

2020 KANSAS INDIVIDUAL INCOME TAX 000

122820

	SXXXXXXXXX	7855551212	TEST 2	234007891
1234 TESTJEFFERSON STREET TESTTOPEKAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TXXXXXXXXX	SN 501	TEST S	987004321
X Name or address has changed? X Taxpa	yer or (spouse if filing joint) died duri	ng this tax year X	Taxpayer was engaged	d in commercial farming/fishing in 2020
Amended Return: X Amended affects Kansas on	ly X Amended Fede	ral tax return X	Adjustment by the IRS	
Filing Status: X Single X M	Married Filing Joint (Even if only one	had income) X	Married Filing Separate	e 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 Residen	ice
X Part-Year Resident (Comple	te Sch S, Part B) From	.012020	0 12312020	0
Exemptions: 12 Enter the total exemptions for and each person you claim a	or you, your spouse (if applicable), as a dependent.		status above is Head of hold, add one exemption.	13 Total Kansas exemptions
	requested information for all persor			your spouse.
Dependent Name - First, Middle and Last		Date of Birth - MMDDYYYY	Relations	ship SSN
TIBERIUS A SAJKLAFJAJMPLI	EPERSONTEST	01011958	GRANDPA	JKKJS 114354769
MAREGOLD B SAMLOPIOPSFPLI	EPERSONTEST	02021956	GRWIANDO	CHILD 224354659
JOSEPH C SAMPLJAFOWOFJAK	EPERSONTEST	03031954	DAUGHNMO	OQTER 335465769
TIBERIUS D SAJKLAFJAJMPLI	EPERSONTEST	04041952	GRANDPAS	SRENT 414354769
MAREGOLD E SAMLOPIOPSFPLI	EPERSONTEST	05051950	GRWIANDO	CHILD 524354659
JOSEPH F SAMPLJAFOWOFJAKI	EPERSONTEST	06061948	DAUGHYY(OQTER 635465769
JOSEPH G SAMPLJAFOWOFJAKI	EPERSONTEST	07071946	DAUGHNMO	OQTER 735465769
TIBERIUS H SAJKLAFJAJMPLI	EPERSONTEST	08041952	GRANDPAS	SRENT 814354769
MAREGOLD I SAMLOPIOPSFPLI	EPERSONTEST	09051950	GRWIANDO	CHILD 924354659
Food Sales Tax Credit: You must have been a Kansas resident If you did not mark A, B, and C, STOP H			ations and 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 exemp	otions claimed	12
B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)?	X		dents that are 18 years of a e January 1, 2003)	age or older 10
C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age?	X	G. Total qualifying e	xemptions (subtract line F 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		Credit (multiply line G by \$1 and on line 18 of this form.	

6	8 10 12 14 1					42 44 46 48 AL INCOME	50 52 54 ΤΔΧ	000	64 66 68 1228		78 80
	-40	202	UIVAIIO		DIVIDOR			000	1220		
TE	STMELXXXX	XX A TES	TWATERS	XXXX	XXXXXX	785555	1212	TEST	234007	891	
	STGERTRUI	DE B TES	TGIBSON	IXXXX	XXXXXX						
	34 TESTJE STTOPEKAX	EFFERSON				SN	501	TEST	987004	321	
TE	STTOPEKAZ	XXXXXXX.	XXX KS	0001.	2-1588						
X	Name or address ha	s changed?	X Taxpay	er or (spouse	e if filing joint) died	d during this tax year	X	Taxpayer was enga	ged in commercial	farming/fishing in 202	20
Ame	nded Return:	X Amended a	affects Kansas only	, ,	X Amended	Federal tax return	X	Adjustment by the II	De l		
Aille	naeu Retuin.	Ameriada a	ancets italisas offi	y .	X Ameridad	T ederal tax return	Λ	Adjustment by the n	1.0		1 (D
	g Status:	X Single	X	arried Filing	Joint (Even if only	y one had income)	X	Married Filing Sepa	rate X	Head of Household check if filing joint	return)
Resi	dency Status:	X Resident	X No	onResident ((Complete Sch S,	Part B)	KS	State of Legal Resid	dence		
			2 3 1		. , , , , , , , , , ,		1.0				
		X Part-Year R	Resident (Complete	e Sch S, Par	rt B) From	01012020	То	123120	20		
	mptions:]	2 Enter the to	otal exemptions for erson you claim as	you, your s	pouse (if applicab	le), 1		status above is Head of		Total Kansas exer	nptions
		33 04011 p	jou sidiii di				Househ	old, add one exemption	n.		
	In the follow					aimed as dependents.		ude you or your spou	ıse.		
	Depen	dent Name - First, M		a, onduse a	oppulate silect, 0	Date of Birth - N		Relatio	onship	SSN	
тт	DEDILLO	C 7 TIZT 7 T	77 71/17 7	ים מים ני		01011	050		7 7777 70	111054	760
TI	BERIUS A	SAJKLAF	UAUMPLE	TEKS(ONTEST	01011	908	GRANDP	AUKKUS	114354	109
MA	REGOLD B	SAMLOPI	OPSFPLE	PERS	ONTEST	02021	956	GRWIAN	DCHILD	224354	659
JC	SEPH C SA	AMPLJAFO	MOFINE	DFDC	OMMERM	03031	951	DAUGHN	MOOULD	335465	760
		THE LOWE O	MAOT OWIVE	1 11/0	OTA T ID O T	00001		PAOGIN	TO TEV	333403	103
	BERIUS D	SAJKLAF	JAJMPLE	PERS	ONTEST	04041	952	GRANDP.	ASRENT	414354	769
MΑ	REGOLD E	SAMLOPI	OPSFPIF	PERS	ONTEST	05051	950	GRWIAN	DCHTID	524354	659
JC	SEPH F SA	AMPLJAFO	WOFJAKE	PERS	ONTEST	06061	9 4 8	DAUGHY	YOQTER	635465	769
	SEPH G SA	AMPLJAFO	WOFJAKE	PERS	ONTEST	07071	946	DAUGHN	MOQTER	735465	769
			T2 T3 (-)			000011	0.50			014054	766
ТΙ	BERIUS H	SAJKLAF	JAJMPLE	PERS	ONTEST	08041	952	GRANDP.	ASRENT	814354	/69
	REGOLD I	SAMLOPI	OPSFPLE	PERS	ONTEST	09051	950	GRWIAN	DCHILD	924354	659
Food	Sales Tax Credit: You	ou must have been a you did not mark A, E					our qualificat	tions and credit.			+++
	ad a dependent child wh	no lived with you all y									
	nder the age of 18 all of				X			ions claimed			12
	ere you (or spouse) 55 orn prior to January 1, 1		all of 2020		X			ents that are 18 years of January 1, 20 <mark>03</mark>)	of age or older		10
	ere you (or spouse) tota		disabled or		7.7		a.,		F 6		0.4
D. If	ind all of 20 <mark>20</mark> , regardle you answered YES to A	, B, or C, enter your l			X			emptions (subtract line			24
	om line 1 of this return. TOP HERE, you do not			-234	5678901	L2 H. Food Ente		redit (multiply line G by and on line 18 of this for		89	013
-											H
			F	age 1	of 2			For Office I	Jse Only		
6	8 10 12 14 1	6 18 20 22 :	24 26 28 30			42 44 46 48	50 52 54			70 72 74 76	78 80

2020 KANSAS INDIVIDUAL INCOME TAX

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122920

TESTMELXXXXX A TESTWA	TERSXXXXXXXXX	TEST	234007891
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
X I authorize the Director of Taxation or the DI declare under the penalties of perjury tha	· ·	3	
Taxpayer Signature (Required)		eparer ınature	Preparer PTIN, EIN or SSN
Spouse Signature (Required)	Pr Date Pr Pr	eparer one 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

	NANSAS INDIVIDUAL	INCOME TAX 000	122920
Rev.7-20) TESTMELXXXXX A TEST	TWATERSXXXXXXXXXX	TEST	234007891
Federal adjusted gross income	-11919542315	23. Estimated tax paid	222919542223
		24. Amount paid with Kansas	
2. Modifications	-21919542322	extension	233919542224
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12. TOTAL INCOME TAX	121919542112	34. AMOUNT YOU OWE	333919542234
13. Credit for taxes paid to other	131919542113	35. Overpayment	344919542235
states 14. Credit for child and dependent			
care expenses	141919542114	36. CREDIT FORWARD	
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		41. Kansas Creative Arts Industry	
Internet Purchases)	191919542120	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
	r the Director's designee to discuss my K-40 a		
Faxpayer	ry that to the best of my knowledge and belief		
Signature Required) Spouse		Preparer Signature	Preparer PTIN, EIN or SSN
Signature Required)		Preparer Phone Number	P03465089
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	urns. Signature(s) are required; 4) DO NOT US	SE RED or SHADES of RED INK on tax returns	