



Name or address has changed?	Taxpayer or (spouse if filing joint) died during this tax year	Taxpayer was engaged in commercial farming/fishing in 2023	
Amended Return:	Amended affects Kansas only	Amended Federal tax return	Adjustment by the IRS
Filing Status:	Single	Married Filing Joint (Even if only one had income)	Married Filing Separate
			Head of Household (Do not check if filing joint return)
Residency Status:	Resident	NonResident (Complete Sch S, Part B)	State of Legal Residence
	Part-Year Resident (Complete Sch S, Part B) From	To	
Exemptions:	Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.	If filing status above is Head of Household, add one exemption.	If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications)
	Total Kansas exemptions		

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
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Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

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| A. Had a dependent child who lived with you all year and was under the age of 18 all of 2023? | E. Number of exemptions claimed |
| B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)? | F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006) |
| C. Were you (or spouse) totally and permanently disabled or blind all of 2023, regardless of age?
If you answered NO to A, B, and C, STOP HERE , you do not qualify for this credit. | G. Total qualifying exemptions (subtract line F from line E) |
| D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.
If Line D is more than \$30,615 STOP HERE , you do not qualify for this credit. | H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. |





- 1. Federal adjusted gross income
- 2. Modifications
- 3. Kansas adjusted gross income
- 4. Standard or itemized deductions.
(If itemizing, complete KS Sch A)
- 5. Exemption allowance
- 6. Total deductions
- 7. Taxable income
- 8. Tax
- 9. Nonresident percentage
- 10. Nonresident tax
- 11. KS tax on lump sum distributions
- 12. TOTAL INCOME TAX
- 13. Credit for taxes paid to other states
- 14. Credit for child and dependent care expenses
- 15. Other credits
- 16. Subtotal
- 17. Earned Income Credit
- 18. Food Sales Tax Credit
- 19. Total Tax Balance
- 20. KS income tax withheld from W-2, 1099 or K-19
- 21. Estimated tax paid
- 22. Amount paid with Kansas extension
- 23. Refundable portion of earned income tax credit
- 24. Refundable portion of tax credits
- 25. Payments remitted with original return
- 26. Credit for tax paid on the K-120S
- 27. Overpayment from original return. This figure is a subtraction.
- 28. Total refundable credits
- 29. Underpayment
- 30. Interest
- 31. Penalty
- 32. Estimated tax penalty
- 33. AMOUNT YOU OWE
- 34. Overpayment
- 35. CREDIT FORWARD
- 36. Chickadee Checkoff
- 37. Senior Citizens Meals On Wheels Contribution Program
- 38. Breast Cancer Research Fund
- 39. Military Emergency Relief Fund
- 40. Kansas Hometown Heroes Fund
- 41. Kansas Creative Arts Industry Fund
- 42. Local School District Contribution Fund. School District Number
- 43. Kansas Historic Site Contribution Fund. Historic Site Number
- 44. REFUND

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.

Taxpayer Signature (Required) _____ Date _____ Spouse Signature (Required) _____ Date _____

Preparer Signature (Required) _____ Preparer Phone Number _____ Preparer PTIN, EIN or SSN (Required) _____

