



TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX 785551212 TEST 234007891  
TESTGERTRUDE B TESTGIBSONXXXXXXXXXXXX  
1234 TESTJEFFERSON STREETXXXXXXXXXXXX SN 501 TEST 987004321  
TESTTOPEKXXXXXXXXXXXX KS 66612-1588

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:**  Single  Married Filing Joint (Even if only one had income)  Married Filing Separate  Head of Household (Do not check if filing joint return)  
**Residency Status:**  Resident  NonResident (Complete Sch S, Part B) KS State of Legal Residence  
 Part-Year Resident (Complete Sch S, Part B) From 01012024 To 12312024

**Check One Box**  
(This selection must match your Filing Status from above)  
 Married individuals filing a joint return, check the box to the left, enter "2" in the box to the right and enter \$18,320 in the currency box. 2 18230  
**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. 1 9160

If Filing Status above is Head of Household, enter \$2,320 in the currency box to the right. If not, leave blank. 2320

**Exemptions and Dependents**  
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. 12 x 2320 = 27840

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. 2 x 2250 = 4550

**Total Kansas Exemptions** 12 **Total Kansas Exemption Amount.** 59800  
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.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
TIBERIUS A SAJKLAFJAJMPLEPERSONTEST	01011958	GRANDPAJKKJS	114354769
MAREGOLD B SAMLOPIOPSPLEPERSONTEST	02021956	GRWIANDCHILD	224354659
JOSEPH C SAMPLJAFOWOFJAKEPERSONTEST	03031954	DAUGHNMOQTER	335465769
TIBERIUS D SAJKLAFJAJMPLEPERSONTEST	04041952	GRANDPASRENT	414354769
MAREGOLD E SAMLOPIOPSPLEPERSONTEST	05051950	GRWIANDCHILD	524354659
JOSEPH F SAMPLJAFOWOFJAKEPERSONTEST	06061948	DAUGHYYOQTER	635465769

**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?  **E.** Number of exemptions claimed 12  
**B.** Were you (or spouse) 55 years of age or older all of 2024 (born prior to January 1, 1969)?  **F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2007) 10  
**C.** Were you (or spouse) totally and permanently disabled or blind all of 2024, regardless of age?  **G.** Total qualifying exemptions (subtract line F from line E) 24  
**D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. -23456789012 **H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 89013  
If Line D is more than \$30,615 STOP HERE, you do not qualify for this credit.

K-40

2024 KANSAS INDIVIDUAL INCOME TAX

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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: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)
Residency Status: Resident NonResident (Complete Sch S, Part B) KS State of Legal Residence
Part-Year Resident (Complete Sch S, Part B) From 01012024 To 12312024

Check One Box
Married individuals filing a joint return, check the box to the left, enter "2" in the box to the right and enter \$18,320 in the currency box. 2 18230
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. 1 9160
If Filing Status above is Head of Household, enter \$2,320 in the currency box to the right. If not, leave blank. 2320

Exemptions and Dependents
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. 12 x 2320 = 27840
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. 2 x 2250 = 4550
Total Kansas Exemptions 12 Total Kansas Exemption Amount. 59800
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.

Table with 4 columns: Dependent Name - First, Middle and Last, Date of Birth - MMDDYYYY, Relationship, SSN. Rows include TIBERIUS A SAJKLAFJAJMPLEPERSONTEST, MAREGOLD B SAMLOPIOPSPLEPERSONTEST, JOSEPH C SAMPLJAFOWOFJAKEPERSONTEST, TIBERIUS D SAJKLAFJAJMPLEPERSONTEST, MAREGOLD E SAMLOPIOPSPLEPERSONTEST, JOSEPH F SAMPLJAFOWOFJAKEPERSONTEST.

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? X
B. Were you (or spouse) 55 years of age or older all of 2024 (born prior to January 1, 1969)? X
C. Were you (or spouse) totally and permanently disabled or blind all of 2024, regardless of age? X
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. -23456789012
E. Number of exemptions claimed 12
F. Number of dependents that are 18 years of age or older (born on or before January 1, 2007) 10
G. Total qualifying exemptions (subtract line F from line E) 24
H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 89013



TESTMELXXXXX A TESTWATERSXXXXXXXXXX		TEST	234007891
1. Federal adjusted gross income	-11919542311	23. Refundable portion of earned income tax credit	233919542232
2. Modifications	-21919542312	24. Refundable portion of tax credits	244919542242
3. Kansas adjusted gross income	-31919542313	25. Payments remitted with original return	255919542252
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	411919542314	26. Credit for tax paid on the K-120S	261919542162
5. Exemption allowance	52325	27. Overpayment from original return. This figure is a subtraction.	270919542272
6. Total deductions	611919542316	28. Total refundable credits	281919542282
7. Taxable income	-71919542317	29. Underpayment	291919542292
8. Tax	-81919542318	30. Interest	309919542203
9. Nonresident percentage	100.0000	31. Penalty	310919542213
10. Nonresident tax	101919542101	32. Estimated tax penalty	321919542223
11. KS tax on lump sum distributions	111919542111	33. AMOUNT YOU OWE	342919542234
12. TOTAL INCOME TAX	121919542121	34. Overpayment	343919542243
13. Credit for taxes paid to other states	131919542131	35. CREDIT FORWARD	354919542253
14. Credit for child and dependent care expenses	141919542141	36. Chickadee Checkoff	365919542263
15. Other credits	151919542151	37. Senior Citizens Meals On Wheels Contribution Program	376919542273
16. Subtotal	161919542161	38. Breast Cancer Research Fund	387919542283
17. Earned Income Credit	171919542171	39. Military Emergency Relief Fund	398919542293
18. Food Sales Tax Credit	181919542181	40. Kansas Hometown Heroes Fund	409919542204
19. Total Tax Balance	191919542191	41. Kansas Creative Arts Industry Fund	410919542214
20. KS income tax withheld from W-2, 1099 or K-19	201919542102	42. Local School District Contribution Fund. School District Number	340 421919542224
21. Estimated tax paid	211919542112	43. Kansas Historic Site Contribution Fund. Historic Site Number	010 432919542234
22. Amount paid with Kansas extension	222919542222	44. REFUND	442919542244

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) P03465080





(Rev. 11/24)

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TEST 234007891

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Taxpayer Signature (Required)	Date	Spouse Signature (Required)	Date
Preparer Signature (Required)	Preparer Phone Number	Preparer PTIN, EIN or SSN (Required)	P03465080