



Your First Name		Initial	Last Name		Enter the first four letters of your last name. Use ALL CAPITAL letters.
Spouse's First Name		Initial	Last Name		Your Social Security Number
Mailing Address (Number and Street, including Rural Route)				School District No.	Enter the first four letters of your spouse's last name. Use ALL CAPITAL letters.
City, Town, or Post Office			State	Zip Code	County Abbreviation
<input type="checkbox"/> If your name or address has changed since last year, mark an "X" in this box.					Spouse's Social Security Number
<input type="checkbox"/> If taxpayer (or spouse if filing joint) died during this tax year , mark an "X" in this box.					Daytime Telephone Number

Amended Return
(Mark ONE)

If this is an AMENDED 2024 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 (Complete Sch. S, Part B) _____ to _____ ☐ Nonresident (Complete Sch. S, Part B)

[illegible]

If Filing Status above is Head of Household, enter \$2,320 in the currency box to the right. If not, leave blank.

Exemptions and Dependents		Total Kansas Exemptions		Total Kansas Exemption Amount	
Dependents, enter the number of individuals you may claim as a dependent in the first box, multiply by \$2,320 and enter total in the currency box to the right. Do NOT include yourself or your spouse.	<input type="text"/>	<input type="text"/>	X \$2,320 =	<input type="text"/>	<input type="text"/>
Disabled Veteran Personal Exemption allowance. In the first box, enter the total number of disabled veterans being claimed including yourself. Multiply by \$2,250 and enter total in the currency box to the right.	<input type="text"/>	<input type="text"/>	X \$2,250 =	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Add all amounts and enter result in the Total Kansas Exemption Amount Box.
Also enter this same amount on page 2, line 5 of this form.

Enter the requested information for all persons claimed as dependents. **Do NOT include you or your spouse.** Enclose separate schedule if necessary.

[illegible]

Food Sales Tax Credit

You must have been a Kansas resident for ALL of 2024. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2024?..... YES ☐ NO ☐

B. Were you (or spouse) 55 years of age or older all of 2024 (born before January 1, 1969)?..... YES ☐ NO ☐

C. Were you (or spouse) totally and permanently disabled or blind all of 2024, regardless of age? YES ☐ NO ☐

*If you answered "No" to A, B and C, **STOP HERE**; you do not qualify for this credit.*

D. If you answered "Yes" to A, B, or C, enter your federal adjusted gross income from line 1 of this return. **=** **00**

*If line "D" is more than \$30,615, **STOP HERE**; you do not qualify for this credit.*

E. Number of exemptions claimed (from Total Kansas Exemptions above).

F. Number of dependents that are 18 years of age or older (born before January 1, 2007)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter the result here and on line 18 of this form..... **00**

**Mail to: Kansas Income Tax, Kansas Dept. of Revenue
PO Box 750260, Topeka, KS 66699-0260**

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Income <i>Shade the box for negative amounts. Example: <input type="checkbox"/></i>	1. Federal adjusted gross income (as reported on your federal income tax return).....	1	<input type="checkbox"/>		00
	2. Modifications (from Schedule S, line A25; enclose Schedule S)	2	<input type="checkbox"/>		00
	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)	3	<input type="checkbox"/>		00
Deductions	4. Standard deduction OR itemized deductions (if itemizing, complete Kansas Schedule A)	4			00
	5. Exemption allowance (From Total Kansas Exemption Amount, front of this form).....	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 Computation	8. Tax (from Tax Tables or Tax Computation Schedule)	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 and dependent care expenses (residents only - see instructions).....	14			00
	15. Other credits (enclose all appropriate credit schedules)	15			00
	16. Subtotal (subtract lines 13, 14 and 15 from line 12)	16			00
	17. Earned income tax credit (from worksheet on page 8 of instructions)	17			00
	18. Food sales tax credit (from line H, front of this form)	18			00
	19. Total tax balance (subtract lines 17 and 18 from line 16; cannot be less than zero).....	19			00
	20. Kansas income tax withheld from W-2s and/or 1099s	20			00
Withholding and Payments <i>If this is an AMENDED return, complete lines 25, 26 and 27</i>	21. Estimated tax paid.....	21			00
	22. Amount paid with Kansas extension	22			00
	23. Refundable portion of earned income tax credit (from worksheet, page 8 of instructions)....	23			00
	24. Refundable portion of tax credits	24			00
	25. Payments remitted with original return.....	25			00
	26. Credit for tax paid on the K-120S (enclose K-9)	26			00
	27. Overpayment from original return (this figure is a subtraction; see instructions)	27			00
	28. Total refundable credits (add lines 20 through 26; then subtract line 27).....	28	<input type="checkbox"/>		00
Balance Due	29. Underpayment (if line 19 is greater than line 28, enter the difference here)	29			00
	30. Interest (see instructions)	30			00
	31. Penalty (see instructions)	31			00
	32. Estimated Tax Penalty <input type="checkbox"/> Mark box if engaged in commercial farming or fishing in 2024	32			00
	33. AMOUNT YOU OWE (add lines 29 through 32 and any entries on lines 36 through 43).....	33			00
Overpayment <i>You may donate to any of the programs on lines 36 through 43. The amount you enter will reduce your refund or increase the amount you owe.</i>	34. Overpayment (if line 19 is less than line 28, enter the difference here).....	34			00
	35. CREDIT FORWARD (enter amount you wish to be applied to your 2025 estimated tax)	35			00
	36. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	36			00
	37. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	37			00
	38. BREAST CANCER RESEARCH FUND.....	38			00
	39. MILITARY EMERGENCY RELIEF FUND	39			00
	40. KANSAS HOMETOWN HEROES FUND.....	40			00
	41. KANSAS CREATIVE ARTS INDUSTRY FUND	41			00
	42. LOCAL SCHOOL DISTRICT CONTRIBUTION FUND School District Number <input type="text"/>	42			00
	43. KANSAS HISTORIC SITE CONTRIBUTION FUND Historic Site Number <input type="text"/>	43			00
	44. REFUND (subtract lines 35 through 43 from line 34)	44			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.

Taxpayer
Signature

DATE

Spouse
Signature
(If married
filing joint)

DATE

SIGNATURE
OF PREPARER
OTHER THAN
TAXPAYER

Phone
number of
preparer

Tax Preparer's
PTIN, EIN or
SSN

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