

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXXX7855551212TEST234007891

TESTGERTRUDE B TESTGIBSONXXXXXXXXXXXXX

1234 TESTJEFFERSON STREETXXXXXXXXXXXXXSN501TEST987004321

TESTTOPEKXXXXXXXXXXXXX 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 2025

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

Check One Box

(This selection must match your Filing Status from above)

☒ Married individuals filing a joint return, check the box to the left, enter "2" in the box to the right and enter \$18,320 in the currency box.

218230

OR

☒ Married individuals filing a separate return, individuals with a filing status of Single, or Head of Household, check the box to the left, enter "1" in the box to the right and \$9,160 in the currency box.

19160

Exemptions and Dependents

If Filing Status above is Head of Household, enter \$2,320 in the currency box to the right. If not, leave blank.

2320

Enter the number of individuals you may claim as a dependent in the first box, multiply by \$2,320 and enter total in the currency box to the right. Do NOT include yourself or your spouse.

12 x 2320 = 27840

Additional Exemptions

Enter the number of children you may claim as a dependent who were born in this tax year in the first box, multiply by \$2,320 and enter total in the currency box to the right.

9 x 2320 = 20880

An additional exemption is allowed for the parent(s) of a child who is stillborn during this tax year. Enter the total number of exemptions in the first box, multiply by \$2,320 and enter total in the currency box to the right.

9 x 2320 = 20880

Disabled Veteran Personal Exemption allowance. In the first box, enter the total number of disabled veterans being claimed including yourself. Multiply by \$2,320 and enter total in the currency box to the right.

2 x 2320 = 4550

Total Kansas Exemptions

12

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

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2025 KANSAS INDIVIDUAL INCOME TAX

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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 2025

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 01012025 To 12312025

Check One Box

(This selection must match your Filing Status from above)

☒ Married individuals filing a joint return, check the box to the left, enter "2" in the box to the right and enter \$18,320 in the currency box. 2 18230

OR

☒ Married individuals filing a separate return, individuals with a filing status of Single, or Head of Household, check the box to the left, enter "1" in the box to the right 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

Enter the number of individuals you may claim as a dependent in the first box, multiply by \$2,320 and enter total in the currency box to the right. Do NOT include yourself or your spouse. 12 x 2320 = 27840

Additional Exemptions

Enter the number of children you may claim as a dependent who were born in this tax year in the first box, multiply by \$2,320 and enter total in the currency box to the right. 9 x 2320 = 20880

An additional exemption is allowed for the parent(s) of a child who is stillborn during this tax year. Enter the total number of exemptions in the first box, multiply by \$2,320 and enter total in the currency box to the right. 9 x 2320 = 20880

Disabled Veteran Personal Exemption allowance. In the first box, enter the total number of disabled veterans being claimed including yourself. Multiply by \$2,320 and enter total in the currency box to the right. 2 x 2320 = 4550

Total Kansas Exemptions 12 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
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TIBERIUS D SAJKLAFJAJMPLEPERSONTEST	04041952	GRANDPASRENT	414354769
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JOSEPH F SAMPLJAFOWOFJAKEPERSONTEST	06061948	DAUGHYYOQTER	635465769

K-40

2025 KANSAS INDIVIDUAL INCOME TAX

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122925




TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX

TEST 234007891

1. Federal adjusted gross income	-11919542311	22. Refundable portion of earned income tax credit	233919542232
2. Modifications	-21919542312	23. Refundable portion of tax credits	244919542242
3. Kansas adjusted gross income	-31919542313	24. Payments remitted with original return	255919542252
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	411919542314	25. Credit for tax paid on the K-120S	261919542162
5. Exemption allowance	52325	26. Overpayment from original return.	270919542272
6. Total deductions	611919542316	27. Total refundable credits	-81919542282
7. Taxable income	711919542317	28. Underpayment	291919542292
8. Tax	811919542318	29. Interest	309919542203
9. Nonresident percentage	100.0000	30. Penalty	310919542213
10. Nonresident tax	101919542101	31. Estimated tax penalty	321919542223
11. KS tax on lump sum distributions	111919542111	32. AMOUNT YOU OWE	342919542234
12. TOTAL INCOME TAX	121919542121	33. Overpayment	343919542243
13. Credit for taxes paid to other states	131919542131	34. CREDIT FORWARD	354919542253
14. Credit for child and dependent care expenses	141919542141	35. Chickadee Checkoff	365919542263
15. Other credits	151919542151	36. Senior Citizens Meals On Wheels Contribution Program	376919542273
16. Subtotal	161919542161	37. Breast Cancer Research Fund	387919542283
17. Earned Income Credit	171919542171	38. Military Emergency Relief Fund	398919542293
18. Total Tax Balance	191919542191	39. Kansas Hometown Heroes Fund	409919542204
19. KS income tax withheld from W-2 or 1099	201919542102	40. Kansas Creative Arts Industry Fund	410919542214
20. Estimated tax paid	211919542112	41. Local School District Contribution Fund. School District Number	340 421919542224
21. Amount paid with Kansas extension	222919542222	42. Kansas Historic Site Contribution Fund. Historic Site Number	010 432919542234
		43. 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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