

2016 KANSAS FIDUCIARY INCOME TAX

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	r the taxable year beginning 2 0 1 6 ; ending				
	Name of Estate or Trust	Employer	D Number (EIN)	
	Name of Fiduciary				
uo	Mailing Address (Number and Street, including Rural Route) Te		Number		
nformati	City, Town or Post Office State Zip Code S		strict Nur	nber Coun	ty Abbreviation
Filing Ir	If your name or address has changed since last year, mark an "X" in this box	n ameno	led retur	n, mark an ">	(" in this box.
	Filing Status (Mark ONE) Residency Status (Mark ONE)	Date E	stablisl	ned	
	EstateTrustResidentNonresident (See instructions)	Date of	decedent's	death or date	trust established:
	Bankruptcy Estate	MON	ТН	DAY	YEAR
come	Federal taxable income (Residents: Federal Form 1041; Nonresidents: Part III, line 48, column D) Resident fiduciary s share of modifications to federal taxable income (residents only) Part I, line 26 or Part II, line (j)				
<u>-</u>	Kansas taxable income (Line 1 plus or minus line 2. See instructions)		8 -		
ıtation	4. Tax (from tax computation schedule on the last page of this form) 5. Kansas tax on lump sum distributions (see instructions)			4 C	
ompr	6. Nonresident beneficiary tax (Part IV total of column E)				
Tax C	7. TOTAL KANSAS TAX (add lines 4, 5 and 6)		7		00
	Credit for taxes paid to other states (resident estates or trusts only; see instructions)		8		
dits	9. Other nonrefundable credits (enclose all appropriate schedules)	9			
ပ်	10. Total credits (add lines 8 and 9)	10			
	11. Balance (subtract line 10 from line 7; cannot be less than zero)		11		
S	12. Kansas income tax withheld		12		
men	13. Kansas estimated tax paid				
, Pay	14. Amount paid with Kansas extension		14		
holding &	15. Refundable portion of tax credits				
hold	16. Amended filers: Payments remitted with original return				
Mit E	17. Amended filers: Overpayment from original return (this figure is a subtraction; see instructions)	-			
	18. Total refundable credits (add lines 12 through 16 and subtract line 17)		18		
ne	19. UNDERPAYMENT (if line 11 is greater than line 18)		19		
Balance Due	20. INTEREST (see instructions)		20		
3alar	21. PENALTY (see instructions)		21		
d or E	22. BALANCE DUE (add lines 19, 20 and 21)	ciary lax	22		
Refun	NOTE: If <u>both</u> the "TOTAL line in Part IV, Column E" <u>and</u> "amount on line 22" are zero, DO NOT FILE this 23. REFUND (if line 18 is greater than line 11)		23		

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PAR	T I - MODIFICATIONS TO FEDERAL TAXABLE INCOME		
24.	Additions to federal taxable income:		
	a. State and local bond interest (reduced by related expenses, enclose schedule)	24a	
	b. State or local taxes measured by income deducted on the federal return	24b	
	c. Administrative expenses claimed as deductions on Kansas estate tax return	24c	
	d. Other additions (see instructions, enclose schedule)	24d	
	e. Total additions to federal income (add lines 24a through 24d)	24e	
25.	Subtractions from federal taxable income:		
	a. Interest on U.S. Government obligations (reduced by related expenses, enclose schedule)	25a	
	b. State income tax refunds reported as income on federal return	25b	
	c. Exempt retirement benefit	25c	
	d. Other subtractions from federal taxable income (see instructions, enclose schedule)	25d	
	e. Total subtractions from federal taxable income (add lines 25a through 25d)	25e	

PART II - COMPUTATION OF SHARES OF THE MODIFICATION TO FEDERAL TAXABLE INCOME

26. Net modification to federal taxable income (subtract line 25e f om line 24e)

NOTE: The Kansas fiduciary modification is to be allocated among the beneficiaries and the fiduciary in proportion to their share of the sum

(A)	(B)	(C) Percent of	(D) Share of fiduciary adjustment (line 26
Name and Address	Social Security Number	Distribution	Part I, multiplied by column C)
RESIDENT BENEFICIARIES			
		%	
0)		%	
s)		%	
1)		%	
NONRESIDENT BENEFICIARIES			
		%	
		%	
3)		%	
n)		%	
Charitable beneficiaries portion	(i)	%	
Subtotal		%	
) Fiduciary's portion	(j)	%	
Total		100%	

sig he	Signature of fiduciary Signature of preparer other than fiduciary			
	I authorize the Director of Taxation or the Director's designee to I declare under the penalties of perjury that to the best of my kn	•		•
	Total		100%	
(j)	Fiduciary's portion	(j)	%	
	Subtotal		%	
(i)	Charitable beneficiaries portion	(i)	%	

FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS WITH NONRESIDENT BENEFICIARIES

PART III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM KANSAS SOURCES

(A) These items correspond to those listed on Federal Form 1041	(B) Total income as reported on Federal Form 1041	(C) Amount from Kansas sources	(D) Nonresident fiduciary s portion of Col. C & capital gains not distributed
27. Interest income			
28. Dividends			
29. Business income (loss)			
30. Capital gain (loss)			
31. Rents, royalties, partnerships, other estates and trusts, etc			
32. Farm income (loss)			
33. Ordinary income (loss)			
34. Other income			
35. Total income (Add lines 27 through 34)			
36. Interest			
37. Taxes			
38. Fiduciary fees			
39. Charitable deduction			
40. Attorney, accountant, and return preparer fees			
41a. Other deductions not subject to the 2% floo			
41b. Allowable miscellaneous itemized deductions subject to the 2% floor			
42. Total (Add lines 36 through 41b)			
43. Subtract line 42 from line 35			
44. Distributions to beneficiaries			
45a. Estate tax deduction (fiduciary)			
45b. Estate tax deduction (beneficiary)			
46. Exemption (For Column D, see instructions)			
47. Total (Add lines 44 through 46)			
48. Taxable income (Subtract line 47 from line 43)			
49. Total percent of all nonresident beneficiaries - from Part II, I nes (e), (f), (g) & (h).			
50. Total Kansas income of nonresident beneficiaries (Multiply line 48 by line 49 .			
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PART IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND TAX TO BE WITHHELD

(A) Name and Address	(B) Social Security Number	(C) Beneficiary s Percentage	(D) Kansas Taxable Income	(E) Tax to be withheld (Multiply Col. D by 2.5%)
NONRESIDENT BENEFICIARIES				
(a)		%		
(b)		%		
(c)		%		
(d)		%		
TOTAL. Enter amount from column E on line 6		%		

TAX WITHHELD FOR NONRESIDENT BENEFICIARIES

Under Kansas law the executor, administrator, trustee or other fiduciary of an estate or trust is required to withhold 2.5% (.025) of the amount distributable to each nonresident beneficiary. The amount to be withheld from each nonresident beneficiary is shown in Part IV, column (E). For each nonresident beneficiary from whom tax is withheld, three copies of the *Fiduciary Report of Nonresident Beneficiary Tax Withheld*, Form K-18, must be prepared. Copy the Form K-18 shown below or download from our website at ksrevenue.org.

Distribute copies of Form K-18 as follows:

- to the beneficiary from whom the tax is withheld to enclose with their Kansas Income Tax return
- to the beneficiary for their records
- to be retained by fiduciary

K-18

2016 FIDUCIARY REPORT OF NONRESIDENT BENEFICIARY TAX WITHHELD KANSAS DEPARTMENT OF REVENUE

ENDING DATE OF ESTATE OR TRUSTS TAX YEAR	

NONRESIDENT BENEFICIARY'S NAME	SOCIAL SECUI	RITY NUMBER	NAME OF ESTATE OR TRUST	EIN OF TRUST			
STREET ADDRESS OR RURAL ROUTE			NONRESIDENT BENEFICIARY'S SHARE OF DISTRIBUTABLE INCOME FROM KANSAS SOURCES:				
			Taxable income	\$			
OLT) (OTATE	710 0005	Modifications as if Kansas resident	\$			
CITY	STATE	ZIP CODE	Amount of tax withheld	\$*			
			* Beneficiary: Enter this amount on the "Kansas Incom	e Tax Withheld" line of			