

2024 KANSAS INDIVIDUAL INCOME TAX





TESTMELXXXXX A TESTWATERSXXXXXXXXXX	78555	551212	TEST	234007891
TESTGERTRUDE B TESTGIBSONXXXXXXXXXX				
1234 TESTJEFFERSON STREETXXXXXXXXXX	SN	501	TEST	987004321
TESTTOPEKAXXXXXXXXXX KS 66612-1588				

X Name or address	has cha	anged? X Taxpayer or (spouse if filing joint) died during this	tax year X	Taxpayer was engaged in commercia	al farming/fishing in 2024
Amended Return:	Х	Amended affects Kansas only X Amended Federal tax	return X	Adjustment by the IRS	
Filing Status:	Х	Single X Married Filing Joint (Even if only one had in	come) X	Married Filing Separate X	Head of Household (Do not check if filing joint return)
Residency Status:	Х	Resident X NonResident (Complete Sch S, Part B)	KS	State of Legal Residence	
	Х	Part-Year Resident (Complete Sch S, Part B) From 01012	2024 то	12312024	
Check One Box	X	Married individuals filing a joint return, check the box to the left, box to the right and enter \$18,320 in the currency box.	enter "2" in the	2	18230
(This selection must match your Filing Status from above)	X	Married individuals filing a separate return, individuals with a fil or Head of Household, check the box to the left, enter "1" in the 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	right. If not, leave blank.	2320
Exemptions and Dependents		Dependents, enter the number of individuals you may claim as in the first box, multiply by \$2,320 and enter total in the currenc right. Do NOT include yourself or your spouse.		12 x 2320 =	2250
		Disabled Veteran Personal Exemption allowance. In the first bo total number of disabled veterans being claimed including yours \$2,250 and enter total in the currency box to the right.		2 x 2250 =	27840
		Total Kans	as Exemptions	12 Total Kansas Exempti	ion Amount. 59800

 ± 2 Total Kansas Exemption Amount. 59800 Add all amounts and enter result in the Total Kansas Exemption Amount Box. Also enter this same amount on page 2, line 5 of this form.

Enter the requested information for all persons claimed as dependents. Do NOT include you or your spouse. Enclose separate schedule if necessary.

		•	,
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

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?	Х	E. Number of exemptions claimed	12
B. Were you (or spouse) 55 years of age or older all of 2024 (born prior to January 1, 1969)?	Х	F. Number of dependents that are 18 years of age or older (born on or before January 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	Х	G. Total qualifying exemptions (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. If Line D is more than \$30,615 STOP HERE , you do not	-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.



		26 28 30 32 34 36 38 40 KANSAS INDIVIDU	42 44 46 48 50 52 54	56 58 60 62 64 66 68	70 72 74 76 78 80
K-40	2024			K-40	
Rev. 9-24)				1228	
ESTMELXXX	XXX A TESTV	VATERSXXXXXXXXXXX	7855551212	TEST 234007	891
ESTGERTRU	JDE B TESTO	JIBSONXXXXXXXXXX			
		STREETXXXXXXXXXXX		TEST 987004	321
ESTTOPEKA	XXXXXXXXXX	KX KS 66612-1588	3		
Name or address		Taxpayer or (spouse if filing joint) of	· · · · · · · · · · · · · · · · · · ·	Taxpayer was engaged in commercial	farming/fishing in 2024
mended Return:	X Amended affect	ts Kansas only X Amend	ed Federal tax return X	Adjustment by the IRS	
iling Status:	X Single	X Married Filing Joint (Even if c		Married Filing Separate	Head of Household (Do not check if filing joint return)
esidency Status:	X Resident	X NonResident (Complete Sch	S, Part B) KS	State of Legal Residence	
	X Part-Year Resid	lent (Complete Sch S, Part B) From	01012024 то	12312024	
					10000
Check One		uals filing a joint return, check the b and enter \$18,320 in the currency		2	18230
This selection	OR C	uals filing a separate return, individ		1	
ust match your iling Status from	A or Head of Hou	usehold, check the box to the left, e the currency box.	nter "1" in the box to the right		9160
bove)	anu \$9,100 IN				
	If Filing Statue	above is Head of Household, enter	\$2,320 in the currency box to the	right If not leave blank	2320
xemptions		nter the number of individuals you n		12 x 2320 =	2250
nd	in the first box,	multiply by \$2,320 and enter total in include yourself or your spouse.			
ependents	ingni. Do ito i				
		an Personal Exemption allowance.		2 × 2250 =	27840
		disabled veterans being claimed in er total in the currency box to the rig			
			Total Kansas Exemptions	12 Total Kansas Exemptio	n Amount. 59800
				Add all amounts and enter result in Amount Box	
				Also enter this same amount on page	2, line 5 of this form.
		ersons claimed as dependents			
	endent Name - First, Midd		Date of Birth - MMDDYYYY		SSN
IBERIUS A	A SAJKLAFJA	AJMPLEPERSONTEST	01011958	GRANDPAJKKJS	114354769
AREGOLD E	SAMLOPIO	PSFPLEPERSONTEST	02021956	GRWIANDCHILD	224354659
JOSEPH C S	AMPLJAFOW	OFJAKEPERSONTESI	03031954	DAUGHNMOQTER	335465769
יסיידמייתדו					11/25/700
'IBERIUS I	JAUKLAFU	AJMPLEPERSONTESI	04041952	GRANDPASRENT	414354769
AREGOLD B	Q AMT ODTO	PSFPLEPERSONTEST	05051950	GRWIANDCHILD	524354659
AREGULD I		STETERERSONTES]	02021320	GUMIHIDOHIID	524354059
OSEPH F S		FJAKEPERSONTEST	06061948	DAUGHYYOQTER	635465769
			00001940		033403709
od Sales Tax Credity	You must have been a Ka	nsas resident for ALL of 2024. Complete	this section to determine your qualificat	ions and credit.	
			E. Number of exempti		12
Was under the age of	who lived with you all year 8 all of 2024?				
	5 years of age or older all	of 2024		ents that are 18 years of age or older	10
(born prior to January	· 1909):		(born on or before)	January 1, 2007)	
or blind all of 2024 rec	otally and permanently disa		G. Total qualifying exe	emptions (subtract line F from line E)	24
If you answered NO to	A, B, and C, STOP HERE,	you do			
If you answered YES to line 1 of this return	A, B, or C, enter your FAC	-234567890	12 H. Food Sales Tax Cr result here and on	edit (multiply line G by \$125). Enter line 18 of this form.	89013
If Line D is more than	30,615 STOP HERE, you				
qualify for this credit.					
quality for this credit.					
quality for this credit.					
quality for this credit.	Pac	ge 1 of 2		For Office Use Only	

K-4

2024 KANSAS INDIVIDUAL INCOME TAX

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TESTMELXXXXX A TESTWAT	ERSXXXXXXXXXX	TEST	2340	07891
1. 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
4. 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

Х 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

Page 2 of 2

INDIVIDUAL INCOME TAX PO Box 750260 TOPEKA KS 66699-0260

K-40 202	4 KANSAS INDIVIDUAL		K-40 Page 2
	TWATERSXXXXXXXXXX	TEST	234007891
Federal adjusted gross income	-11919542311	23. Refundable portion of earned	233919542232
Modifications	-21919542312	24. Refundable portion of tax credits	244919542242
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1099 or K-19	201919542102	Fund. School District Number	340 421919542224
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2. Amount paid with Kansas extension	222919542222	44. REFUND	442919542244
	or the Director's designee to discuss my K-40 a ury that to the best of my knowledge and belief		
axpayer gnature		Spouse Signature	
equired)	Date	(Required)	Date
gnature tequired)	Preparer Phone Number		(Required) P03465080
	INDIVIDUAL PO Box POPEKA KS	750260	