



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

X Name or address has changed? X Taxpayer or (spouse if filing joint) died during this tax year X Taxpayer was engaged in commercial farming/fishing in 2023  
Amended Return: X Amended affects Kansas only X Amended Federal tax return X Adjustment by the IRS  
Filing Status: X Single X Married Filing Joint (Even if only one had 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 B) KS State of Legal Residence  
X Part-Year Resident (Complete Sch S, Part B) From 01012023 To 12312023  
Exemptions: 12 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. 1 If filing status above is Head of Household, add one exemption. 2 If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications)  
13 Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. DO NOT include you or your spouse. If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
TIBERIUS A SAJKLAFJAJMPLEPERSONTEST	01011958	GRANDPAJJKJS	114354769
MAREGOLD B SAMLOPIOPSFPLEPERSONTEST	02021956	GRWIANDCHILD	224354659
JOSEPH C SAMPLJAFOWOFJAKEPERSONTEST	03031954	DAUGHNMOQTER	335465769
TIBERIUS D SAJKLAFJAJMPLEPERSONTEST	04041952	GRANDPASRENT	414354769
MAREGOLD E SAMLOPIOPSFPLEPERSONTEST	05051950	GRWIANDCHILD	524354659
JOSEPH F SAMPLJAFOWOFJAKEPERSONTEST	06061948	DAUGHYYOQTER	635465769
JOSEPH G SAMPLJAFOWOFJAKEPERSONTEST	07071946	DAUGHNMOQTER	735465769
TIBERIUS H SAJKLAFJAJMPLEPERSONTEST	08041952	GRANDPASRENT	814354769
MAREGOLD I SAMLOPIOPSFPLEPERSONTEST	09051950	GRWIANDCHILD	924354659

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2023. 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 2023? X E. Number of exemptions claimed 12  
B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)? X F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006) 10  
C. Were you (or spouse) totally and permanently disabled or blind all of 2023, regardless of age? X 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.



TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX

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		-28919542282
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. 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

