

DO NOT STAPLE

Filing Information

Form with fields for Your First Name, Initial, Last Name, Spouse's First Name, Initial, Last Name, Mailing Address, 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 your 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 2004 Kansas return:

NOTE: This form cannot be used for tax years prior to 2004.

Reason for amending your 2004 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 2004 federal return
If filing status is head of household, add one exemption
Total Kansas exemptions

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

Income

Table with 3 rows for Federal adjusted gross income, Modifications to Federal adjusted gross income, and Kansas adjusted gross income.

Deductions

Table with 4 rows for Standard deduction OR itemized deductions, Exemption allowance, Total deductions, and Taxable income.

Tax Computation

Table with 5 rows for Tax, Nonresident allocation percentage, Nonresident tax, Kansas tax on lump sum distributions, and TOTAL INCOME TAX.

TAX: Enter the income 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 credit schedules)								00
	16. Total tax credits (Add lines 13, 14 and 15)								00
	17. Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero)								00

Use Tax	18. NEW! Use tax due (See instructions on page 18).								00
	19. Total Tax Balance (Add lines 17 and 18).								00

Withholding and Payments	20. Kansas income tax withheld from W-2, 1099, or K-19 (Enclose K-19; see instructions)								00
	21. Estimated tax paid.								00
	22. Amount paid with Kansas extension								00
	23. Earned income credit (See instructions, page 18).								00
	24. Refundable portion of tax credits (Enclose all appropriate credit schedules)								00

For an ORIGINAL return, skip to line 28. For an AMENDED return, complete lines 26 and/or 27 before continuing to line 28.

Withholding and Payments	25. FOOD SALES TAX REFUND (You must meet the qualifications listed on page 14)								00
	26. Payments remitted with original return								00
	27. Overpayment from original return (This figure is a subtraction; see instructions, page 18).	-							00

Balance Due	28. Total refundable credits (Add lines 20 through 26 and subtract line 27)								00
	29. UNDERPAYMENT (If line 19 is greater than line 28)								00
	30. Interest (See instructions, page 18)								00
	31. Penalty (See instructions, page 18)								00
32. Estimated Tax Penalty (See instructions, page 18)	<input type="checkbox"/>	Check here if you were engaged in commercial farming or fishing in 2004.							00
33. AMOUNT YOU OWE (Add lines 29 through 32. Include amounts from lines 36 and 37 if applicable.) See payment options on page 19									00

Overpayment	34. OVERPAYMENT (If line 19 is less than line 28).								00	
	35. CREDIT FORWARD (Enter the amount of line 34 you wish to be applied to your 2005 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.									
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program).									00
37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM									00	
38. REFUND (Subtract lines 35, 36 and 37 from line 34)									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	_____ Phone number of preparer
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If joint return, BOTH taxpayer and spouse must sign even if only one had income

Tax preparer's EIN (Employer Identification Number) OR SSN (Social Security Number)									
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ENCLOSE any necessary documents with this form. DO NOT STAPLE.

MAIL TO: KANSAS INCOME TAX KANSAS DEPARTMENT OF REVENUE 915 SW HARRISON ST TOPEKA, KS 66699-1000