

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX 785551212 TEST 234007891  
TESTGERTRUDE B TESTGIBSONXXXXXXXXXXXX  
1234 TESTJEFFERSON STREETXXXXXXXXXXXX SN 501 TEST 987004321  
TESTTOPEKXXXXXXXXXXXX KS 66612-1588

X Name or address has changed? X Taxpayer or (spouse if filing joint) died during this tax year X Taxpayer was engaged in commercial farming/fishing in 2020  
Amended Return: X Amended affects Kansas only X Amended Federal tax return X Adjustment by the IRS  
Filing Status: X Single X Married Filing Joint (Even if only one had income) X Married Filing Separate X Head of Household (Do not check if filing joint return)  
Residency Status: X Resident X NonResident (Complete Sch S, Part B) KS State of Legal Residence  
X Part-Year Resident (Complete Sch S, Part B) From 01012020 To 12312020  
Exemptions: 12 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. 1 If filing status above is Head of Household, add one exemption. 13 Total Kansas exemptions

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	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
JOSEPH G SAMPLJAFOWOFJAKEPERSONTEST	07071946	DAUGHNMOQTER	735465769
TIBERIUS H SAJKLAFJAJMPLEPERSONTEST	08041952	GRANDPASRENT	814354769
MAREGOLD I SAMLOPIOPSFPLEPERSONTEST	09051950	GRWIANDCHILD	924354659

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2020. Complete this section to determine your qualifications and credit. If you did not mark A, B, and C, STOP HERE; you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2020? X E. Number of exemptions claimed 12  
B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)? X F. Number of dependents that are 18 years of age or older (born on or before January 1, 2003) 10  
C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age? X G. Total qualifying exemptions (subtract line F from line E) 24  
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 STOP HERE, you do not qualify for this credit. -23456789012 H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 89013

**K-40**  
(Rev. 7-20)

**2020 KANSAS INDIVIDUAL INCOME TAX**

000 122820

TESTMELXXXXX A TESTWATERSXXXXXXXXXX 7855551212 TEST 234007891  
TESTGERTRUDE B TESTGIBSONXXXXXXXXXX  
1234 TESTJEFFERSON STREETXXXXXXXXXX SN 501 TEST 987004321  
TESTTOPEKAXXXXXXXXXXXXX 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 2020

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 01012020 To 12312020

Exemptions: 12 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. 1 If filing status above is Head of Household, add one exemption. 13 Total Kansas exemptions

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	Date of Birth - MMDDYYYY	Relationship	SSN
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MAREGOLD I SAMLOPIOPSPLEPERSONTEST	09051950	GRWIANDCHILD	924354659

**Food Sales Tax Credit:** You must have been a Kansas resident for ALL of 2019. Complete this section to determine your qualifications and credit.  
If you did not mark A, B, and C, **STOP HERE;** you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2020?	<input checked="" type="checkbox"/>	E. Number of exemptions claimed	12
B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)?	<input checked="" type="checkbox"/>	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2003)	10
C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age?	<input checked="" type="checkbox"/>	G. Total qualifying exemptions (subtract line F from line E)	24
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 STOP HERE, you do not qualify for this credit.	-23456789012	H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.	89013



TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX

TEST

234007891

1. Federal adjusted gross income	-11919542315	23. Estimated tax paid	222919542223
2. Modifications	-21919542322	24. Amount paid with Kansas extension	233919542224
3. Kansas adjusted gross income	-31919542333	25. Refundable portion of earned income tax credit	244919542225
4. Standard or itemized deductions	411919542344	26. Refundable portion of tax credits	255919542226
5. Exemption allowance	52355	27. Payments remitted with original return	266919542227
6. Total deductions	611919542366	28. Overpayment from original return	277919542228
7. Taxable income	711919542377	29. Total refundable credits	-28919542229
8. Tax	811919542388	30. Underpayment	299919542230
9. Nonresident percentage	100.0000	31. Interest	300919542231
10. Nonresident tax	101919542110	32. Penalty	311919542232
11. KS tax on lump sum distributions	111919542111	33. Estimated tax penalty	322919542233
12. TOTAL INCOME TAX	121919542112	34. AMOUNT YOU OWE	333919542234
13. Credit for taxes paid to other states	131919542113	35. Overpayment	344919542235
14. Credit for child and dependent care expenses	141919542114	36. CREDIT FORWARD	355919542236
15. Other credits	141919542115	37. Chickadee Checkoff	366919542237
16. Subtotal	151919542116	38. Senior Citizens Meals On Wheels Contribution Program	377919542238
17. Earned Income Credit	161919542117	39. Breast Cancer Research Fund	388919542239
18. Food Sales Tax Credit	171919542118	40. Military Emergency Relief Fund	399919542240
19. Tax balance after credits	181919542119	41. Kansas Hometown Heroes Fund	400919542241
20. Use Tax Due (Out-of-State and Internet Purchases)	191919542120	42. Kansas Creative Arts Industry Fund	411919542242
21. Total Tax Balance	201919542121	43. Local School District Contribution Fund. School District Number	340 422919542243
22. KS income tax withheld from W-2, 1099 or K-19	211919542122	44. REFUND	432919542244

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	_____	Preparer Signature	_____	Preparer PTIN, EIN or SSN	
Spouse Signature (Required)	_____	Date	_____	Preparer Phone Number	_____		P03465089

**IMPORTANT:** 1) Form K-40 is a 2 PAGE FORM - BOTH PAGES REQUIRED. WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas



# K-40

# 2020 KANSAS INDIVIDUAL INCOME TAX

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122920

(Rev. 7-20)

TESTMELXXXXX A TESTWATERSXXXXXXXXXX

TEST 234007891

1. Federal adjusted gross income	-11919542315	23. Estimated tax paid	222919542223
2. Modifications	-21919542322	24. Amount paid with Kansas extension	233919542224
3. Kansas adjusted gross income	-31919542333	25. Refundable portion of earned income tax credit	244919542225
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12. TOTAL INCOME TAX	121919542112	34. AMOUNT YOU OWE	333919542234
13. Credit for taxes paid to other states	131919542113	35. Overpayment	344919542235
14. Credit for child and dependent care expenses	141919542114	36. CREDIT FORWARD	355919542236
15. Other credits	141919542115	37. Chickadee Checkoff	366919542237
16. Subtotal	151919542116	38. Senior Citizens Meals On Wheels Contribution Program	377919542238
17. Earned Income Credit	161919542117	39. Breast Cancer Research Fund	388919542239
18. Food Sales Tax Credit	171919542118	40. Military Emergency Relief Fund	399919542240
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22. KS income tax withheld from W-2, 1099 or K-19	211919542122	44. REFUND	432919542244

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Spouse Signature (Required)	Date	Preparer Phone Number	P03465089

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