



ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income		1. Federal adjusted gross income (as reported on your federal income tax return).....	1	<input type="text"/>	00
Shade the box for negative amounts. Example: <input checked="" type="text"/>		2. Modifications (from Schedule S, line A27; enclose Schedule S)	2	<input type="text"/>	00
		3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)	3	<input type="text"/>	00
Deductions		4. Standard deduction OR itemized deductions (if itemizing, complete Kansas Schedule A).....	4	<input type="text"/>	00
		5. Exemption allowance (From Total Kansas Exemption Amount, front of this form).....	5	<input type="text"/>	00
		6. Total deductions (add lines 4 and 5)	6	<input type="text"/>	00
		7. Taxable income (subtract line 6 from line 3; if less than zero, enter 0).....	7	<input type="text"/>	00
Tax Computation		8. Tax (from Tax Tables or Tax Computation Schedule)	8	<input type="text"/>	00
		9. Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)	9	<input type="text"/>	00
		10. Nonresident tax (multiply line 8 by line 9)	10	<input type="text"/>	00
		11. Kansas tax on lump sum distributions (residents only - see instructions).....	11	<input type="text"/>	00
		12. TOTAL INCOME TAX (residents: add lines 8 & 11; nonresidents: enter amount from line 10)	12	<input type="text"/>	00
Credits		13. Credit for taxes paid to other states (see instructions; enclose return(s) from other states).....	13	<input type="text"/>	00
		14. Credit for child and dependent care expenses (residents only - see instructions).....	14	<input type="text"/>	00
		15. Other credits (enclose all appropriate credit schedules).....	15	<input type="text"/>	00
		16. Subtotal (subtract lines 13, 14 and 15 from line 12)	16	<input type="text"/>	00
		17. Earned income tax credit (from worksheet on page 8 of instructions)	17	<input type="text"/>	00
		18. Total tax balance (subtract line 17 from line 16; cannot be less than zero)	18	<input type="text"/>	00
Withholding and Payments		19. Kansas income tax withheld from W-2s and/or 1099s	19	<input type="text"/>	00
If this is an AMENDED return, complete lines 24, 25 and 26		20. Estimated tax paid.....	20	<input type="text"/>	00
		21. Amount paid with Kansas extension	21	<input type="text"/>	00
		22. Refundable portion of earned income tax credit (from worksheet, page 8 of instructions).....	22	<input type="text"/>	00
		23. Refundable portion of tax credits	23	<input type="text"/>	00
		24. Payments remitted with original return	24	<input type="text"/>	00
		25. Credit for tax paid on the K-120S (enclose K-9)	25	<input type="text"/>	00
		26. Overpayment from original return (see instructions)	26	<input type="text"/>	00
		27. Total refundable credits (add lines 19 through 25; then subtract line 26).....	27	<input type="text"/>	00
Balance Due		28. Underpayment (if line 18 is greater than line 27, enter the difference here)	28	<input type="text"/>	00
		29. Interest (see instructions).....	29	<input type="text"/>	00
		30. Penalty (see instructions).....	30	<input type="text"/>	00
		31. Estimated Tax Penalty <input type="checkbox"/> Mark box if engaged in commercial farming or fishing in 2025....	31	<input type="text"/>	00
		32. AMOUNT YOU OWE (add lines 28 through 31 and any entries on lines 35 through 42).....	32	<input type="text"/>	00
		33. Overpayment (if line 18 is less than line 27, enter the difference here).....	33	<input type="text"/>	00
		34. CREDIT FORWARD (enter amount you wish to be applied to your 2026 estimated tax)	34	<input type="text"/>	00
Overpayment		35. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	35	<input type="text"/>	00
You may donate to any of the programs on lines 35 through 42.		36. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	36	<input type="text"/>	00
		37. BREAST CANCER RESEARCH FUND.....	37	<input type="text"/>	00
The amount you enter will reduce your refund or increase the amount you owe.		38. MILITARY EMERGENCY RELIEF FUND	38	<input type="text"/>	00
		39. KANSAS HOMETOWN HEROES FUND.....	39	<input type="text"/>	00
		40. KANSAS CREATIVE ARTS INDUSTRY FUND	40	<input type="text"/>	00
		41. LOCAL SCHOOL DISTRICT CONTRIBUTION FUND School District Number <input type="text"/>	41	<input type="text"/>	00
		42. KANSAS HISTORIC SITE CONTRIBUTION FUND Historic Site Number <input type="text"/>	42	<input type="text"/>	00
		43. REFUND (subtract lines 34 through 42 from line 33).....	43	<input type="text"/>	00

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.

Taxpayer Signature Date Spouse Signature (If married filling joint) Date

Signature of preparer other than taxpayer Phone number of preparer Tax Preparer's PTIN, EIN or SSN

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