

2022 KANSAS INDIVIDUAL INCOME TAX 000

122822

	SXXXXXXXXX NXXXXXXXXX	7855551212	TEST 2	34007891
		SN 501	TEST 9	87004321
X Name or address has changed? X Taxpa	ayer or (spouse if filing joint) died durin	ng this tax year X	Taxpayer was engaged i	in commercial farming/fishing in 2022
Amended Return: X Amended affects Kansas or	nly X Amended Feder	al tax return X	Adjustment by the IRS	
Filing Status: X Single X	Married Filing Joint (Even if only one h	nad income) X	Married Filing Separate	X Head of Household (Do not check if filing joint return)
Residency Status: X Resident X	NonResident (Complete Sch S, Part E	KS KS	State of Legal Residenc	e
X Part-Year Resident (Comple	ete Sch S, Part B) From 01	012022 то	12312022	
Exemptions: 12 Enter the total exemptions f and each person you claim	for you, your spouse (if applicable), as a dependent.	1 If filing st Househo	atus above is Head of ld, add one exemption.	13 Total Kansas exemptions
	e requested information for all persons			our spouse.
Dependent Name - First, Middle and Last	space is needed, enclose a separate :	Date of Birth - MMDDYYYY	Relationsh	sip SSN
TIBERIUS A SAJKLAFJAJMPL	EPERSONTEST	01011958	GRANDPAJ	KKJS 114354769
MAREGOLD B SAMLOPIOPSFPL	EPERSONTEST	02021956	GRWIANDC	HILD 224354659
JOSEPH C SAMPLJAFOWOFJAK	EPERSONTEST	03031954	DAUGHNMO	QTER 335465769
TIBERIUS D SAJKLAFJAJMPL	EPERSONTEST	04041952	GRANDPAS	RENT 414354769
MAREGOLD E SAMLOPIOPSFPL	EPERSONTEST	05051950	GRWIANDC	HILD 524354659
JOSEPH F SAMPLJAFOWOFJAK	EPERSONTEST	06061948	DAUGHYYO	QTER 635465769
JOSEPH G SAMPLJAFOWOFJAK	EPERSONTEST	07071946	DAUGHNMO	QTER 735465769
TIBERIUS H SAJKLAFJAJMPL	EPERSONTEST	08041952	GRANDPAS	RENT 814354769
MAREGOLD I SAMLOPIOPSFPL	EPERSONTEST	09051950	GRWIANDC	HILD 924354659
Food Sales Tax Credit: You must have been a Kansas residen	t for ALL of 2022. Complete this section	on to determine your qualification	one and credit	
A. Had a dependent child who lived with you all year and	·	, ,		1.0
was under the age of 18 all of 2022?	X	E. Number of exemption		12
B. Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?	X	F. Number of depende (born on or before J	nts that are 18 years of ag anuary 1, 2005)	ge or older 10
C. Were you (or spouse) totally and permanently disabled or blind all of 2022, regardless of age? If you answered NO to A, B, and C, STOP HERE, you do	X	G. Total qualifying exe	mptions (subtract line F fro	om line E) 24
not qualify for this credit. D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If Line D is more than \$30,615 STOP HERE, you do not qualify for this credit.	-23456789012	H. Food Sales Tax Cre result here and on li	dit (multiply line G by \$12 ne 18 of this form.	5). Enter 8 9 0 1 3

2	6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42	44 46 48 50 52 54	4 56 58 60 62 64 66 68	70 72 74 76 78 80
1	K-40 2022 KANSAS INDIVIDUAL	INCOME TAX	000 1228	1 1 1 1 1 1 1 1 1 1 1 1
5	(Rev. 7-22)			
6 7				
_	TESTMELXXXXX A TESTWATERSXXXXXXXXXX	7855551212	TEST 234007	
)	TESTGERTRUDE B TESTGIBSONXXXXXXXXXX			
0	1234 TESTJEFFERSON STREETXXXXXXXXXX	SN 501	TEST 987004	
_	TESTTOPEKAXXXXXXXXXXX KS 66612-1588			1
3	X Name or address has changed? X Taxpayer or (spouse if filing joint) died dur	ing this tax year	Taxpayer was engaged in commercial	farming/fishing in 2022
4	*7 2 and 22 XZ I rankate at tabage it mind found and		. Approx 3. Had ongaged in commercia	1
15	Amended Return: X Amended affects Kansas only X Amended Fede	eral tax return X	Adjustment by the IR\$	1
16		Had in the last	Mawind Film - Our 1	Head of Household (Do not
17 18	Filing Status: X Single X Married Filing Joint (Even if only one	e had income) X	Married Filing Separate X	check if filing joint return) 1
19	Residency Status: X Resident X NonResident (Complete Sch S, Part	B) KS	State of Legal Residence	1
20				2
1	X Part-Year Resident (Complete Sch S, Part B) From	1012022 To	12312022	2
22	Exemptions: 12 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent	1 If filing s	status above is Head of 13	Total Kansas exemptions 2
24	and each person you claim as a dependent.		old, add one exemption.	2
25				2
26	In the following spaces, provide the requested information for all persons you claime If additional space is needed, enclose a separate sheet, only a	after completing all nine lines be	elow.	2
27 28	Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN 2
29	TIBERIUS A SAJKLAFJAJMPLEPERSONTEST	01011958	GRANDPAJKKJS	114354769
10				3
_	MAREGOLD B SAMLOPIOPSFPLEPERSONTEST	02021956	GRWIANDCHILD	224354659 3
32 33	JOSEPH C SAMPLJAFOWOFJAKEPERSONTEST	03031954	DAUGHNMOOTER	335465769
4	OGGETT C SATILLOAFOWOF CAREFERSON LEST	00001904	DUOGITHIOÒIEK	333463769
5	TIBERIUS D SAJKLAFJAJMPLEPERSONTEST	04041952	GRANDPASRENT	414354769
6		0 5 0 5 1 0 5 0		3
37 38	MAREGOLD E SAMLOPIOPSFPLEPERSONTEST	05051950	GRWIANDCHILD	524354659
39	JOSEPH F SAMPLJAFOWOFJAKEPERSONTEST	06061948	DAUGHYYOOTER	635465769
10				4
11	JOSEPH G SAMPLJAFOWOFJAKEPERSONTEST	07071946	DAUGHNMOQTER	735465769
12 13	TIBERIUS H SAJKLAFJAJMPLEPERSONTEST	08041952	GRANDPASRENT	814354769
3 4	TIDENTOS U SAONHAFOAUNTEFERSUNTEST	00041932	GRANDFASKENT	8143547694
5	MAREGOLD I SAMLOPIOPSFPLEPERSONTEST	09051950	GRWIANDCHILD	924354659
6				4
7	Food Sales Tay Credity Vou must have been a Kongo conident for ALL of 2000 Constitution	tion to determine year and lie	ions and credit	4
8 9	Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2022. Complete this sec	aivii to determine your qualificat	uons and credit.	4
0	A. Had a dependent child who lived with you all year and was under the age of 18 all of 2022?	E. Number of exempt	ions claimed	12 5
1		F Number of dones d	ants that are 18 years of age or older	5
2	B. Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?	(born on or before	lents that are 18 years of age or older January 1, 2005)	10 5
3 4	C. Were you (or spouse) totally and permanently disabled or blind all of 2022, regardless of age?	G. Total qualifying ex	remptions (subtract line F from line E)	24 5
	If you answered NO to A, B, and C, STOP HERE, you do			2.3
3	not qualify for this credit. D. If you answered YES to A, B, or C, enter your FAGI from -23456789012 line 1 of this return.		redit (multiply line G by \$125). Enter line 18 of this form.	89013
7	If Line D is more than \$30,615 STOP HERE, you do not qualify for this credit.			5
8 9				5
0				6
61				6
2				6
3	Page 1 of 2	14 46 40 50 50 50	For Office Use Only	70 72 74 76 79 90
	6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42	44 46 48 50 52 54	4 56 58 60 62 64 66 68	70 72 74 76 78 80

2022 KANSAS INDIVIDUAL INCOME TAX 000

122922

Preparer Signature (Required)	Preparer Phone Number		Preparer PTIN, EIN (Rec	pr ssn quired) P03465080
Taxpayer Signature (Required)	Date	Spouse Signature (Required)		Date
X I authorize the Director of Taxation or the I declare under the penalties of perjury the	ě ,	ief this is a true, correct, and complete		
22. Amount paid with Kansas extension	222919542222			
21. Estimated tax paid	211919542112	43. REFUND		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	811919542318	30. Interest		309919542203
7. Taxable income	711919542317	29. Underpayment		291919542292
6. Total deductions	611919542316	28. Total refundable credits		-28919542282
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
3. 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 TESTWA	ATERSXXXXXXXXXX	TES	ST 2340	007891

K-40 202	2 KANSAS INDIVIDUAL I	INCOME TAX 000	122922
	TWATERSXXXXXXXXXX	TEST	234007891
I. Federal adjusted gross income	-11919542311	23. Refundable portion of earned income tax credit	233919542232
2. Modifications	-21919542312	24. Refundable portion of tax credits	244919542242
s. Kansas adjusted gross income	-31919542313	25. Payments remitted with original return	255919542252
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
5. Total deductions	611919542316	28. Total refundable credits	-28919542282
7. Taxable income	711919542317	29. Underpayment	291919542292
3. Tax	811919542318	30. Interest	309919542203
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. REFUND	432919542234
22. Amount paid with Kansas extension	222919542222		
	or the Director's designee to discuss my K-40 a		
Taxpayer Signature	ury that to the best of my knowledge and belief	Spouse Signature	
(Required) Preparer Signature	Date Preparer	(Required)	rer PTIN, EIN or SSN PO3465080
(Required)	Phone Number		(Required) F03403000
	INDIVIDUAL II	WOODE TAX	