K-40 (Rev. 8-23)	2023 KANSAS INDIV	IDUAL INCOME TAX	0 0 0 K-4 Pag 122	
	A TESTWATERSXXXXXXX		TEST 23400	7891
	B TESTGIBSONXXXXXXX FERSON STREETXXXXXXX XXXXXXXXX KS 66612-1	XXX SN 501	TEST 987004	1321
X Name or address has ch	aanged? X Taxpayer or (spouse if filing	g joint) died during this tax year X	Taxpayer was engaged in commercia	al farming/fishing in 2023
Amended Return:	Amended affects Kansas only	Amended Federal tax return	Adjustment by the IRS	
Filing Status:	Single X Married Filing Joint (E	even if only one had income)	Married Filing Separate	Head of Household (Do not check if filing joint return)
Residency Status:	Resident X NonResident (Comple	ete Sch S, Part B) KS	State of Legal Residence	
Х	Part-Year Resident (Complete Sch S, Part B) Fro	m 01012023	то 12312023	
Exemptions: 12	Enter the total exemptions for you, your spouse (and each person you claim as a dependent.	if applicable), 1 If filing status above is Household, add one e		enter the total here.
13	Total Kansas exemptions			annoauons
	the following spaces, provide the requested information If additional space is needed, encl t Name - First, Middle and Last	on for all persons you claimed as dependen lose a separate sheet, only after completing Date of Birth - MMDDYYY	all nine lines below.	SSN
TIBERIUS A S	AJKLAFJAJMPLEPERSONT	EST 01011958	GRANDPAJKKJS	114354769
MAREGOLD B S	AMLOPIOPSFPLEPERSONT	EST 02021956	GRWIANDCHILD	224354659
JOSEPH C SAM	PLJAFOWOFJAKEPERSONT	EST 03031954	DAUGHNMOQTER	335465769
TIBERIUS D S	AJKLAFJAJMPLEPERSONT	EST 04041952	GRANDPASRENT	414354769
MAREGOLD E S	AMLOPIOPSFPLEPERSONT	EST 05051950	GRWIANDCHILD	524354659
JOSEPH F SAM	PLJAFOWOFJAKEPERSONT	EST 06061948	DAUGHYYOQTER	635465769
JOSEPH G SAM	PLJAFOWOFJAKEPERSONT	EST 07071946	DAUGHNMOQTER	735465769
TIBERIUS H S	AJKLAFJAJMPLEPERSONT	EST 08041952	GRANDPASRENT	814354769
MAREGOLD I S	AMLOPIOPSFPLEPERSONT	EST 09051950	GRWIANDCHILD	924354659
Food Sales Tax Credit: You n	nust have been a Kansas resident for ALL of 2023. Co	mplete this section to determine your qualifi	cations and credit.	
A. Had a dependent child who liv was under the age of 18 all o	ved with you all year and f 2023?	X E. Number of exem	nptions claimed	12

was under the age of 10 all of 2023?			
B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?	Х	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006)	10
C. Were you (or spouse) totally and permanently disabled or blind all of 2023, 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.	-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.			

C-40 2023 KANSAS INDIVIDUA	AL INCOME TAX	000	nxe
ev. 8-23)		K-40 Page	
		1228	
ESTMELXXXXX A TESTWATERSXXXXXXXXXX	7855551212	TEST 234007	891
ESTGERTRUDE B TESTGIBSONXXXXXXXXXX			
234 TESTJEFFERSON STREETXXXXXXXXXXX	SN 501	TEST 987004	321
ESTTOPEKAXXXXXXXXXXXX KS 66612-1588			
Name or address has changed? X Taxpayer or (spouse if filing joint) die	d during this tax year X	Taxpayer was engaged in commercial	farming/fishing in 2022
nended Return: X Amended affects Kansas only X Amended	Federal tax return X	Adjustment by the IRS	
			Head of Household (Do not
ling Status: X Single X Married Filing Joint (Even if only	y one had income) X	Married Filing Separate	check if filing joint return)
sidency Status: X Resident X NonResident (Complete Sch \$,	Part B) KS	State of Legal Residence	
X Part-Year Resident (Complete Sch S, Part B) From	01012023 то	12312023	
Enter the total exampliance for your designs (if conlined	ole), 1 If filing status above is He	If claiming the Disabled	/eteran Personal
emptions: 12 Enter the total exemptions for you, your spouse (if applicab and each person you claim as a dependent.	ole), <u>1</u> If filing status above is He Household, add one exe		
13 Total Kansas exemptions			
In the following spaces, provide the requested information for all p	ersons vou claimed as dependents	DO NOT include you or your spouse	
If additional space is needed, enclose a sep	parate sheet, only after completing all	nine lines below.	
Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
			114054760
IBERIUS A SAJKLAFJAJMPLEPERSONTEST	01011958	GRANDPAJKKJS	114354769
AREGOLD B SAMLOPIOPSFPLEPERSONTEST	02021956	GRWIANDCHILD	224354659
			225465760
OSEPH_C_SAMPLJAFOWOFJAKEPERSONTEST_	03031954	DAUGHNMOQTER	335465769
	04041050		414254760
IBERIUS D SAJKLAFJAJMPLEPERSONTEST	04041952	GRANDPASRENT	414354769
AREGOLD E SAMLOPIOPSFPLEPERSONTEST	05051950		524354659
AREGOLD E SAMLOPIOPSFPLEPERSONTEST	05051950	GRWIANDCHILD	524554659
OSEPH F SAMPLJAFOWOFJAKEPERSONTEST	06061948	DAUGHYYOQTER	635465769
OSEFN F SAMFLOAFOWOFOAREFERSONIESI	00001940	DAUGHIIOQIEK	033403709
OSEPH G SAMPLJAFOWOFJAKEPERSONTEST	07071946	DAUGHNMOQTER	735465769
OBELIN G SAME DOAR OWOT DAREE ERSONTEST			755405705
IBERIUS H SAJKLAFJAJMPLEPERSONTEST	08041952	GRANDPASRENT	814354769
	00041952	GIANDIASILLINI	014554705
AREGOLD I SAMLOPIOPSFPLEPERSONTEST	09051950	GRWIANDCHILD	924354659
AREGULD I SAMLOFIOFSFFLEFERSONIESI	0,00,00,00,00		524554055
od Sales Tax Credit: You must have been a Kansas resident for ALL of 2023. Complete this	s section to determine your qualificati	ons and credit	
Had a dependent child who lived with you all year and	E. Number of exemption	ons claimed	12
was under the age of 18 all of 2023?			
Were you (or spouse) 55 years of age or older all of 2023	F. Number of depende	ents that are 18 years of age or older	10
(born prior to January 1, 1968)?	(born on or before J	anudiy I, 2000)	
Were you (or spouse) totally and permanently disabled or blind all of 2023, regardless of age? X	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			
not qualify for this credit. If you answered YES to A, B, or C, enter your FAGI from2345678901 line 1 of this return.	L 2 H. Food Sales Tax Cre result here and on I	edit (multiply line G by \$125). Enter ine 18 of this form	89013
If Line D is more than \$30,615 STOP HERE, you do not			
qualify for this credit.			
Page 1 of 2		For Office Use Only	
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K-40

2023 KANSAS INDIVIDUAL INCOME TAX

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TESTMELXXXXX A TEST	TWATERSXXXXXXXXXX	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		-28919542282
7. Taxable income	711919542317	29. Underpayment		291919542292
8. Tax	811919542318	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 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

INDIVIDUAL INCOME TAX PO Box 750260 TOPEKA KS 66699-0260

S-4 0 202	3 KANSAS INDIVIDUAL	INCOME TAX 000	K-40 Page 2
ev. 8-23)			K-40 Page 2 122923
ESTMELXXXXX A TEST	TWATERSXXXXXXXXXX	TEST	234007891
Federal adjusted gross income	-11919542311	23. Refundable portion of earned income tax credit	233919542232
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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Credit for taxes paid to other states	131919542131	35. CREDIT FORWARD	354919542253
Credit for child and dependent care expenses	141919542141	36. Chickadee Checkoff	365919542263
. Other credits	151919542151	37. Senior Citizens Meals On Wheels Contribution Program	376919542273
Subtotal	161919542161	38. Breast Cancer Research Fund	387919542283
Earned Income Credit	171919542171	39. Military Emergency Relief Fund	398919542293
Food Sales Tax Credit	181919542181	40. Kansas Hometown Heroes Fund	409919542204
. Total Tax Balance	191919542191	41. Kansas Creative Arts Industry Fund	410919542214
KS income tax withheld from W-2, 1099 or K-19	201919542102	42. Local School District Contribution Fund. School District Number	340 421919542224
Estimated tax paid	211919542112	43. Kansas Historic Site Contribution Fund Historic Site Number	010 432919542234
Amount paid with Kansas extension	222919542222	44. REFUND	442919542244
	the Director's designee to discuss my K-40 a		
I declare under the penalties of perju xpayer nature	ry that to the best of my knowledge and belie	f this is a true, correct, and complete return. Spouse Signature	
equired)	Date	(Required)	Date
nature equired)	Preparer Phone Number	Prepa	rer PTIN, EIN or SSN (Required) P03465080
	PO Box	INCOME TAX 750260 66699-0260	