

2007 KANSAS INDIVIDUAL INCOME TAX and/or FOOD SALES TAX REFUND

DO NOT STAPLE

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

Filing Information

Checkboxes for name/address changes and taxpayer/spouse death.

Mark this box if you are filing this as an AMENDED 2007 Kansas return. NOTE: This form cannot be used for tax years prior to 2007.

Reason for amending your 2007 original Kansas return:

Reasons for amending: Amended affects Kansas only, Amended Federal tax return, Adjustment by the IRS.

Filing Status (Mark ONE)

Options for Filing Status: Single, Married filing joint, Married filing separate, Head of household.

Residency Status (Mark ONE)

Options for Residency Status: Resident, Nonresident or Part-year resident.

Exemptions

Exemptions fields: Number of exemptions claimed on your 2007 federal return, If filing status is head of household, Total Kansas exemptions.

Income

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

Income section with lines 1-3: Federal adjusted gross income, Modifications, Kansas adjusted gross income.

Deductions

Deductions section with lines 4-7: Standard deduction OR itemized deductions, Exemption allowance, Total deductions, Taxable income.

Tax Computation

Tax Computation section with lines 8-12: Tax, Nonresident allocation percentage, Nonresident tax, Kansas tax on lump sum distributions, TOTAL INCOME TAX.

Final checkboxes and grid at the bottom of the page.

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. 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
25. FOOD SALES TAX REFUND (You <b>must</b> meet the qualifications listed on page 14) . . . . .								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	26. Payments remitted with original return . . . . .								00
	27. Overpayment from original return (This figure is a subtraction; see instructions, page 19). . . . .	-							00
	28. Total refundable credits (Add lines 20 through 26 and subtract line 27) . . . . .	-							00

Balance Due	29. <b>UNDERPAYMENT</b> (If line 19 is greater than line 28) . . . . .								00
	30. Interest (See instructions, page 19) . . . . .								00
	31. Penalty (See instructions, page 19) . . . . .								00
	32. Estimated Tax Penalty (See instructions, page 19) . . . . . <input type="checkbox"/> Check here if you were engaged in commercial farming or fishing in 2007.								00
33. <b>AMOUNT YOU OWE</b> (Add lines 29 through 32. Include amounts from lines 36 through 39, if applicable.) See payment options on page 19 . . . . .									00

Overpayment	34. <b>OVERPAYMENT</b> (If line 19 is less than line 28) . . . . .								00
	35. <b>CREDIT FORWARD</b> (Enter the amount of line 34 you wish to be applied to your 2008 estimated tax) . . . . .								00

If you wish to donate to any of the following contribution programs, enter your donation amount(s) on the appropriate line(s). These donations will reduce your refund or increase the amount you owe.

Overpayment	36. <b>CHICKADEE CHECKOFF</b> (Kansas Nongame Wildlife Improvement Program) . . . . .								00
	37. <b>SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM</b> . . . . .								00
	38. <b>BREAST CANCER RESEARCH FUND</b> . . . . .								00
	39. <b>MILITARY EMERGENCY RELIEF FUND</b> . . . . .								00
40. <b>REFUND</b> (Subtract lines 35 through 39 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

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