SCHEDULE A DO NOT STAPLE

Itemized

Deductions

2025 KANSAS ITEMIZED DEDUCTIONS SCHEDULE

n A)325	
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Your First Name			Initial	Last Name	Enter the first four letters Use ALL CAPITAL letters	
					Your Social Security number	
Spouse's First N	Name		Initial L	Last Name	Security number	
					Enter the first four letters last name. Use ALL CAF	
Check this	s box i	f you claimed itemize	d deduc	tions on your federal return	Spouse's Social Security number	
Medical and	1.	Medical and dental	expens	ses (see instructions)		1
Dental Expenses	2.	Enter your adjusted	2			
(I.R.C. § 213)	3.	. Multiply line 2 by 7.5% (0.075)				3
	4.	. Total medical and dental expenses allowed (subtract line 3 from line 1. If line 3 is more than line 1, enter zero)				4
Taxes you Paid	5.	State and local real estate taxes (see instructions)				5
(I.R.C. § 164(a))	6.	State and local per	6			
	7.	Total taxes you p	7			
Interest You Paid (I.R.C. § 163(h))	8.	Home mortgage in build, or improve y				
(8.a. Home mortga	8a			
		8.b. Home mortgage interest NOT reported to you on Form 1098 (see instructions if limited)				8b
				from whom you bought the hom	e, show that person's name,	
		8.c. Points not rep	ported to	o you on Form 1098 (see instruc	ctions for special rules)	8c
		8.d. Reserved				8d
	9.	Total interest you	ı paid (add lines 8a through 8d)		9
Charity (I.R.C. § 170)	10.	Gifts by cash or ch	ieck (se	e instructions if you made any g	ift of \$250 or more)	10
	11.	Gifts made other the	11			
	12.	Carryover from pri	12			
	13.	3. Total gifts to charity (add lines 10 through 12)				13

IMPORTANT: You must enclose all supportive documentation where indicated in the instructions.

line 4, form K-40.....

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Total Kansas 14. Total Kansas Itemized Deductions (add lines 4, 7, 9 and 13. Enter the result here and on