SCHEDULE S

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2020 KANSAS SUPPLEMENTAL SCHEDULE

Your First Name				Last Name		Enter the first four letters of your last name. Use ALL CAPITAL letters.			
Spouse's First N				Last Name		Your Social Security number			
opouse s i list it				Last Name		occurry number			
						Enter the first four letters of last name. Use ALL CAPITA			
	m. Yo			uctions before completing Part portive documentation where inc		Spouse's Social Security number			
		PART A	- Mo	odifications to Feder	al Adj	usted Gross In	come		
Additions	A1.	State and municip	A1	00					
	A2.			RS (Kansas Public Employee's Reti			A2	00	
	A3.	Kansas expensing	g recap	ture (enclose applicable schedules))		A3	00	
	A4.	Low income stude	A4	00					
				ral adjusted gross income (see instr			A5	00	
				al adjusted gross income (add lines		,	A6	00	
Subtractions	A7.	Social Security be	enefits				A7	00	
	A8.	KPERS lump sum	n distrib	utions exempt from Kansas income	tax		A8	00	
	A9.	Interest on U.S. G	Sovernn	nent obligations (reduced by related	l expenses	s)	A9	00	
	A10. A11.	Retirement benefi	ts spec	refund (if included in line 1 of Form ifically exempt from Kansas income sum distributions)	tax (do NO	T include social security	A10 A11	00	
	A12.		•	a nonresident servicemember (non			A12	00	
	A13.	Contributions to L	earning.	g Quest or other states' qualified tuit	tion progra	m	A13	00	
	A14.	Armed forces reci	ruitmen	t, sign-up, <mark>or</mark> retention bonus			A14	00	
	A15.	Contributions to a	n ABLE	savings account			A15	00	
	A16.	Other subtraction	s from t	federal adjusted gross income (see	instruction	s and enclose list)	A16	00	
	A17.	Total subtraction	1s from	federal adjusted gross income (add	d lines A7 t	through A16)	A17	00	

Net

Modification A18. Net modification to federal adjusted gross income (subtract line A17 from line A6). Enter total here and on line 2, Form K-40. If negative, shade minus box.....box....

A18 🗖 00	00
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PART B - Income Allocation for Nonresidents and Part-Year Residents

Income				Total from federal return:		Amount from	Kansas sources:
Shade box	B1. Wages, salaries, tips, etc		B1	00		B1	0
for negative amounts. Example:	B2. Interest and dividend income		B2	00		B2	0(
	B3. Pensions, IRA distributions & annuities			00		B3	0
	Additional Income						
	B4. Refund of state & local income taxes		B4	00		B4	0
	B5. Alimony received		B5	00		B5	0
	B6. Business income or loss	В6	_	00	В6		0
	B7. Capital gain or loss	B7	_	00	В7		0
	B8. Other gains or losses		므	00	В8		0
				00	В9	=	0
	B10. Farm income or loss			00	B10	=	0
	B11. Unemployment compensation, taxable social security benefits & other income	B11	_	00	B11		0
	B12. Total income from Kansas sources (add lin	B12		0			
Adjustments	Mar			Total from federal return:		Amount from	Kansas sources:
o Income	B13. IRA retirement deductions		B13	00		B13	0
hade box	B14. Penalty on early withdrawal of savings			00		B14	0(
or negative mounts.	B15. Alimony paid		B15	00		B15	0(
Example:	B16. Moving expenses for members of the armed		B16	00		B16	0(
	D47 Other federal edicatments			00		B17	0(
	B17. Other federal adjustmentsB18. Total federal adjustments to Kansas source	B18	0(
	B19. Kansas source income after federal adjustm	=	0(
	B20. Net modifications from Part A that are applic		0(
	B21. Modified Kansas source income (line B19 pl		0				
	B22. Kansas adjusted gross income (from line 3,		0				
Nonresident Allocation Percentage	B23. Nonresident allocation percentage (divide l decimal place, not to exceed 100.0000). Er	nter r	esult	here and on line 9 of Form K-40		B23	
	PART C - Kai	ารล	is l	temized Deductions			
Itemized Deduction Computation	C1. Medical and dental expenses from line 4 of federal Schedule A						0
	C2. Real estate taxes from line 5b of federal Sche	C2	0				
	C3. Personal property taxes from line 5c of federal	C3	0				
	C4. Qualified residence interest you paid and repo	C4	0				
	C5. Gifts to charity from line 14 of federal Schedu	C5	0				