



PART C – QUALIFIED EMPLOYER’S EMPLOYEE INFORMATION

COMPLETE PART C USING A SEPARATE SHEET FOR EACH EMPLOYEE

| | | | | |
|-------------------------------|---|------------------------------|---|--------|
| Name of Qualified Employee | | Social Security Number (SSN) | | |
| Address of Qualified Employee | City | State | Zip | County |
| Name of Qualified Employer | Date on which Qualified Employee Commenced Employment | | Date on which Qualified Employee Ended Employment | |

COMPENSATION

- 10. Amount of compensation paid to qualified employee in current tax year 10. _____
- 11. Authorized credit percentage 11. 10%
- 12. Credit available (multiply line 10 by line 11) 12. _____
- 13. Limitation of credit amount 13. 15,000
- 14. Total credit after limitation (enter the lesser of line 12 or line 13) 14. _____
- 15. Proportionate share percentage 15. _____ %
- 16. Your share of credit (multiply line 14 by line 15) 16. _____
- 17. Total Kansas tax liability for this year after all credits other than this credit 17. _____
- 18. Amount of credit allowable (lesser of line 16 or line 17) 18. _____

TUITION REIMBURSEMENT

Complete This Section Only If the Employee Participated In a Qualified Educational Program

| | | | | |
|--|------|--|-----|--------|
| Tuition reimbursement | | | | |
| Date reimbursement was paid _____ <input type="checkbox"/> Tuition paid during participation in a qualified program <input type="checkbox"/> Tuition debt upon completion of a qualified program | | | | |
| Name of Entity Providing Qualified Program | | | | |
| Address of Entity Providing Qualified Program | City | State | Zip | County |
| Qualified Program / Course Name and Description | | | | |
| Date on which Qualified Employee was awarded Degree or Certificate | | Degree Earned (Check One): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Technical | | |

- 19. Amount of tuition reimbursement paid to qualified employee 19. _____
- 20. Authorized credit percentage 20. 50%
- 21. Credit available (multiply line 19 by line 20) 21. _____
- 22. Average annual amount paid for a qualified program 22. _____
- 23. Total credit after limitation (lesser of line 21 or line 22) 23. _____
- 24. Proportionate share percentage 24. _____ %
- 25. Your share of credit (multiply line 23 by line 24) 25. _____
- 26. Total Kansas tax liability for this year after all credits other than this credit 26. _____
- 27. Amount of credit allowable (lesser of line 25 or line 26) 27. _____