



DO NOT STAPLE

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

Amended Return (Mark ONE) If this is an AMENDED 2015 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 _____ to _____ (Complete Sch. S, Part B) Nonresident (Complete Sch. S, Part B)

Exemptions and Dependents

Enter the number of exemptions you claimed on your 2015 federal return. If no federal return is required, enter 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.

Total Kansas exemptions.

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

Name (please print)	Date of Birth (MMDDYY)	Relationship	Social Security Number

Food Sales Tax Credit You must have been a Kansas resident for ALL of 2015. Complete this section to determine your qualifications and credit.

Mark ONE box {

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2015? YES NO

B. Were you (or spouse) 55 years of age or older all of 2015 (born before January 1, 1960)? YES NO

C. Were you (or spouse) totally and permanently disabled or blind all of 2015, 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. If it is more than \$30,615, STOP HERE; you do not qualify for this credit. 00

E. Number of exemptions claimed on your federal income tax return

F. Number of dependents that are 18 years of age or older (born before January 1, 1998)

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 17 of this form. 00

Mail to: Kansas Income Tax, Kansas Dept. of Revenue 915 SW Harrison St., Topeka, KS 66612-1588

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Income (Federal adjusted gross income), Deductions (Standard deduction, Exemption allowance), Tax Computation (Tax, Nonresident percentage), Credits (Credit for taxes paid, Other credits), Use Tax, Withholding and Payments (Kansas income tax withheld, Estimated tax paid), Balance Due (Underpayment, Interest, Penalty), and Overpayment (Overpayment, CREDIT FORWARD, CHICKADEE CHECKOFF, etc.).

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

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