

For tax year January 1 - December 31, 2023, or other taxable year beginning _____, 20____; ending _____, 20____

PLEASE TYPE OR PRINT

First Name (If joint return, use first names and middle initials of both)	Last Name	Your Social Security Number
Mailing Address (Number and street, including apartment number, or rural route)		Spouse's Social Security Number
City, Town, or Post Office, State and Zip Code		Federal Identification Number

Questions 1 & 2 must be answered before your intangibles tax rate can be determined.

For County Use Only TAX UNIT NUMBER
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1. Is your legal residence located within the corporate limits of a city or town?
 Yes. If yes, name of city or town: _____
 No. If no, name of township: _____
2. County of residence as of January 1, 2024: _____
3. **Intangibles income** (from line 11, Part 1 or line 17, Part II) \$ _____

**YOUR COUNTY CLERK WILL COMPUTE YOUR INTANGIBLES TAX LIABILITY. YOUR COUNTY TREASURER WILL BILL YOU.
DO NOT SEND ANY PAYMENT FOR INTANGIBLES TAX TO THE KANSAS DEPARTMENT OF REVENUE.**

PART I – INTANGIBLES EARNINGS

4. Interest from bank savings accounts, certificates of deposit, other time deposits, insurance companies, and interest or dividends received from all savings and loan associations and credit unions	4	
5. Dividends or other income from corporation stock including those located in Kansas and dividends or interest income received from mutual funds and trust companies	5	
6. Interest from notes (except when secured by mortgages on Kansas real estate when registration fee has been paid)	6	
7. Earnings from conditional sales contracts, chattel paper, or other secured transactions	7	
8. Interest or discount income from bonds, debentures, and certificates of indebtedness.....	8	
9. Interest carrying charges and other income from accounts receivable (nonresidents: see instructions)	9	
10. Other intangibles income (see instructions)	10	
11. Total intangibles income. If you qualify for the "Special Senior Citizen or Disability Exemption" complete Part II to determine your intangibles income. If you do not qualify for the exemption, enter this amount on line 3.	11	

PART II – SPECIAL SENIOR CITIZEN OR DISABILITY EXEMPTION – see instructions (Part II must be completed entirely or the exemption will not be allowed)

12. Your date of birth. If you were born after January 1, 1964, you must be blind or disabled to qualify (see instructions)	MONTH	DAY	YEAR
13. Is this special exemption based on disability or blindness? If yes, attach proof of disability or blindness (see instructions). <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Total household income for 2023 (must be less than \$20,000; see instructions)	14		
15. Enter total intangibles income from Part I, line 11	15		
16. LESS: Special intangibles income exemption (see instructions for allowable exemption).....	16		
17. Taxable intangibles income (subtract line 16 from line 15; enter result here and on line 3 above)	17		

I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct, and complete return.

<p>sign here _____ Signature of taxpayer</p> <p>_____</p> <p style="text-align: center;">If joint return, BOTH husband and wife must sign</p>	<p>_____</p> <p style="text-align: center;">Date</p> <p>_____</p> <p style="text-align: center;">Signature of preparer if other than taxpayer</p>
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YOUR TELEPHONE NUMBER _____ TELEPHONE NUMBER – The number you furnish will be confidential and should be the one we can reach you at during office hours.

**MAIL THIS RETURN TO YOUR LOCAL COUNTY CLERK'S OFFICE (addresses available with the tax rates).
DO NOT send this return or payment for Intangibles Tax to the Kansas Department of Revenue.**

