



DEPX.LS A A 490549197  
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Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2023

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 X Head of Household (Do not check if filing joint return)

Residency Status: X Resident NonResident (Complete Sch S, Part B) State of Legal Residence  
Part-Year Resident (Complete Sch S, Part B) From To

Exemptions: 2 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. 0 If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications)  
3 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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Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2023?	X	E. Number of exemptions claimed	2
B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?		F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006)	0
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, <b>STOP HERE</b> , you do not qualify for this credit.		G. Total qualifying exemptions (subtract line F from line E)	2
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If Line D is more than \$30,615 <b>STOP HERE</b> , you do not qualify for this credit.	20000	H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.	250



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1. Federal adjusted gross income	20000	23. Refundable portion of earned income tax credit	455
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	20000	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	6000	26. Payments made on the K-120S	0
5. Exemption allowance	6750	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	12750	28. Total refundable credits	455
7. Taxable income	7250	29. Underpayment	0
8. Tax	224	30. Interest	0
9. Nonresident percentage	.0000	31. Penalty	0
10. Nonresident tax	0	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	224	34. Overpayment	455
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	224	38. Breast Cancer Research Fund	0
17. Earned Income Credit	224	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	250	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	0	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	0	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. Kansas Historic Site Contribution Fund. Historic Site Number	0
22. Amount paid with Kansas extension	0	44. REFUND	455

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) \_\_\_\_\_  
Preparer  
Signature  
(Required) \_\_\_\_\_

Date \_\_\_\_\_

Spouse  
Signature  
(Required) \_\_\_\_\_ Date \_\_\_\_\_

Preparer  
Phone Number \_\_\_\_\_

Preparer PTIN, EIN or SSN

(Required)