

This is **not** a **current year tax form** and **cannot be used to file a 2009 return**. If you use this form for a tax year other than is intended, it **will not be processed**. Instead, **it will be returned to you** with a request to submit your information on the proper form.

If you need a current year Kansas tax form, send your request through email at forms@kdor.state.ks.us or call our voice mail forms request line at 785-296-4937. Please allow 2 weeks for delivery.

FORM LOCATED BELOW, PLEASE SCROLL OR PAGE DOWN.

DO NOT STAPLE

Filing Information

Form with fields for Your First Name, Initial, Last Name, Spouse's First Name, Initial, Last Name, Mailing Address, 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

Mark this box if you are filing this as an AMENDED 2008 Kansas return. NOTE: This form cannot be used for tax years prior to 2008.

Reason for amending your 2008 original Kansas return:

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 this box if you are filing a joint return)

Residency Status (Mark ONE)

- Resident, Nonresident or Part-year resident from ___/___/___ to ___/___/___ (Complete Schedule S, Part B)

Exemptions

Number of exemptions claimed on your 2008 federal return, If filing status is head of household, add one exemption, Total Kansas exemptions

Income

If amount is negative, shade the minus (-) in box. Example: -

Table with 3 rows: 1. Federal adjusted gross income, 2. Modifications (from Schedule S, line A19). Enclose Schedule S., 3. Kansas adjusted gross income (line 2 added to or subtracted from line 1; see instructions, page 15)

Deductions

Table with 4 rows: 4. Standard deduction OR itemized deductions (see instructions, page 15), 5. Exemption allowance (\$2,250 x number of exemptions claimed), 6. Total deductions (add lines 4 and 5), 7. Taxable income (subtract line 6 from line 3; if less than zero, enter 0)

Tax Computation

Table with 4 rows: 8. Tax (from Tax Tables or Tax Computation Schedules beginning on page 25), 9. Nonresident allocation percentage (from Schedule S, line B23). If 100%, enter 100.0000. Enclose your completed Schedule S with this form., 10. Nonresident tax (multiply line 8 by line 9), 11. Kansas tax on lump sum distributions (residents only - see instructions, page 16), 12. TOTAL INCOME TAX (Residents: add lines 8 & 11; Nonresidents: enter amount from line 10)

Box for additional information or signature

TAX: Enter the income tax amount from line 12 _____

Credits	13. Credit for taxes paid to other states (See page 16. Enclose return(s) from other states.)									00
	14. Credit for child & dependent care expenses (See page 17. Enclose copy of your federal return.)									00
	15. Other credits (Enclose all appropriate credit schedules)									00
	16. Total tax credits (Add lines 13, 14 and 15)									00
	17. Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero)									00

Use Tax	18. Use tax due (See instructions on page 18)									00
	19. Total Tax Balance (Add lines 17 and 18)									00

Withholding and Payments	20. Kansas income tax withheld from W-2, 1099, or K-19 (Enclose K-19; see instructions)									00
	21. Estimated tax paid									00
	22. Amount paid with Kansas extension									00
	23. Earned income credit (See instructions, page 18. Enclose copy of your federal return.)									00
	24. Refundable portion of tax credits (Enclose all appropriate credit schedules)									00

For an ORIGINAL return, skip to line 28. For an AMENDED return, complete lines 26 and/or 27 before continuing to line 28.

Withholding and Payments	26. Payments remitted with original return									00
	27. Overpayment from original return (This figure is a subtraction; see instructions, page 19)	-								00
	28. Total refundable credits (Add lines 20 through 26 and subtract line 27)	-								00

Balance Due	29. UNDERPAYMENT (If line 19 is greater than line 28)									00
	30. Interest (See instructions, page 19)									00
	31. Penalty (See instructions, page 19)									00
	32. Estimated Tax Penalty (See instructions, page 19) <input type="checkbox"/> Check here if you were engaged in commercial farming or fishing in 2008.									00

33. **AMOUNT YOU OWE** (Add lines 29 through 32. Include amounts from lines 36 through 39, if applicable.) See payment options on page 19

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Overpayment	34. OVERPAYMENT (If line 19 is less than line 28)									00	
	35. CREDIT FORWARD (Enter the amount of line 34 you wish to be applied to your 2009 estimated tax)									00	
	If you wish to donate to any of the following contribution programs, enter your donation amount(s) on the appropriate line(s). These donations will reduce your refund or increase the amount you owe.										
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)										00
	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM										00
	38. BREAST CANCER RESEARCH FUND										00
	39. MILITARY EMERGENCY RELIEF FUND										00
	40. REFUND (Subtract lines 35 through 39 from line 34. SIGN your return below.)										00

I authorize the Director of Taxation or the Director's designee to discuss my K-40 return and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Signature of taxpayer

Date

Signature of preparer other than taxpayer

Phone number of preparer

If joint return, BOTH taxpayer and spouse must sign even if only one had income

Tax preparer's EIN (Employer Identification Number) OR SSN (Social Security Number) _____

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

**MAIL TO: KANSAS INCOME TAX
 KANSAS DEPARTMENT OF REVENUE
 915 SW HARRISON ST
 TOPEKA, KS 66699-1000**