



DO NOT STAPLE

Form with fields for Your First Name, Initial, Last Name, Spouse's First Name, Initial, Last Name, Mailing Address, School District No., City, Town, or Post Office, State, Zip Code, County Abbreviation.

Enter the first four letters of your last name. Use ALL CAPITAL letters.

Your Social Security number

Enter the first four letters of your spouse's last name. Use ALL CAPITAL letters.

Spouse's Social Security number

Daytime telephone number

- Checkboxes for name/address changes and taxpayer death during the year.

Amended Return (Mark ONE)

- Options for Amended affects Kansas only, Amended Federal tax return, Adjustment by the IRS.

Filing Status (Mark ONE)

- Options for Single, Married filing joint, Married filing separate, Head of household.

Residency Status (Mark ONE)

- Options for Resident, Part-year resident, Nonresident.

Exemptions and Dependents

Fields for number of exemptions and 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.

Table with columns: Name (please print), Date of Birth (mm/dd/yy), Relationship, SSN (Social Security Number).

Food Sales Tax Qualification

If you were a Kansas resident for all 2012, complete this section to determine if you qualify for a Food Sales Tax refund.

- Questions A, B, C regarding dependent child, age, and disability. Question D for worksheet completion. Question E for refund amount.



If you are filing for a Food Sales Tax refund only, you do not need to complete lines 1 through 40. Just SIGN this return on the back and mail it to the address shown below. Refunds are not issued for unsigned returns.

Mail to: Kansas Income Tax, Kansas Dept. of Revenue 915 SW Harrison St., Topeka, KS 66699-1000

Mail address input fields

ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Income (Federal adjusted gross income, Modifications, Kansas adjusted gross income), Deductions (Standard deduction, Exemption allowance, Total deductions, Taxable income), Tax Computation (Tax, Nonresident percentage, Nonresident tax, Kansas tax, TOTAL INCOME TAX), Credits (Credit for taxes paid, Credit for child & dependent care, Other credits, Total tax credits, Income tax balance after credits), Use Tax (Use tax due, Total Tax Balance), Withholding and Payments (Kansas income tax withheld, Estimated tax paid, Amount paid with extension, Earned income credit, Refundable portion of tax credits, Payments remitted, Overpayment from original return, Total refundable credits), Balance Due (Underpayment, Interest, Penalty, Estimated Tax Penalty, AMOUNT YOU OWE), and Overpayment (Overpayment, CREDIT FORWARD, CHICKADEE CHECKOFF, SENIOR CITIZENS MEALS, BREAST CANCER RESEARCH FUND, MILITARY EMERGENCY RELIEF FUND, KANSAS HOMETOWN HEROES FUND, REFUND).

Signature(s) [] I authorize the Director of Taxation or the Director's designee to discuss my return and enclosures with my preparer. I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete return.

Signature of taxpayer, Date, Signature of preparer other than taxpayer, Phone number of preparer, Signature of spouse if Married Filing Joint, Tax preparer's EIN or SSN: []