| <b>K-40</b><br>(Rev. 8-23)  | 2023 KANSAS INDIV   | IDUAL INCOME TAX   | 0 0 0 K-4<br>Pag<br>122           |   |
|---|---|--|-----------------------------------|---|
|   | A TESTWATERSXXXXXXX   |  | TEST 23400                        | 7891  |
|   | B TESTGIBSONXXXXXXX<br>FERSON STREETXXXXXXX<br>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 (<br>and each person you claim as a dependent.                                    | if applicable), 1 If filing status above is<br>Household, add one e  |                                   | enter the total here.                                   |
| 13  | Total Kansas exemptions   |  |                                   | annoauons   |
|   | the following spaces, provide the requested information<br>If additional space is needed, encl<br>t Name - First, Middle and Last | on for all persons you claimed as dependen<br>lose a separate sheet, only after completing<br><b>Date of Birth</b> - 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 <b>ALL</b> of 2023. Co   | mplete this section to determine your qualifi  | cations and credit.               |   |
| A. Had a dependent child who liv<br>was under the age of 18 all o | ved with you all year and<br>f 2023?  | X E. Number of exem  | nptions claimed                   | 12  |

| was under the age of 10 all of 2023?   |              |  |       |
|--|--------------|--|-------|
| <b>B.</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<br>(born on or before January 1, 2006)       | 10    |
| C. Were you (or spouse) totally and permanently disabled<br>or blind all of 2023, regardless of age?<br>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.<br>D. If you answered YES to A, B, or C, enter your FAGI from<br>line 1 of this return.   | -23456789012 | H. Food Sales Tax Credit (multiply line G by \$125). Enter<br>result here and on line 18 of this form. | 89013 |
| If Line D is more than \$30,615 <b>STOP HERE,</b> you do not<br>qualify for this credit.   |              |  |       |

| C-40 2023 KANSAS INDIVIDUA  | AL INCOME TAX   | 000   | nxe                           |
|---|---|---|-------------------------------|
| ev. 8-23)   |   | K-40<br>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) |
|   |   |   |                               |
| <b>sidency Status:</b> 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<br>and each person you claim as a dependent.      | ole), <u>1</u> If filing status above is He<br>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.<br>If you answered YES to A, B, or C, enter your FAGI from2345678901<br>line 1 of this return. | L 2 H. Food Sales Tax Cre<br>result here and on I                     | edit (multiply line G by \$125). Enter<br>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   |                               |
|   | 42 44 46 48 50 52 54  | = = = = = = = = = = = = = = = =                               |                               |

K-40

## 2023 KANSAS INDIVIDUAL INCOME TAX

000



| 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.<br>(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.<br>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<br>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<br>Fund                              |      | 410919542214 |
| 20. KS income tax withheld from W-2, 1099 or K-19                        | 201919542102      | 42. Local School District Contribution<br>Fund. School District Number | 340  | 421919542224 |
| 21. Estimated tax paid   | 211919542112      | 43. Kansas Historic Site Contribution<br>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<br>Signature<br>(Required) | Date                     | Spouse<br>Signature<br>(Required) |   | Date      |
|-------------------------------------|--------------------------|-----------------------------------|---|-----------|
| Preparer<br>Signature<br>(Required) | Preparer<br>Phone Number |                                   | Preparer PTIN, EIN or SSN<br>(Required) | P03465080 |

INDIVIDUAL INCOME TAX PO Box 750260 TOPEKA KS 66699-0260

| <b>S-4</b> 0 202  | <b>3</b> KANSAS INDIVIDUAL                    | INCOME TAX 000   | K-40 Page 2                                  |
|---|---|--|--|
| ev. 8-23)   |   |  | K-40<br>Page 2<br>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.<br>(If itemizing, complete KS Sch A) | 411919542314                                  | 26. Credit for tax paid on the K-120S                                  | 261919542162                                 |
| Exemption allowance   | 52325   | 27. Overpayment from original return.<br>This figure is a subtraction. | 270919542272                                 |
| Total deductions  | 611919542316                                  | 28. Total refundable credits   | -28919542282                                 |
| Taxable income  | 711919542317                                  | 29. Underpayment   | 291919542292                                 |
| Tax   | 811919542318                                  | 30. Interest   | 309919542203                                 |
| Nonresident percentage  | 100.0000                                      | 31. Penalty  | 310919542213                                 |
| Nonresident tax   | 101919542101                                  | 32. Estimated tax penalty  | 321919542223                                 |
| KS tax on lump sum distributions                                      | 111919542111                                  | 33. AMOUNT YOU OWE   | 342919542234                                 |
| TOTAL INCOME TAX  | 121919542121                                  | 34. Overpayment  | 343919542243                                 |
| 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<br>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<br>Fund                              | 410919542214                                 |
| KS income tax withheld from W-2,<br>1099 or K-19                      | 201919542102                                  | 42. Local School District Contribution<br>Fund. School District Number | 340 421919542224                             |
| Estimated tax paid  | 211919542112                                  | 43. Kansas Historic Site Contribution<br>Fund Historic Site Number     | 010 432919542234                             |
| Amount paid with Kansas<br>extension                                  | 222919542222                                  | 44. REFUND   | 442919542244                                 |
|   | the Director's designee to discuss my K-40 a  |  |  |
| I declare under the penalties of perju<br>xpayer<br>nature            | ry that to the best of my knowledge and belie | f this is a true, correct, and complete return.<br>Spouse<br>Signature |  |
| equired)  | Date  | (Required)   | Date   |
| nature<br>equired)  | Preparer<br>Phone Number                      | Prepa  | rer PTIN, EIN or SSN<br>(Required) P03465080 |
|   |   |  |  |
|   | PO Box  | INCOME TAX<br>750260<br>66699-0260                                     |  |