

2011 KANSAS INDIVIDUAL INCOME TAX and/or FOOD SALES TAX REFUND



DO NOT STAPLE

Form with fields for Your First Name, Spouse's First Name, Mailing Address, City, Town, or Post Office, State, Zip Code, County Abbreviation, Initial, Last Name, School District No.

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

- Checkboxes for name/address changes and taxpayer death during the year.

Amended Return

If this is an AMENDED 2011 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, Married filing separate, Head of household

Residency Status

(Mark ONE)

- Resident, Part-year resident from, Nonresident

Exemptions and Dependents

Enter the number of exemptions you claimed on your 2011 federal return.

If filing status above is Head of household, add one exemption.

Total Kansas exemptions. (List below name, date of birth, relationship and SSN of persons claimed as dependents)

Table with columns: Dependent(s) name, Date of Birth (M M D D Y Y), Relationship, SSN (Social Security Number)

IF ADDITIONAL SPACE IS NEEDED, ENCLOSE A SEPARATE SCHEDULE.

Food Sales Tax Qualification

If you were a Kansas resident for all 2011, complete this section to determine if you qualify for a Food Sales Tax refund.

- Questions A, B, and C regarding dependent child, age, and disability.

Question D: If you answered YES to A, B, or C, complete the worksheet on page 11 and enter the QUALIFYING INCOME amount from line 14.

Question E: If amount on line D is less than \$35,401, see instructions in the tax booklet to figure your refund.

If you are filing for a Food Sales Tax refund only, you do not need to complete lines 1 through 39. Just SIGN this return on the back and mail it to the address shown below.

Mail to: Kansas Income Tax, Kansas Dept. of Revenue PO Box 750260, Topeka, KS 66675-0260

Form with fields for address information.



ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income Shade the box for negative amounts. Example: <input checked="" type="checkbox"/>	1. Federal adjusted gross income	1	<input checked="" type="checkbox"/>	00
	2. Modifications (From Schedule S, line A19). Enclose Schedule S.	2	<input checked="" type="checkbox"/>	00
	3. Kansas adjusted gross income (Line 2 added to or subtracted from line 1).	3	<input checked="" type="checkbox"/>	00
Deductions	4. Standard deduction OR itemized deductions (See instructions).	4		00
	5. Exemption allowance (\$2,250 x number of exemptions claimed)	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 Schedules)	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 & dependent care expenses (See instructions).	14		00
	15. Other credits (Enclose all appropriate credit schedules).	15		00
	16. Total tax credits (Add lines 13, 14 and 15)	16		00
	17. Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero) . .	17		00
Use Tax	18. Use tax due (See instructions)	18		00
	19. Total Tax Balance (Add lines 17 and 18).	19		00
Withholding and Payments	20. Kansas income tax withheld from W-2, 1099, or K-19 (Enclose K-19; see instructions). . . .	20		00
	21. Estimated tax paid	21		00
	22. Amount paid with Kansas extension	22		00
	23. Earned income credit (See instructions).	23		00
	24. Refundable portion of tax credits (Enclose all appropriate credit schedules)	24		00
	25. Payments remitted with original return	25		00
	26. Overpayment from original return (This figure is a subtraction; see instructions)	26	<input checked="" type="checkbox"/>	00
	27. Total refundable credits (Add lines 20 through 25 and , if applicable, your Food Sales Tax refund amount from line E; then subtract amount on line 26)	27	<input checked="" type="checkbox"/>	00
Balance Due	28. Underpayment (If line 19 is <i>greater</i> than line 27, enter the difference here)	28		00
	29. Interest (See instructions).	29		00
	30. Penalty (See instructions).	30		00
	31. Estimated Tax Penalty <input type="checkbox"/> Mark box if engaged in commercial farming or fishing in 2011.	31		00
	32. AMOUNT YOU OWE (Add lines 28 thru 31 and any entries on lines 35 thru 38)	32		00
Overpayment	33. Overpayment (If line 19 is <i>less</i> than line 27, enter the difference here)	33		00
	34. CREDIT FORWARD (Enter amount you wish to be applied to your 2012 estimated tax) . . .	34		00
	35. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	35		00
	36. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM.	36		00
	37. BREAST CANCER RESEARCH FUND.	37		00
	38. MILITARY EMERGENCY RELIEF FUND	38		00
	39. REFUND (Subtract lines 34 through 38 from line 33).	39		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.

Signature of taxpayer

Date

Signature of preparer other than taxpayer

Phone number of preparer

Signature of spouse if Married Filing Joint

Tax preparer's EIN or SSN: