## 2024 KANSAS INDIVIDUAL INCOME TAX

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Amount Box. Also enter this same amount on page 2, line 5 of this form.

SSN

114354769

Relationship

GRANDPAJKKJS



TESTGERTRUDE 1234 TESTJEF	A TESTWATERSXXXXXXXXXXXXX B TESTGIBSONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7855551212 SN 501	TEST TEST	234007891 987004321
X Name or address has ch Amended Return: X Filing Status: X Residency Status: X	Amended affects Kansas only X Amended Fe Single X Married Filing Joint (Even if only or	deral tax return X ne had income) X	Taxpayer was enga Adjustment by the I Married Filing Sepa State of Legal Resid	rate X Head of Household (Do not check if filing joint return)
X	Part-Year Resident (Complete Sch S, Part B) From	1012024 то	1231202	24
Check One X Box OF	h + - + h	the left, enter "2" in the	2	18230
(This selection must match your X Filing Status from above)	<ul> <li>Married individuals filing a separate return, individuals or Head of Household, check the box to the left, enter and \$9,160 in the currency box.</li> </ul>	with a filing status of Single, 1" in the box to the right	1	9160
	If Filing Status above is Head of Household, enter \$2,3	20 in the currency box to the	right. If not, leave t	blank. 2320
Exemptions and Dependents	Dependents, enter the number of individuals you may on in the first box, multiply by \$2,320 and enter total in the right. Do <b>NOT</b> include yourself or your spouse.		12 x 23	20 = 27840
Dependents	Disabled Veteran Personal Exemption allowance. In the total number of disabled veterans being claimed includii \$2,250 and enter total in the currency box to the right.		2 x 22	50 = 4550
	То	tal Kansas Exemptions		insas Exemption Amount. 59800 and enter result in the Total Kansas Exemption

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

Date of Birth - MMDDYYYY

01011958

MAREGOLD B SAMLOPIOPSFPLE	PERSONTEST	02021956	GRWIANDCHILD	224354659				
JOSEPH C SAMPLJAFOWOFJAKE	PERSONTEST	03031954	DAUGHNMOQTER	335465769				
TIBERIUS D SAJKLAFJAJMPLE	PERSONTEST	04041952	GRANDPASRENT	414354769				
MAREGOLD E SAMLOPIOPSFPLE	PERSONTEST	05051950	GRWIANDCHILD	524354659				
JOSEPH F SAMPLJAFOWOFJAKE	PERSONTEST	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.								
Food Sales Tax Credit: You must have been a Kansas resident for	or ALL of 2024. Complete this section	n to determine your qualificati	ons and credit.					
Food Sales Tax Credit: You must have been a Kansas resident for     A. Had a dependent child who lived with you all year and was under the age of 18 all of 2024?	or <b>ALL</b> of 2024. Complete this sectio $X$	n to determine your qualificati  E. Number of exemption		12				
A. Had a dependent child who lived with you all year and	·	E. Number of exemption	ons claimed ents that are 18 years of age or older	12 10				
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	X	E. Number of exemption     F. Number of dependent (born on or before John on the control of	ons claimed ents that are 18 years of age or older					
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 gredit.	X	E. Number of exemption     F. Number of dependence (born on or before J.      G. Total qualifying exemption	ents that are 18 years of age or older lanuary 1, 2007) emptions (subtract line F from line E) edit (multiply line G by \$125). Enter	10				

Dependent Name - First, Middle and Last

TIBERIUS A SAJKLAFJAJMPLEPERSONTEST

	2024K	ANSAS INDIVIDU	AL INCOME 1	ΓΑΧ	000	
(Rev. 11-24)	2024				K-10	
					12262	<b>"面與製</b>
TESTMELX	XXXX A TESTWAT	TERSXXXXXXXXXX	7855551	212 TE	ST 2340078	891
	RUDE B TESTGIE					
	TJEFFERSON STF			501 TE	ST 9870043	321
TESTTOPE	KAXXXXXXXXXX	KS 66612-1588				
X Name or ad	ress has changed?	Taxpayer or (spouse if filing joint) di	led during this tax year	X Taxpaye	r was engaged in commercial f	arming/fishing in 2024
Amended Return:	X Amended affects Kar	nsas only X Amende	ed Federal tax return		ent by the IRS	
Filing Status:	X Single >	Married Filing Joint (Even if or	nly one had income)		Filing Separate X	Head of Household (Do not check if filing joint return)
Residency Status:	X Resident >	NonResident (Complete Sch S	S, Part B)	KS State of	Legal Residence	
	X Part-Year Resident (0	Complete Sch S, Part B) From	01012024	то 12	312024	
	<u> </u>					
Check One	1	filing a joint return, check the bo		the 2		18230
Box (This selection	OR S	enter \$18,320 in the currency but filing a separate return, individu		f Single, 1		01.00
must match your Filing Status from above)	or Head of Househo and \$9,160 in the co	old, check the box to the left, en	ter "1" in the box to the	right		9160
4,000						
	If Filing Status abov	e is Head of Household, enter	\$2,320 in the currency b	oox to the right. If n	ot, leave blank.	2320
Exemptions	Dependents enter t	the number of individuals you m	av claim as a depender	nt 10	x 2320 =	07040
and	in the first box, mult	iply by \$2,320 and enter total in de yourself or your spouse.			x 2320 <del>-</del>	27840
Dependents	ngin. 50 NO. molac	Joy your on your opoupo.				
		ersonal Exemption allowance. In bled veterans being claimed inc			x 2250 =	4550
	\$2,250 and enter tot	tal in the currency box to the rig		, , , ,		50000
			Total Kansas Exempti	Add all	Total Kansas Exemption amounts and enter result in t	
				Amount Also en	Box. er this same amount on page 2	2, line 5 of this form.
Enter the reque	sted information for all perso	<del></del>	Date of Birth - MMI	1111	se. Enclose separate so	ssn
TIBERIUS		1PLEPERSONTEST	010119	58 GR	ANDPAJKKJS	114354769
MAREGOLI	B SAMLOPIOPSE	FPLEPERSONTEST	020219	56 GR	WIANDCHILD	224354659
JOSEPH (	SAMPT.TAFOWOF.	JAKEPERSONTEST	030319	54 DA	UGHNMOOTER	335465769
						333133733
TIBERIUS	D SAJKLAFJAJN	1PLEPERSONTEST	040419	52 GR	ANDPASRENT	414354769
MADDOCT			050510	EO CT		
MAREGOLI	E SAMLOPIOPSE	FPLEPERSONTEST	050519	JU GR	WIANDCHILD	524354659
JOSEPH I	SAMPLJAFOWOF	JAKEPERSONTEST	060619	48 DA	UGHYYOQTER	635465769
Food Sales Tax Cro	lit: You must have been a Kansas r					10
	hild who lived with you all year and of 18 all of 2024?	X	E. Number	of exemptions claime	d	12
	se) 55 years of age or older all of 202	24 X		of dependents that ar or before January 1,	e 18 years of age or older	10
			(DUITION)	or before partuary 1,	2007)	
or blind all of 202	se) totally and permanently disabled , regardless of age? O to A, B, and C, <b>STOP HERE,</b> you d	X	G. Total qu	alifying exemptions (s	ubtract line F from line E)	24
not qualify for this <b>D</b> . If you answered	redit. ES to A, B, or C, enter your FAGI fron	n -234567890	1 2 H. Food Sa		ly line G by \$125). Enter	89013
Ine 1 of this retur	nan \$30,615 <b>STOP HERE</b> , you do no	234307030	⊥∠ result he	ere and on line 18 of the	nis form.	09013
qualify for this cre						



## 2024 KANSAS INDIVIDUAL INCOME TAX

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Preparer Signature (Required)	Preparer Phone Number	Pre <sub>k</sub>	parer PTIN, EIN (Red	or SSN P03465080
Taxpayer Signature (Required)	Date	Spouse Signature (Required)		Date
	r the Director's designee to discuss my K-40 rry that to the best of my knowledge and belia		urn.	
22. Amount paid with Kansas extension	222919542222	44. REFUND		442919542244
21. Estimated tax paid	211919542112	43. Kansas Historic Site Contribution Fund. Historic Site Number	010	432919542234
20. KS income tax withheld from W-2, 1099 or K-19	201919542102	42. Local School District Contribution Fund. School District Number	340	421919542224
19. Total Tax Balance	191919542191	41. Kansas Creative Arts Industry Fund		410919542214
18. Food Sales Tax Credit	181919542181	40. Kansas Hometown Heroes Fund		409919542204
17. Earned Income Credit	171919542171	39. Military Emergency Relief Fund		398919542293
16. Subtotal	161919542161	38. Breast Cancer Research Fund		387919542283
15. Other credits	151919542151	37. Senior Citizens Meals On Wheels Contribution Program		376919542273
Credit for child and dependent care expenses	141919542141	36. Chickadee Checkoff		365919542263
Credit for taxes paid to other states	131919542131	35. CREDIT FORWARD		354919542253
12. TOTAL INCOME TAX	121919542121	34. Overpayment		343919542243
11. KS tax on lump sum distributions	111919542111	33. AMOUNT YOU OWE		342919542234
10. Nonresident tax	101919542101	32. Estimated tax penalty		321919542223
9. Nonresident percentage	100.0000	31. Penalty		310919542213
8. Tax	-81919542318	30. Interest		309919542203
7. Taxable income	-71919542317	29. Underpayment		291919542292
6. Total deductions	611919542316	28. Total refundable credits		281919542282
Exemption allowance	52325	Overpayment from original return.     This figure is a subtraction.		270919542272
Standard or itemized deductions. (If itemizing, complete KS Sch A)	411919542314	26. Credit for tax paid on the K-120S		261919542162
Kansas adjusted gross income	-31919542313	25. Payments remitted with original return		255919542252
2. Modifications	-21919542312	24. Refundable portion of tax credits		244919542242
Federal adjusted gross income	-11919542311	23. Refundable portion of earned income tax credit		233919542232
TESTMELXXXXX A TEST	WATERSXXXXXXXXX	TEST	2340	)07891

40 202	4 KANSAS INDIVIDUAL	INCOME TAX 000		K-40 Page 2 122924
	STWATERSXXXXXXXXX	TEST	234(	007891
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	711919542317	29. Underpayment		291919542292
8. Tax	811919542318	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, AMQUNT YOU OWE		342919542234
12. TOTAL INCOME TAX	121919542121	34. Overpayment		343919542243
13. Credit for taxes paid to other	131919542131	35, CREDIT FORWARD		354919542253
states  14. Credit for child and dependent	141919542141	36, Chickadee Checkoff		365919542263
care expenses  15. Other credits	151919542151	37. Senior Citizens Meals On Wheels		376919542273
16. Subtotal	161919542161	Contribution Program  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
	191919542191	41. Kansas Creative Arts Industry		
19. Total Tax Balance 20. KS income tax withheld from W-2,		Fund  42. Local School District Contribution	240	410919542214
1099 or K-19	201919542102	Fund. School District Number  43, Kansas Historic Site Contribution	340	421919542224
21. Estimated tax paid  22. Amount paid with Kansas	211919542112	Fund Historic Site Number	010	432919542234
extension	222919542222	44. REFUND		442919542244
	or the Director's designee to discuss my K-40 a rjury that to the best of my knowledge and belief			
Taxpayer Signature (Required)	Date	Spouse Signature (Required)		Date
Preparer Signature (Required)	Preparer Phone Number	Preg	parer PTIN, EIN o	or SSN P03465080
<del>  </del>		INCOME TAX		