## 2024 KANSAS INDIVIDUAL INCOME TAX

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TESTMELXXXX TESTGERTRUI		A TESTWATERSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7855551	L212	TEST	2340078	391
1234 TESTJE	EFE	TERSON STREETXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SN	501	TEST	9870043	321
X Name or address ha	is cha	nged? X Taxpayer or (spouse if filing joint) died	during this tax year	Χ	Taxpayer was engag	ged in commercial f	arming/fishing in 2024
Amended Return:	Χ	Amended affects Kansas only X Amended F	ederal tax return	X	Adjustment by the IF	RS	
Filing Status:	Χ	Single X Married Filing Joint (Even if only	one had income)	X	Married Filing Separ	rate X	Head of Household (Do not check if filing joint return)
Residency Status:	Χ	Resident X NonResident (Complete Sch S, F	Part B)	KS	State of Legal Resid	lence	,
		Part-Year Resident (Complete Sch S, Part B) From	01012024	То	1231202	24	
Check One Box	X or	Married individuals filing a joint return, check the box box to the right and enter \$18,320 in the currency box		in the	2		18230
(This selection must match your Filing Status from above)	X	Married individuals filing a separate return, individuals or Head of Household, check the box to the left, enter and \$9,160 in the currency box.			1		9160
		If Filing Status above is Head of Household, enter \$2,	320 in the currency	box to the r	ight. If not, leave b	lank.	2320
Exemptions and Dependents		Dependents, enter the number of individuals you may in the first box, multiply by \$2,320 and enter total in the right. Do <b>NOT</b> include yourself or your spouse.	claim as a depende e currency box to th	ent ie	12 x 232	20 =	2250
		Disabled Veteran Personal Exemption allowance. In the total number of disabled veterans being claimed inclus \$2,250 and enter total in the currency box to the right.	ding yourself. Multip		2 x 22	50 =	27840
		,	Total Kansas Exemp	tions			he Total Kansas Exemption

Enter the requested information for all persons claimed as dependents. Do <u>NOT</u> include you or your spouse. Enclose separate schedule if necessary. 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	space is needed, enclose a separate s	Date of Birth - MMDDYYYY	Relationship	SSN				
TIBERIUS A SAJKLAFJAJMPL	EPERSONTEST	01011958	GRANDPAJKKJS	114354769				
MAREGOLD B SAMLOPIOPSFPL	EPERSONTEST	02021956	GRWIANDCHILD	224354659				
JOSEPH C SAMPLJAFOWOFJAK	EPERSONTEST	03031954	DAUGHNMOQTER	335465769				
TIBERIUS D SAJKLAFJAJMPL	EPERSONTEST	04041952	GRANDPASRENT	414354769				
MAREGOLD E SAMLOPIOPSFPL	EPERSONTEST	05051950	GRWIANDCHILD	524354659				
JOSEPH F SAMPLJAFOWOFJAK	EPERSONTEST	06061948	DAUGHYYOQTER	635465769				
Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2024. 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 2024?	Χ	E. Number of exemption	ns claimed	12				
<b>B.</b> Were you (or spouse) 55 years of age or older all of 2024 (born prior to January 1, 1969)?	X	F. Number of dependen (born on or before Ja	nts that are 18 years of age or older inuary 1, 2007)	10				
C. Were you (or spouse) totally and permanently disabled or blind all of 2024, regardless of age?  If you answered NO to A, B, and C, STOP HERE, you do	X	G. Total qualifying exen	nptions (subtract line F from line E)	24				
not qualify for this credit.  D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.	-23456789012	H. Food Sales Tax Cred result here and on lin	dit (multiply line G by \$125). Enter se 18 of this form.	89013				

If Line D is more than \$30,615  $\ensuremath{\mathbf{STOP}}$  HERE, you do not qualify for this credit.

	16 18 20 22 24 26 28 30 32 34					0 72 74 76 78 80
K-40	2024 KANSAS IN	DIVIDUAL	INCOME TA	'X	000 K-40	
(Rev. 8-24)	<del></del>				Page 1228;	4 66000000000
	<del></del>					24
пьслмыт ХХ	XXX A TESTWATERSXXXX	VVVVVV	785555121	12 TES	T 2340078	201
	UDE B TESTGIBSONXXXX		100000121			
	JEFFERSON STREETXXXX		SN 50	01 TES	T 9870043	321
	AXXXXXXXXXX KS 6661					
X Name or address	s has changed? X Taxpayer or (spous	se if filing joint) died duri	ing this tax year		was engaged in commercial f	arming/fishing in 2024
Amended Return:	<del></del>	X Amended Fede	eral tax return		nt by the IRS	11 - 1 - 1 Leves bold (Do po
Filing Status:	<del></del>	g Joint (Even if only one			ling Separate X	Head of Household (Do no check if filing joint return)
Residency Status:	X Resident X NonResident	t (Complete Sch S, Part	B) K	State of Le	egal Residence	
	Part-Year Resident (Complete Sch S, Par	DI Erom	1012024	то 123	12024	
	Part-Tear resident (Complete Son S. ) a	TB) FIGHT		10 120		
Check One	X Married individuals filing a joint return	check the box to t	he left enter "2" in the	e 2		18230
Box	OR box to the right and enter \$18,320 in		10 101, 9.1.5.			
(This selection must match your	X Married individuals filing a separate r					9160
Filing Status from above)	and \$9,160 in the currency box.					
	If Filing Status above is Head of Hou	sehold, enter \$2,320	In the currency box t	to the right. If not,	, leave blank.	2320
Framptions	Dependents, enter the number of indi	dividuals you may cli	eim as a denendent	10 v		2250
Exemptions and	in the first box, multiply by \$2,320 and right. Do <b>NOT</b> include yourself or you	nd enter total in the cu		12 x	2320 =	2250
Dependents	light. Do No i monde yoursen or you	1 Spouse.				
	Disabled Veteran Personal Exemption			, 2 x	2250 =	27840
	total number of disabled veterans bei \$2,250 and enter total in the currency		j yourself. Multiply by		2255	
		Tota	al Kansas Exemptions		Total Kansas Exemption	
				Amount Bo		
					this same amount on page 2	2, line 5 of this form.
Enter the requeste	d information for all persons claimed as o	danandents Do	YOT include you o	ar vour enque	Enclose cenarate su	chodulo if necessary
Eliter trie requests	In the following spaces, provide the requested in	nformation for all persons	ns you claimed as depend	dents. DO NOT inclu	ude you or your spouse.	diedule ii liedossai y.
De	lf additional space is need pendent Name - First, Middle and Last	ded, enclose a separate	sheet, only after completi  Date of Birth - MMDDY	ting all nine lines bel	low. Relationship	SSN
	A SAJKLAFJAJMPLEPERS		01011958		NDPAJKKJS	114354769
MAREGOLD :	B SAMLOPIOPSFPLEPERS	ONTEST	02021956	5 GRW	IANDCHILD	224354659
JOSEPH C	SAMPLJAFOWOFJAKEPERS	ONTEST	03031954	1 DAU	GHNMOQTER	335465769
	<del></del>					
TIBERIUS	D SAJKLAFJAJMPLEPERS	ONTEST	04041952	2   GRA	NDPASRENT	414354769
NANDEROLD			05051050	CDW		E24254650
MAREGOLD	E SAMLOPIOPSFPLEPERS	ONTEST	05051950	) GKW	IIANDCHILD	524354659
JOSEPH F	SAMPLJAFOWOFJAKEPERS	ONTEST	06061948	RODAII	GHYYOQTER	635465769
				)	GIIII	
	You must have been a Kansas resident for ALL of 2	2024. Complete this sec	ction to determine your qua	ualifications and cred	it.	
Food Sales Tax Credit:	who lived with you all year and	X	E. Number of ex	exemptions claimed		12
	18 all of 2024?					
A. Had a dependent child was under the age of		X		dependents that are 1 before January 1, 20	18 years of age or older 007)	10
A. Had a dependent child was under the age of	55 years of age or older all of 2024 1, 1969)?					
A. Had a dependent child was under the age of     B. Were you (or spouse) (born prior to January)	1, 1969)?	7.7	<del></del>		otract line F from line E) □	24
A. Had a dependent chilk was under the age of     B. Were you (or spouse) (born prior to January     C. Were you (or spouse) or blind all of 2024, re If you answered NO to	1, 1969)?  totally and permanently disabled gardless of age? A, B, and C, STOP HERE, you do	X	G. Total qualifyi	ying exemptions (sub		
A. Had a dependent child was under the age of B. Were you (or spouse) (born prior to January C. Were you (or spouse) or blind all of 2024, re If you answered NO to not qualify for this cree. D. If you answered YES.	1, 1969)?  totally and permanently disabled gardless of age?  A, B, and C, STOP HERE, you do lit.		H. Food Sales 1	Tax Credit (multiply I	line G by \$125). Enter	00013
A. Had a dependent child was under the age of B. Were you (or spouse) (born prior to January     C. Were you (or spouse) or bild all of 2024, re if you answered NO to not qualify for this cree.     D. If you answered YES line 1 of this return.	1, 1969)?  totally and permanently disabled gardless of age?  A, B, and C, STOP HERE, you do lit.	X 156789012	H. Food Sales 1		line G by \$125). Enter	89013
A. Had a dependent child was under the age of B. Were you (or spouse) (born prior to January     C. Were you (or spouse) or bild all of 2024, re if you answered NO to not qualify for this cree.     D. If you answered YES line 1 of this return.	1, 1969)?  totally and permanently disabled gardless of age? A, B, and C, STOP HERE, you do lit. to A, B, or C, enter your FAGI from -234		H. Food Sales 1	Tax Credit (multiply I	line G by \$125). Enter	89013
A. Had a dependent chilk was under the age of B. Were you (or spouse) (born prior to January     C. Were you (or spouse) or blind all of 2024, refly ou answered NO to not qualify for this ore.     D. If you answered YES line 1 of this return.     If Line D is more than	1, 1969)?  totally and permanently disabled gardless of age? A, B, and C, STOP HERE, you do lit. to A, B, or C, enter your FAGI from -234		H. Food Sales 1	Tax Credit (multiply I	line G by \$125). Enter	89013
A. Had a dependent chilk was under the age of B. Were you (or spouse) (born prior to January     C. Were you (or spouse) or blind all of 2024, refly ou answered NO to not qualify for this ore.     D. If you answered YES line 1 of this return.     If Line D is more than	1, 1969)?  totally and permanently disabled gardless of age? A, B, and C, STOP HERE, you do lit. to A, B, or C, enter your FAGI from -234		H. Food Sales 1	Tax Credit (multiply I	line G by \$125). Enter	89013



## 2024 KANSAS INDIVIDUAL INCOME TAX

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TESTMELXXXXX A TESTWAT	'ERSXXXXXXXXXX	TEST	2340	007891
Federal adjusted gross income	-11919542311	23. Refundable portion of earned income tax credit		233919542232
2. Modifications	-21919542312	24. Refundable portion of tax credits		244919542242
3. Kansas adjusted gross income	-31919542313	25. Payments remitted with original return		255919542252
Standard or itemized deductions.     (If itemizing, complete KS Sch A)	411919542314	26. Credit for tax paid on the K-120S		261919542162
5. Exemption allowance	52325	27. Overpayment from original return. This figure is a subtraction.		270919542272
6. Total deductions	611919542316	28. Total refundable credits		281919542282
7. Taxable income	-71919542317	29. Underpayment		291919542292
8. Tax	-81919542318	30. Interest		309919542203
9. Nonresident percentage	100.0000	31. Penalty		310919542213
10. Nonresident tax	101919542101	32. Estimated tax penalty		321919542223
11. KS tax on lump sum distributions	111919542111	33. AMOUNT YOU OWE		342919542234
12. TOTAL INCOME TAX	121919542121	34. Overpayment		343919542243
13. Credit for taxes paid to other states	131919542131	35. CREDIT FORWARD		354919542253
14. Credit for child and dependent care expenses	141919542141	36. Chickadee Checkoff		365919542263
15. Other credits	151919542151	37. Senior Citizens Meals On Wheels Contribution Program		376919542273
16. Subtotal	161919542161	38. Breast Cancer Research Fund		387919542283
17. Earned Income Credit	171919542171	39. Military Emergency Relief Fund		398919542293
18. Food Sales Tax Credit	181919542181	40. Kansas Hometown Heroes Fund		409919542204
19. Total Tax Balance	191919542191	41. Kansas Creative Arts Industry Fund		410919542214
20. KS income tax withheld from W-2, 1099 or K-19	201919542102	42. Local School District Contribution Fund. School District Number	340	421919542224
21. Estimated tax paid	211919542112	43. Kansas Historic Site Contribution Fund. Historic Site Number	010	432919542234
22. Amount paid with Kansas extension	222919542222	44. REFUND		442919542244
X I authorize the Director of Taxation or the D I declare under the penalties of perjury that			urn.	
Taxpayer Signature (Required)	Date	Spouse Signature (Required)		Date
Preparer Signature (Required)	Preparer Phone Number	, ,	parer PTIN, EIN o	or SSN quired) P03465080

K-40 2024	4 KANSAS INDIVIDUAL	INCOME TAX 000	K-40 Page 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TESTMELXXXXX A TEST	TWATERSXXXXXXXXXX	TEST	234007891
Federal adjusted gross income	-11919542311	23. Refundable portion of earned income tax credit	233919542232
2. Modifications	-21919542312	24. Refundable portion of tax credits	244919542242
Kansas adjusted gross income	-31919542313	25. Payments remitted with original return	255919542252
Standard or itemized deductions.  (If itemizing, complete KS Sch A)	411919542314	26. Credit for tax paid on the K-120S	261919542162
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9. Nonresident percentage	100.0000	31. Penalty	310919542213
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20. KS income tax withheld from W-2, 1099 or K-19	201919542102	42 Local School District Contribution Fund. School District Number	340 421919542224
21. Estimated tax paid	211919542112	43. Kansas Historic Site Contribution Fund Historic Site Number	010 432919542234
22. Amount paid with Kansas extension	222919542222	44 REFUND	442919542244
	or the Director's designee to discuss my K-40 a		
Taxpayer Signature (Required)	Date	Spouse Signature (Required)	Date
Preparer Signature (Required)	Preparer Phone Number		parer PTIN, EIN or SSN (Required) P03465080
		INCOME TAX	