

K-40

(Rev. 7/14)

2014 KANSAS INDIVIDUAL INCOME TAX

114514



DO NOT STAPLE

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

- 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

Daytime telephone number

Amended Return (Mark ONE)

If this is an **AMENDED** 2014 Kansas return mark one of the following boxes:

- 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 (Do not mark if filing a joint return)

Residency Status (Mark ONE)

- Resident Part-year resident from _____ to _____ (Complete Sch. S, Part B) Nonresident (Complete Sch. S, Part B)

Exemptions and Dependents

Enter the number of exemptions you claimed on your 2014 federal return. If no federal return is required, enter total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

If filing status above is *Head of household*, add one exemption.

Total Kansas exemptions.

Enter the requested information for all persons claimed as dependents. **Do NOT include you or your spouse.** Enclose separate schedule if necessary.

Name (please print)	Date of Birth (mm/dd/yy)	Relationship	SSN (Social Security Number)

Food Sales Tax Credit

You must have been a Kansas resident for ALL of 2014. Complete this section to determine your qualifications and credit.

- Mark ONE box {
- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2014? YES NO
- B. Were you (or spouse) 55 years of age or older all of 2014 (born before January 1, 1959)? YES NO
- C. Were you (or spouse) totally and permanently disabled or blind all of 2014, regardless of age? . . YES NO

If you answered NO to A, B, and C, **STOP HERE**; you do not qualify for this credit.

D. If you answered YES to A, B, or C, enter your federal adjusted gross income from line 1 of this return. If it is more than \$30,615, **STOP HERE**; you do not qualify for this credit. **00**

E. Number of exemptions claimed on your **federal** income tax return

F. Number of dependents that are 18 years of age or older (born before January 1, 1997)

G. Total qualifying exemptions (subtract line F from line E).

H. Food sales tax credit (multiply line G by \$125). Enter the result here and on line 17 of this form. **00**

Mail to: **Kansas Income Tax, Kansas Dept. of Revenue**
PO Box 750260, Topeka, KS 66675-0260



ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income Shade the box for negative amounts. Example: <input checked="" type="checkbox"/>	1. Federal adjusted gross income (as reported on your federal income tax return)	1	<input type="checkbox"/>	00
	2. Modifications (from Schedule S, line A28; enclose Schedule S)	2	<input type="checkbox"/>	00
	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)	3	<input type="checkbox"/>	00
Deductions	4. Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedule S)	4		00
	5. Exemption allowance (\$2,250 x number of exemptions claimed)	5		00
	6. Total deductions (add lines 4 and 5)	6		00
	7. Taxable income (subtract line 6 from line 3; if less than zero, enter 0)	7		00
Tax Computation	8. Tax (from Tax Tables or Tax Computation Schedule)	8		00
	9. Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)	9		
	10. Nonresident tax (multiply line 8 by line 9)	10		00
	11. Kansas tax on lump sum distributions (residents only - see instructions)	11		00
	12. TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10)	12		00
Credits	13. Credit for taxes paid to other states (see instructions; enclose return(s) from other states)	13		00
	14. Other credits (enclose all appropriate credit schedules)	14		00
	15. Subtotal (subtract lines 13 and 14 from line 12)	15		00
	16. Earned income tax credit (from worksheet on page 8 of instructions)	16		00
	17. Food sales tax credit (from line H, front of this form)	17		00
	18. Tax balance after credits (subtract lines 16 and 17 from line 15; cannot be less than zero) . .	18		00
Use Tax	19. Use tax due (see instructions)	19		00
	20. Total tax balance (add lines 18 and 19)	20		00
Withholding and Payments	21. Kansas income tax withheld from W-2, 1099, or K-19 (enclose K-19; see instructions)	21		00
	22. Estimated tax paid	22		00
	23. Amount paid with Kansas extension	23		00
	24. Refundable portion of earned income tax credit (from worksheet, page 8 of instructions) . .	24		00
	25. Refundable portion of tax credits	25		00
	26. Payments remitted with original return	26		00
	27. Overpayment from original return (this figure is a subtraction; see instructions)	27	<input checked="" type="checkbox"/>	00
	28. Total refundable credits (add lines 21 through 26; then subtract line 27)	28	<input type="checkbox"/>	00
Balance Due	29. Underpayment (if line 20 is <i>greater</i> than line 28, enter the difference here)	29		00
	30. Interest (see instructions)	30		00
	31. Penalty (see instructions)	31		00
	32. Estimated Tax Penalty <input type="checkbox"/> Mark box if engaged in commercial farming or fishing in 2014.	32		00
	33. AMOUNT YOU OWE (add lines 29 through 32 and any entries on lines 36 through 41)	33		00
Overpayment	34. Overpayment (if line 20 is <i>less</i> than line 28, enter the difference here)	34		00
	35. CREDIT FORWARD (enter amount you wish to be applied to your 2015 estimated tax)	35		00
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	36		00
	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	37		00
	38. BREAST CANCER RESEARCH FUND	38		00
	39. MILITARY EMERGENCY RELIEF FUND	39		00
	40. KANSAS HOMETOWN HEROES FUND	40		00
	41. KANSAS CREATIVE ARTS INDUSTRY FUND	41		00
	42. REFUND (subtract lines 35 through 41 from line 34)	42		00

Signature(s) 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 this is a true, correct, and complete return.

Signature of taxpayer _____ Date _____ Signature of preparer other than taxpayer _____ Phone number of preparer _____
 Signature of spouse if Married Filing Joint _____ Tax preparer's EIN or SSN: _____

ENCLOSE any necessary documents with this form. DO NOT STAPLE.