

## **2015**KANSAS INDIVIDUAL INCOME TAX

114515

.L								
Your First Name Spouse's First Name		Last Name			Enter the first four letters	of your last name.		
		Last Name			Your Social Security Number			
Mailing Address (Number and Street, including Rural Route)				School District No.	Enter the first four letters of Use ALL CAPITAL letters.	of your last name.		
City, Town, or Post Office State		State	Zip Code	County Abbreviation	Spouse's Social Security Number			
	•	•			Daytime Telephone Number			
						djustment by the IRS	6	
Single					Married filing separa			
Resident		Part- (Con	year resident nplete Sch. S,	t from Part B)	to			. S, Part B)
ente	er tota ing sta al Kar	al exemptions atus above is ass exempt	for you, your Head of hous ions.  as dependent	spouse (if applica sehold, add one e.	ble), and each person y xemption.	ou claim as a deper	ndent.	•
Mark <b>A.</b> Had a	a depe	endent child w	ho lived with y	·		l of 2015?	YES	edit.
	er and Street, including Rura  De and Street, including Rura  De and Street and Street and Spouse if filling joint)  If this is an AME  Amended and Single  Resident  Entrente  If fill  Total  Steed information for an Name (please print)  You must have  Mark  A. Had and A. Ha	Initial Initia	Initial Last Name  Initial Last	Initial Last Name  Initial Last	Initial Last Name  School District No.  If this is an AMENDED 2015 Kansas return mark one of the following this tax year, mark an "X" in this box spouse if filing joint) died during this tax year, mark an "X" in this box spouse if filing joint) Amended affects Kansas only Amended Federal  Initial Last Name  Initial Last Name  School District No.  In this box spouse if filing box spouse if in this box spouse if filing box spouse if filing box.  In this box spouse if filing joint (Even if only one had income)  Part-year resident from (Complete Sch. S, Part B)  Enter the number of exemptions you claimed on your enter total exemptions for you, your spouse (if application of the filing status above is Head of household, add one extended information for all persons claimed as dependents. Do NOT included information for all persons claimed as dependents. Do NOT included information for all persons claimed as dependents. Do NOT included information for all persons claimed as dependents. Do NOT included	Initial Last Name  Initial Last Name  Initial Last Name  School District No.  School District No.  School District No.  Enter the first four letters use ALL CAPITAL letters.  Your Social Security Number  Enter the first four letters use ALL CAPITAL letters.  Spouse's Social Security Number  In address has changed since last year, mark an "X" in this box spouse if filing joint) died during this tax year, mark an "X" in this box  If this is an AMENDED 2015 Kansas return mark one of the following boxes:  Amended affects Kansas only  Amended Federal tax return  Armonia Single  Married filing joint (Even if only one had income)  Married filing separate  Part-year resident from (Complete Sch. S, Part B)  Enter the number of exemptions you claimed on your 2015 federal return. If nenter total exemptions for you, your spouse (if applicable), and each person your If filing status above is Head of household, add one exemption.  Total Kansas exemptions.  Sted information for all persons claimed as dependents. Do NOT include you or your spouse Name (please print)  Pour must have been a Kansas resident for ALL of 2015. Complete this section to deter Mark  A. Had a dependent child who lived with you all year and was under the age of 18 at Mark  A. Had a dependent child who lived with you all year and was under the age of 18 at Mark  A. Had a dependent child who lived with you all year and was under the age of 18 at Mark  Mark  A. Had a dependent child who lived with you all year and was under the age of 18 at Mark  Mark  A. Had a dependent child who lived with you all year and was under the age of 18 at Mark  Mark	Initial Last Name  Initial Last Name  Initial Last Name  School District No. Enter the first four letters of your last name. Use ALL CAPITAL letters.  Your Social Security Number  Enter the first four letters of your last name. Use ALL CAPITAL letters.  Your Social Security Number  Enter the first four letters of your last name. Use ALL CAPITAL letters.  Your Social Security Number  Enter the first four letters of your last name. Use ALL CAPITAL letters.  Spouse's Social Security Number  Desprine Telephone Number  If this is an AMENDED 2015 Kansas return mark one of the following boxes:  Amended affects Kansas only Amended Federal tax return Adjustment by the IR:  Single Married filling joint (Even if only one had income) Married filling separate Hear mark  Resident Part-year resident from (Complete Sch. S, Part B)  Enter the number of exemptions you claimed on your 2015 federal return. If no federal return is renter total exemptions for you, your spouse (if applicable), and each person you claim as a dependent of the filling status above is Head of household, add one exemption.  Total Kansas exemptions.  Total Kansas exemptions.  You must have been a Kansas resident for ALL of 2015. Complete this section to determine your qualificate Mark  A. Had a dependent child who lived with you all year and was under the age of 18 all of 2015?	Irelial Last Name  Last Name  School District No. Use ALL CAPITAL letters.  Your Social Security Number  Enter the first four letters of your last name. Use ALL CAPITAL letters.  Your Social Security Number  Enter the first four letters of your last name. Use ALL CAPITAL letters.  For address has changed Since last year, mark an "X" in this box Spouse if filing joint) died during this tax year, mark an "X" in this box  If this is an AMENDED 2015 Kansas return mark one of the following boxes:  Amended affects Kansas only Amended Federal tax return Adjustment by the IRS  Single Married filing joint (Even if only one had income) Married filing separate Head of household. Single Part-year resident from (Complete Sch. S, Part B)  Enter the number of exemptions you claimed on your 2015 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 fling status above is Head of household, add one exemption.  Total Kansas exemptions.  Sted information for all persons claimed as dependents. Do NOT include you or your spouse. Enclose separate schedule if Name (please print)  Part-year resident (MMDDYY)  Relationship  You must have been a Kansas resident for ALL of 2015. Complete this section to determine your qualifications and or Mark  A. Had a dependent child who lived with you all year and was under the age of 18 all of 2015?

Income Shade the box for negative amounts.	Federal adjusted gross income (as reported on your federal income tax return)     Modifications (from Schedule S, line A30; enclose Schedule S)			00
Example:	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)	3		00
Deductions	4. Standard deduction OR itemized deductions (if itemizing, complete Part C of Schedul	e 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	8. Tax (from Tax Tables or Tax Computation Schedule)		8	00
Computation	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 st	ates)	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	o)	18	00
Use Tax	19. Use tax due (see instructions)		19	00
	20. Total tax balance (add lines 18 and 19)		20	00
Withholding	21. Kansas income tax withheld from W-2s and/or 1099s		21	00
and	22. Estimated tax paid		22	00
Payments  If this is an  AMENDED return, complete lines 26 and 27.	23. Amount paid with Kansas extension		23	00
	24. Refundable portion of earned income tax credit (from worksheet, page 8 of instructio		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)			00
	28. Total refundable credits (add lines 21 through 26; then subtract line 27)	28		00
Balance	29. <b>Underpayment</b> (if line 20 is greater than line 28, enter the difference here)	120	29	00
Due	30. Interest (see instructions)		30	00
	31. Penalty (see instructions)		31	00
	32. Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 33. <b>AMOUNT YOU OWE</b> (add lines 29 through 32 and any entries on lines 36 through 41).		32	00
Ovornovmont	<u> </u>		33	00
You may donate	34. Overpayment (if line 20 is less than line 28, enter the difference here)		34	00
	35. <b>CREDIT FORWARD</b> (enter amount you wish to be applied to your 2016 estimated tax)		35	00
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)		36	00
36 through 41. The amount you	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM		37	00
enter will reduce	38. BREAST CANCER RESEARCH FUND		38	00
your refund or increase the	39. MILITARY EMERGENCY RELIEF FUND		39	00
amount you owe.	40. KANSAS HOMETOWN HEROES FUND		40	00
	41. KANSAS CREATIVE ARTS INDUSTRY FUND		41	00
	42. <b>REFUND</b> (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 a  I declare under the penalties of perjury that to the best of my knowledge this is a tru			
	Signature of taxpayer Date Signature of preparer of	other the	n taxpaver	Phone number of preparer
	Signature of shouse if Married Filling Joint  Tay preparer's FIN or SSN:			