

2002 KANSAS INDIVIDUAL INCOME TAX and/or FOOD SALES TAX REFUND

DO NOT STAPLE

Filing Information

Your First Name	Initial	Last Name
Spouse's First Name	Initial	Last Name
Mailing Address (Number and Street, including Rural Route)		School District No.
City, Town, or Post Office	State	Zip Code
		County Abbreviation

Enter the first four letters of your last name. Use **ALL CAPITAL** letters.

Your Social Security number

Enter the first four letters of your spouse's last name. Use **ALL CAPITAL** letters.

Spouse's Social Security number

Daytime telephone number

If name or address has changed since last year, mark an "X" in this box

If taxpayer (or spouse if filing joint) died during this tax year, mark an "X" in this box

Mark this box if you are filing this as an **AMENDED** 2002 Kansas return:

NOTE: This form cannot be used for tax years prior to 2002.

Reason for amending your 2002 original Kansas return:

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

Residency Status (Mark ONE)

Resident

Nonresident or Part-year resident from ___/___/___ to ___/___/___ (Complete Schedule S, Part B)

Exemptions

Number of exemptions claimed on your 2002 federal return

If filing status is head of household, add one exemption

Total Kansas exemptions

Food Sales

If you qualify for the Food Sales Tax Refund, mark an "X" in this box. (See instructions, page 14.)

Income

If amount is negative, shade minus (-) in box. Example:

1. Federal adjusted gross income	-		00
2. Modifications to Federal adjusted gross income (From Schedule S, Part A, line A12)	-		00
3. Kansas adjusted gross income (Line 2 added to or subtracted from line 1; see instructions, page 14)	-		00

Deductions

4. Standard deduction OR itemized deductions (See instructions, page 15)			00
5. Exemption allowance (\$2,250 x number of exemptions claimed)			00
6. Total deductions (Add lines 4 and 5)			00
7. Taxable income (Subtract line 6 from line 3. If less than zero, enter 0.)			00

Tax Computation

8. Tax (From Tax Tables or Tax Computation Schedules beginning on page 25)			00
9. Nonresident allocation percentage (From Schedule S, Part B, line B23)			%
10. Nonresident tax (Multiply line 8 by line 9)			00
11. Kansas tax on lump sum distributions (Residents only - see instructions, page 16)			00
12. TOTAL KANSAS TAX (Residents: add lines 8 & 11; Nonresidents: enter amount from line 10)			00

PLEASE COMPLETE REVERSE SIDE

TAX: Enter the tax amount from line 12 _____

Credits	13. Credit for taxes paid to other states (See instructions, page 16)								00
	14. Credit for child & dependent care expenses (See instructions, page 17)								00
	15. Other credits (Enclose all appropriate schedules)								00
	16. Total tax credits (Add lines 13, 14 and 15)								00
	17. Balance (Subtract line 16 from line 12; cannot be less than zero)								00

Withholding and Payments	18. Kansas income tax withheld (Enclose Kansas copies, Form W-2 and/or 1099R)								00
	19. Estimated tax paid								00
	20. Amount paid with Kansas extension								00
	21. Earned income credit (See instructions, page 18)								00
	22. Refundable portion of tax credits (Enclose all appropriate schedules)								00
23. Food Sales Tax Refund (See instructions, page 18)								00	

If this is your ORIGINAL Kansas Income Tax return, skip lines 24 and 25 and continue to line 26.
If this is your AMENDED Kansas Income Tax return, complete lines 24 and/or 25 before continuing to line 26.

Withholding and Payments	24. Cash remitted on original return								00
	25. Overpayment from original return (This figure is a subtraction; see instructions, page 18)	-							00
	26. Total refundable credits (Add lines 18 through 24 and subtract line 25)								00

Balance Due	27. UNDERPAYMENT (If line 17 is greater than line 26)								00
	28. Interest (See instructions, page 18)								00
	29. Penalty (See instructions, page 18)								00
	30. Estimated Tax Penalty (See instructions, page 18) <input type="checkbox"/> Check here if you were engaged in commercial farming or fishing in 2002.								00
31. AMOUNT YOU OWE (Add lines 27, 28, 29 and 30. Include amounts from lines 34 and 35 if applicable.) See payment options on page 19									00

Overpayment	32. OVERPAYMENT (If line 17 is less than line 26)								00	
	33. CREDIT FORWARD (Enter the amount of line 32 you wish to be applied to your 2003 estimated tax)								00	
	If you wish to donate to either the Chickadee Checkoff or the Senior Citizens Meals on Wheels Program, enter the amount of your donation on the appropriate line. This donation will reduce your refund or increase the amount you owe.									
	34. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)									00
	35. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM									00
36. REFUND (Subtract lines 33, 34 and 35 from line 32)									00	

I authorize the Director of Taxation or the Director's designee to discuss my return and 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.

Signature of taxpayer

Date

Signature of preparer other than taxpayer

If joint return, BOTH taxpayer and spouse must sign even if only one had income

Address of preparer other than taxpayer

Phone number of preparer other than taxpayer