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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 2024	
Amended Return:	Amended affects Kansas only	Amended Federal tax return		Adjustment by the IRS	
Filing Status:	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint (Even if only one had income)		<input type="checkbox"/> Married Filing Separate	
Residency Status:	<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> NonResident (Complete Sch S, Part B)		<input type="checkbox"/> Head of Household (Do not check if filing joint return)	
Part-Year Resident (Complete Sch S, Part B) From		To		State of Legal Residence	

Check One Box  
(This selection must match your Filing Status from above)

OR

☒ Married individuals filing a separate return, individuals with a filing status of Single, or Head of Household, check the box to the left, enter "1" in the box to the right and \$9,160 in the currency box.

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9160

Exemptions and Dependents

If Filing Status above is Head of Household, enter \$2,320 in the currency box to the right. If not, leave blank.

Dependents, enter the number of individuals you may claim as a dependent in the first box, multiply by \$2,320 and enter total in the currency box to the right. Do NOT include yourself or your spouse.

Disabled Veteran Personal Exemption allowance. In the first box, enter the total number of disabled veterans being claimed including yourself. Multiply by \$2,250 and enter total in the currency box to the right.

0 x 2320 = 0

0 x 2250 = 0

Total Kansas Exemptions 1

Total Kansas Exemption Amount. 9160

Add all amounts and enter result in the Total Kansas Exemption Amount Box. Also enter this same amount on page 2, line 5 of this form.

Enter the requested information for all persons claimed as dependents. **Do NOT include you or your spouse.** Enclose separate schedule if necessary.

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 2024. 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 2024?

B. Were you (or spouse) 55 years of age or older all of 2024 (born prior to January 1, 1969)?

C. Were you (or spouse) totally and permanently disabled or blind all of 2024, regardless of age? If you answered NO to A, B, and C, STOP HERE, you do not qualify for this credit.

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 STOP HERE, you do not qualify for this credit.

E. Number of exemptions claimed

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2007)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

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1. Federal adjusted gross income	99999	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	99999	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3605	26. Payments made on the K-120S	0
5. Exemption allowance	9160	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	12765	28. Total refundable credits	0
7. Taxable income	87234	29. Underpayment	4780
8. Tax	4780	30. Interest	0
9. Nonresident percentage	.0000	31. Penalty	0
10. Nonresident tax	0	32. Estimated tax penalty	240
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	5020
12. TOTAL INCOME TAX	4780	34. Overpayment	0
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	4780	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	4780	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	0

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)	_____		