFFERSON STREETXXXXXXXXXXXX SN 501 TEST 987004321
TESTTOPEKXXXXXXXXXXXX KS 66612-1588

☒ Name or address has changed? ☒ Taxpayer or (spouse if filing joint) died during this tax year ☒ Taxpayer was engaged in commercial farming/fishing in 2018

Amended Return: ☒ 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 check if filing joint return)

Residency Status: ☒ Resident ☒ NonResident (Complete Sch S, Part B) KS State of Legal Residence

☒ Part-Year Resident (Complete Sch S, Part B) From 01012018 To 12312018

Exemptions: 12 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. 1 If filing status above is Head of Household, add one exemption. 13 Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**
If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
TIBERIUS A SAJKLAFJAJMPLEPERSONTEST	01011958	GRANDPAJJKJS	114354769
MAREGOLD B SAMLOPIOPSFPLEPERSONTEST	02021956	GRWIANDCHILD	224354659
JOSEPH C SAMPLJAFOWOFJAKEPERSONTEST	03031954	DAUGHNMOQTER	335465769
TIBERIUS D SAJKLAFJAJMPLEPERSONTEST	04041952	GRANDPASRENT	414354769
MAREGOLD E SAMLOPIOPSFPLEPERSONTEST	05051950	GRWIANDCHILD	524354659
JOSEPH F SAMPLJAFOWOFJAKEPERSONTEST	06061948	DAUGHYYOQTER	635465769
JOSEPH G SAMPLJAFOWOFJAKEPERSONTEST	07071946	DAUGHNMOQTER	735465769
TIBERIUS H SAJKLAFJAJMPLEPERSONTEST	08041952	GRANDPASRENT	814354769
MAREGOLD I SAMLOPIOPSFPLEPERSONTEST	09051950	GRWIANDCHILD	924354659

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2018. Complete this section to determine your qualifications and credit.
If you did not mark A, B, and C, **STOP HERE**; you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2018?	<input checked="" type="checkbox"/>	E. Number of exemptions claimed	12
B. Were you (or spouse) 55 years of age or older all of 2018 (born prior to January 1, 1963)?	<input checked="" type="checkbox"/>	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2001)	10
C. Were you (or spouse) totally and permanently disabled or blind all of 2018, regardless of age?	<input checked="" type="checkbox"/>	G. Total qualifying exemptions (subtract line F from line E)	24
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 STOP HERE , you do not qualify for this credit.	-23456789012	H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.	89013

K-40

2018 KANSAS INDIVIDUAL INCOME TAX

000 122818

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX 7855551212 TEST 234007891
TESTGERTRUDE B TESTGIBSONXXXXXXXXXXXX
1234 TESTJEFFERSON STREETXXXXXXXXXXXX SN 501 TEST 987004321
TESTTOPEKXXXXXXXXXXXX KS 66612-1588

X Name or address has changed? X Taxpayer or (spouse if filing joint) died during this tax year X Taxpayer was engaged in commercial farming/fishing in 2018

Amended Return: X Amended affects Kansas only X Amended Federal tax return X Adjustment by the IRS

Filing Status: X Single X Married Filing Joint (Even if only one had income) X Married Filing Separate X Head of Household (Do not check if filing joint return)

Residency Status: X Resident X NonResident (Complete Sch S, Part B) KS State of Legal Residence

X Part-Year Resident (Complete Sch S, Part B) From 01012017 To 12312018

Exemptions: 12 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. 1 If filing status above is Head of Household, add one exemption. 13 Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. DO NOT include you or your spouse.
If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
TIBERIUS A SAJKLAFJAJMPLEPERSONTEST	01011958	GRANDPAJKKJS	114354769
MAREGOLD B SAMLOPIOPSFPLEPERSONTEST	02021956	GRWIANDCHILD	224354659
JOSEPH C SAMPLJAFOWOFJAKEPERSONTEST	03031954	DAUGHNMOQTER	335465769
TIBERIUS D SAJKLAFJAJMPLEPERSONTEST	04041952	GRANDPASRENT	414354769
MAREGOLD E SAMLOPIOPSFPLEPERSONTEST	05051950	GRWIANDCHILD	524354659
JOSEPH F SAMPLJAFOWOFJAKEPERSONTEST	06061948	DAUGHYYOQTER	635465769
JOSEPH G SAMPLJAFOWOFJAKEPERSONTEST	07071946	DAUGHNMOQTER	735465769
TIBERIUS H SAJKLAFJAJMPLEPERSONTEST	08041952	GRANDPASRENT	814354769
MAREGOLD I SAMLOPIOPSFPLEPERSONTEST	09051950	GRWIANDCHILD	924354659

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2018. Complete this section to determine your qualifications and credit.
If you did not mark A, B, and C, STOP HERE; you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2018? X E. Number of exemptions claimed 12
B. Were you (or spouse) 55 years of age or older all of 2018 (born prior to January 1, 1963)? X F. Number of dependents that are 18 years of age or older (born on or before January 1, 2001) 10
C. Were you (or spouse) totally and permanently disabled or blind all of 2018, regardless of age? X G. Total qualifying exemptions (subtract line F from line E) 24
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 STOP HERE, you do not qualify for this credit. -23456789012 H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 12212

TESTMELXXXXX A TESTWATERSXXXXXXXXXX

TEST

234007891

1. Federal adjusted gross income	-11919542315	23. Estimated tax paid	222919542223
2. Modifications	-21919542322	24. Amount paid with Kansas extension	233919542224
3. Kansas adjusted gross income	-31919542333	25. Refundable portion of earned income tax credit	244919542225
4. Standard or itemized deductions	411919542344	26. Refundable portion of tax credits	255919542226
5. Exemption allowance	52355	27. Payments remitted with original return	266919542227
6. Total deductions	611919542366	28. Overpayment from original return	277919542228
7. Taxable income	711919542377	29. Total refundable credits	-28919542229
8. Tax	811919542388	30. Underpayment	299919542230
9. Nonresident percentage	100.0000	31. Interest	300919542231
10. Nonresident tax	101919542110	32. Penalty	311919542232
11. KS tax on lump sum distributions	111919542111	33. Estimated tax penalty	322919542233
12. TOTAL INCOME TAX	121919542112	34. AMOUNT YOU OWE	333919542234
13. Credit for taxes paid to other states	131919542113	35. Overpayment	344919542235
14. Credit for child and dependent care expenses	141919542114	36. CREDIT FORWARD	355919542236
15. Other credits	141919542115	37. Chickadee Checkoff	366919542237
16. Subtotal	151919542116	38. Senior Citizens Meals On Wheels Contribution Program	377919542238
17. Earned Income Credit	161919542117	39. Breast Cancer Research Fund	388919542239
18. Food Sales Tax Credit	171919542118	40. Military Emergency Relief Fund	399919542240
19. Tax balance after credits	181919542119	41. Kansas Hometown Heroes Fund	400919542241
20. Use Tax Due (Out-of-State and Internet Purchases)	191919542120	42. Kansas Creative Arts Industry Fund	411919542242
21. Total Tax Balance	201919542121	43. Local School District Contribution Fund. School District Number	340 422919542243
22. KS income tax withheld from W-2, 1099 or K-19	211919542122	44. REFUND	432919542244

☒ I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer
Signature
(Required)

Date

Preparer
SignaturePreparer PTIN,
EIN or SSNSpouse
Signature
(Required)

Date

Preparer
Phone Number

P03465089

IMPORTANT: 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

2	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	84																																							
4	K-40 2018 KANSAS INDIVIDUAL INCOME TAX																																						000	122918		4																																				
5	(Rev. 7-18)																																									5																																				
6																																										6																																				
7	TESTMELXXXXX A TESTWATERSXXXXXXXXXX																			TEST 234007891																			7																																							
8																																										8																																				
9	1. Federal adjusted gross income																			-11919542315																			23. Estimated tax paid																			222919542223																			9	
10																																										10																																				
11	2. Modifications																			-21919542322																			24. Amount paid with Kansas extension																			233919542224																			11	
12																																										12																																				
13	3. Kansas adjusted gross income																			-31919542333																			25. Refundable portion of earned income tax credit																			244919542225																			13	
14																																										14																																				
15	4. Standard or itemized deductions																			411919542344																			26. Refundable portion of tax credits																			255919542226																			15	
16																																										16																																				
17	5. Exemption allowance																			52355																			27. Payments remitted with original return																			266919542227																			17	
18																																										18																																				
19	6. Total deductions																			611919542366																			28. Overpayment from original return																			277919542228																			19	
20																																										20																																				
21	7. Taxable income																			711919542377																			29. Total refundable credits																			-28919542229																			21	
22																																										22																																				
23	8. Tax																			811919542388																			30. Underpayment																			299919542230																			23	
24																																										24																																				
25	9. Nonresident percentage																			100.0000																			31. Interest																			300919542231																			25	
26																																										26																																				
27	10. Nonresident tax																			101919542110																			32. Penalty																			311919542232																			27	
28																																										28																																				
29	11. KS tax on lump sum distributions																			111919542111																			33. Estimated tax penalty																			322919542233																			29	
30																																										30																																				
31	12. TOTAL INCOME TAX																			121919542112																			34. AMOUNT YOU OWE																			333919542234																			31	
32																																										32																																				
33	13. Credit for taxes paid to other states																			131919542113																			35. Overpayment																			344919542235																			33	
34																																										34																																				
35	14. Credit for child and dependent care expenses																			141919542114																			36. CREDIT FORWARD																			355919542236																			35	
36																																										36																																				
37	15. Other credits																			141919542115																			37. Chickadee Checkoff																			366919542237																			37	
38																																										38																																				
39	16. Subtotal																			151919542116																			38. Senior Citizens Meals On Wheels Contribution Program																			377919542238																			39	
40																																										40																																				
41	17. Earned Income Credit																			161919542117																			39. Breast Cancer Research Fund																			388919542239																			41	
42																																										42																																				
43	18. Food Sales Tax Credit																			171919542118																			40. Military Emergency Relief Fund																			399919542240																			43	
44																																										44																																				
45	19. Tax balance after credits																			181919542119																			41. Kansas Hometown Heroes Fund																			400919542241																			45	
46																																										46																																				
47	20. Use Tax Due (Out-of-State and Internet Purchases)																			191919542120																			42. Kansas Creative Arts Industry Fund																			411919542242																			47	
48																																										48																																				
49	21. Total Tax Balance																			201919542121																			43. Local School District Contribution Fund. School District Number																			340	422919542243																			49
50																																										50																																				
51	22. KS income tax withheld from W-2, 1099 or K-19																			211919542122																			44. REFUND																			432919542244																			51	
52																																										52																																				
53	<input checked="" type="checkbox"/> I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.																																									53																																				
54	I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.																																									54																																				
55																																										55																																				
56	Taxpayer Signature (Required)																			Date																			Preparer Signature																			Preparer PTIN, EIN or SSN																			56	
57																																										57																																				
58	Spouse Signature (Required)																			Date																			Preparer Phone Number																			P03465089																			58	
59																																										59																																				
60	IMPORTANT: 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas																																									60																																				
61																																										61																																				
62																																										62																																				
63																																										63																																				
64																																										64																																				
65																																										65																																				