

KANSAS INDIVIDUAL INCOME TAX

Your First Name		Initial	Last Name			Enter the first four letters of your last name. Use ALL CAPITAL letters.				
Spouse's First Name		Initial	al Last Name			Your Social Security Number				
Mailing Address (Number and Street, including Rural Route)					School District No.	Enter the first four letters of your last name. Use ALL CAPITAL letters.				
City, Town, or Post Office			State	Zip Code	County Abbreviation	Spouse's Social Security Number				
	or address has chan spouse if filing joint)	•	,	•		Daytime Telephone Number				
Amended Return (Mark ONE)	If this is an AMENDED 2015 Kansas return mark one of the following boxes: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS									
Filing Status (Mark ONE)	Single Married filing joint (Even if only one had income) Married filing separate Head of household (Do not mark if filing a joint return)									
Residency Status (Mark ONE)	Resident			year resident plete Sch. S,		to Nonresident (Complete Sch. S, Part B)				
and Dependents Enter the reques	If fili	ng sta al Kan	itus above is	Head of hous	ehold, add one ex	ble), and each person you claim as a dependent. remption. e you or your spouse. Enclose separate schedule if necessary. Relationship Social Security Number				
Food Sales Tax Credit	Mark ONE B. Were C. Were If you ans D. If you this re E. Numb	you (consumer of consumer of c	or spouse) 55 or spouse) total NO to A, B, a ered YES to A if it is more that exemptions cladependents the	no lived with y years of age of ally and perma and C, STOP I and B, or C, ente an \$30,615, S aimed on your at are 18 year	ou all year and wa or older all of 2015 anently disabled or HERE; you do not er your federal adju TOP HERE; you do federal income ta	ete this section to determine your qualifications and credit. s under the age of 18 all of 2015?				
		result here and on line 17 of this form.								

Mail to: Kansas Income Tax, Kansas Dept. of Revenue 915 SW Harrison St., Topeka, KS 66612-1588

Income	Federal adjusted gross income (as reported on your federal income tax return)		00					
Shade the box for negative amounts.	Modifications (from Schedule S, line A30; enclose Schedule S)		00					
Example:	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)		00					
Deductions	4. Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedule S)	. 4	00					
	5. Exemption allowance (\$2,250 x number of exemptions claimed)	. 5	00					
	6. Total deductions (add lines 4 and 5)	. 6	00					
	7. Taxable income (subtract line 6 from line 3; if less than zero, enter 0)	. 7	00					
Tax	8. Tax (from Tax Tables or Tax Computation Schedule)	8	00					
Computation	9. Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)							
	10. Nonresident tax (multiply line 8 by line 9)	10	00					
	11. Kansas tax on lump sum distributions (residents only - see instructions)	. 11	00					
	12. TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10)	12	00					
Credits	13. Credit for taxes paid to other states (see instructions; enclose return(s) from other states)	13	00					
	14. Other credits (enclose all appropriate credit schedules)	. 14	00					
	15. Subtotal (subtract lines 13 and 14 from line 12)	. 15	00					
	16. Earned income tax credit (from worksheet on page 8 of instructions)	16	00					
	17. Food sales tax credit (from line H, front of this form)	17	00					
	18. Tax balance after credits (subtract lines 16 and 17 from line 15; cannot be less than zero)	18	00					
Use Tax	19. Use tax due (see instructions)	19	00					
	20. Total tax balance (add lines 18 and 19)	20	00					
Withholding	21. Kansas income tax withheld from W-2s and/or 1099s		00					
and	22. Estimated tax paid		00					
Payments If this is an AMENDED return, complete lines 26 and 27.	23. Amount paid with Kansas extension		00					
	24. Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)		00					
	25. Refundable portion of tax credits							
	26. Payments remitted with original return		00					
	27. Overpayment from original return (this figure is a subtraction; see instructions)		00					
	CO. Takahari adahlar adahlar adah Karabah CO. (basah basah Karab CO.)	21	00					
			00					
Balance Due	29. Underpayment (if line 20 is greater than line 28, enter the difference here)		00					
	30. Interest (see instructions)	30	00					
	31. Penalty (see instructions)	31	00					
	32. Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 2015	32	00					
	33. AMOUNT YOU OWE (add lines 29 through 32 and any entries on lines 36 through 41)	33	00					
Overpayment	34. Overpayment (if line 20 is less than line 28, enter the difference here)	34	00					
Vou mou donate	35. CREDIT FORWARD (enter amount you wish to be applied to your 2016 estimated tax)	35	00					
You may donate to any of the	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	36	00					
programs on lines 36 through 41.	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	37	00					
The amount you enter will reduce	38. BREAST CANCER RESEARCH FUND	38	00					
your refund or increase the amount you owe.	39. MILITARY EMERGENCY RELIEF FUND	39	00					
	40. KANSAS HOMETOWN HEROES FUND	40	00					
	41. KANSAS CREATIVE ARTS INDUSTRY FUND	41	00					
	42. REFUND (subtract lines 35 through 41 from line 34)	42	00					
Signature(s)	I authorize the Director of Taxation or the Director's designee to discuss my return and en	closures						
	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 th	an tavnaver	Phone number of preparer					
		wapayel	. Hone humber of preparer					
	Signature of spouse if Married Filing Joint Tay preparer's FIN or SSN:							