K-40

(Rev. 7/12)

DO NOT STAPLE

2012

KANSAS INDIVIDUAL INCOME TAX

and/or FOOD SALES TAX REFUND

114512

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 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

Amended Return (Mark ONE)

If this is an **AMENDED** 2012 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 2012 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.

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 schedule.

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

Food Sales Tax Qualification

If you were a Kansas resident for all 2012, complete this section to determine if you qualify for a Food Sales Tax refund.

Mark ONE box

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2012?. . . . . YES ☐ NO ☐

B. Were you (or spouse) 55 years of age or older during 2012 (born prior to January 1, 1958)? . . . . . YES ☐ NO ☐

C. Were you (or spouse) totally and permanently disabled or blind all of 2012, regardless of age? . . . YES ☐ NO ☐

D. If you answered YES to A, B, or C, complete the worksheet on page 11 and enter the QUALIFYING INCOME from line 14. If line 14 is zero, you **must** enter "0" here. If line 14 is a negative amount, shade the box. Example: ▬ 00

E. If amount on line D is less than $36,701, see instructions in the tax booklet to figure your refund. Enter the amount here. This is your **FOOD SALES TAX REFUND**. 00

STOP If you are filing for a Food Sales Tax refund only, you do not need to complete lines 1 through 40. Just **SIGN** this return on the back and mail it to the address shown below. **Refunds are not issued for unsigned returns.**

Mail to: Kansas Income Tax, Kansas Dept. of Revenue
915 SW Harrison St., Topeka, KS 66699-1000

114212

ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income Shade the box for negative amounts. Example: ▬	1. Federal adjusted gross income (as reported on your federal income tax return)	1		00
	2. Modifications (From Schedule S, line A21. **Enclose Schedule S.**)	2		00
	3. Kansas adjusted gross income (Line 2 added to or subtracted from line 1)	3		00
Deductions	4. Standard deduction OR itemized deductions (See instructions)		4	00
	5. Exemption allowance ($2,250 x number of exemptions claimed)		5	00
	6. Total deductions (Add lines 4 and 5)		6	0 00
	7. Taxable income (Subtract line 6 from line 3; if less than zero, enter 0)		7	0 00
Tax Computation	8. Tax (From Tax Tables or Tax Computation Schedules)		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. Credit for child & dependent care expenses (See instructions)		14	00
	15. Other credits (**Enclose all appropriate credit schedules**)		15	00
	16. Total tax credits (Add lines 13, 14 and 15)		16	0 00
	17. Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero)		17	0 00
Use Tax	18. Use tax due (See instructions)		18	00
	19. Total Tax Balance (Add lines 17 and 18)		19	0 00
Withholding and Payments	20. Kansas income tax withheld from W-2, 1099, or K-19 (Enclose K-19; see instructions)		20	00
	21. Estimated tax paid		21	00
	22. Amount paid with Kansas extension		22	00
	23. Earned income credit (See instructions)		23	00
If this is an AMENDED return, complete lines 25 and 26.	24. Refundable portion of tax credits (Enclose all appropriate credit schedules)		24	00
	25. Payments remitted with original return		25	00
	26. Overpayment from original return (This figure is a subtraction; see instructions) ▬		26	00
	27. Total refundable credits (Add lines 20 through 25 **and**, if applicable, your Food Sales Tax refund amount from line E; then subtract amount on line 26)	27 ▬		0 00
Balance Due	28. **Underpayment** (If line 19 is *greater* than line 27, enter the difference here)		28	00
	29. Interest (See instructions)		29	00
	30. Penalty (See instructions)		30	00
	31. Estimated Tax Penalty ☐ Mark box if engaged in commercial farming or fishing in 2012.		31	00
	32. **AMOUNT YOU OWE** (Add lines 28 thru 31 and any entries on lines 35 thru 39)		32	0 00
Overpayment	33. **Overpayment** (If line 19 is *less* than line 27, enter the difference here)		33	00
	34. **CREDIT FORWARD** (Enter amount you wish to be applied to your 2013 estimated tax)		34	00
You may donate to any of the programs on lines 35 through 39. The amount you enter will reduce your refund or increase the amount you owe.	35. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)		35	00
	36. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM		36	00
	37. BREAST CANCER RESEARCH FUND		37	00
	38. MILITARY EMERGENCY RELIEF FUND		38	00
	39. KANSAS HOMETOWN HEROES FUND		39	00
	40. **REFUND** (Subtract lines 34 through 39 from line 33)		40	0 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.