

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX 785551212 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 2021

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 01012021 To 12312021

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 2021. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2021?	<input checked="" type="checkbox"/>	E. Number of exemptions claimed	12
B. Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?	<input checked="" type="checkbox"/>	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2004)	10
C. Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, or C, STOP HERE , you do not qualify for this credit.	<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 Line D 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

2021 KANSAS INDIVIDUAL INCOME TAX

000 122821

(Rev. 7-21)

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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 01012020 To 12312020

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 2021. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2021? X E. Number of exemptions claimed 12
B. Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)? X F. Number of dependents that are 18 years of age or older (born on or before January 1, 2004) 10
C. Were you (or spouse) totally and permanently disabled or blind all of 2021, 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. -23456789012 H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 89013
If Line D is more than \$30,615 STOP HERE, you do not qualify for this credit.

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX

TEST 234007891

1. Federal adjusted gross income	-11919542311	23. Estimated tax paid	231919542123
2. Modifications	-21919542312	24. Amount paid with Kansas extension	242919542224
3. Kansas adjusted gross income	-31919542313	25. Refundable portion of earned income tax credit	253919542225
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	411919542314	26. Refundable portion of tax credits	264919542226
5. Exemption allowance	52325	27. Payments remitted with original return	275919542227
6. Total deductions	611919542316	28. Overpayment from original return. This figure is a subtraction.	280919542228
7. Taxable income	711919542317	29. Total refundable credits	-29919542229
8. Tax	811919542318	30. Underpayment	301919542220
9. Nonresident percentage	100.0000	31. Interest	319919542231
10. Nonresident tax	101919542110	32. Penalty	320919542232
11. KS tax on lump sum distributions	111919542111	33. Estimated tax penalty	331919542233
12. TOTAL INCOME TAX	121919542112	34. AMOUNT YOU OWE	342919542234
13. Credit for taxes paid to other states	131919542113	35. Overpayment	353919542235
14. Credit for child and dependent care expenses	141919542114	36. CREDIT FORWARD	364919542236
15. Other credits	151919542115	37. Chickadee Checkoff	375919542237
16. Subtotal	161919542116	38. Senior Citizens Meals On Wheels Contribution Program	386919542238
17. Earned Income Credit	171919542117	39. Breast Cancer Research Fund	397919542239
18. Food Sales Tax Credit	181919542118	40. Military Emergency Relief Fund	408919542240
19. Tax balance after credits	191919542119	41. Kansas Hometown Heroes Fund	419919542241
20. Use Tax Due (out of state and internet purchases)	201919542120	42. Kansas Creative Arts Industry Fund	420919542242
21. Total Tax Balance	211919542121	43. Local School District Contribution Fund. School District Number	340 431919542243
22. KS income tax withheld from W-2, 1099 or K-19	221919542122	44. REFUND	442919542244

☒ 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 _____

Spouse
Signature
(Required) _____ Date _____Preparer
Signature
(Required) _____Preparer
Phone Number _____Preparer PTIN, EIN, or SSN
(Required) P03465080

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7	TESTMELXXXXX A		TESTWATERSXXXXXXXXXX		TEST		234007891						7																																																																						
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9	1. Federal adjusted gross income		-11919542311		23. Estimated tax paid		231919542123						9																																																																						
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35	14. Credit for child and dependent care expenses		141919542114		36. CREDIT FORWARD		364919542236						35																																																																						
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37	15. Other credits		151919542115		37. Chickadee Checkoff		375919542237						37																																																																						
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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		Spouse Signature (Required)		Date						56																																																																						
57																																																																																	57		
58	Preparer Signature (Required)		Preparer Phone Number		Preparer PTIN, EIN, or SSN (Required)		P03465080						58																																																																						
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