



ENTER AMOUNTS IN WHOLE DOLLARS ONLY

Income <i>Shade the box for negative amounts. Example: <input type="checkbox"/></i>	1. Federal adjusted gross income (as reported on your federal income tax return).....	1	<input type="checkbox"/>	00
	2. Modifications (from Schedule S, line A27; enclose Schedule S)	2	<input type="checkbox"/>	00
	3. Kansas adjusted gross income (line 2 added to or subtracted from line 1)	3	<input type="checkbox"/>	00
Deductions	4. Standard deduction OR itemized deductions (if itemizing, complete Kansas Schedule A).....	4		00
	5. Exemption allowance (From Total Kansas Exemption Amount, front of this form).....	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 Schedule)	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 and dependent care expenses (residents only - see instructions).....	14		00
	15. Other credits (enclose all appropriate credit schedules)	15		00
	16. Subtotal (subtract lines 13, 14 and 15 from line 12)	16		00
	17. Earned income tax credit (from worksheet on page 8 of instructions)	17		00
	18. Total tax balance (subtract line 17 from line 16; cannot be less than zero)	18		00
Withholding and Payments <i>If this is an AMENDED return, complete lines 24, 25 and 26</i>	19. Kansas income tax withheld from W-2s and/or 1099s	19		00
	20. Estimated tax paid.....	20		00
	21. Amount paid with Kansas extension	21		00
	22. Refundable portion of earned income tax credit (from worksheet, page 8 of instructions).....	22		00
	23. Refundable portion of tax credits	23		00
	24. Payments remitted with original return	24		00
	25. Credit for tax paid on the K-120S (enclose K-9)	25		00
	26. Overpayment from original return (see instructions)	26		00
	27. Total refundable credits (add lines 19 through 25; then subtract line 26).....	27	<input type="checkbox"/>	00
Balance Due	28. Underpayment (if line 18 is greater 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 2025....	31		00
	32. AMOUNT YOU OWE (add lines 28 through 31 and any entries on lines 35 through 42).....	32		00
Overpayment <i>You may donate to any of the programs on lines 35 through 42. The amount you enter will reduce your refund or increase the amount you owe.</i>	33. Overpayment (if line 18 is less than line 27, enter the difference here).....	33		00
	34. CREDIT FORWARD (enter amount you wish to be applied to your 2026 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. KANSAS HOMETOWN HEROES FUND.....	39		00
	40. KANSAS CREATIVE ARTS INDUSTRY FUND	40		00
	41. LOCAL SCHOOL DISTRICT CONTRIBUTION FUND School District Number <input type="text"/>	41		00
	42. KANSAS HISTORIC SITE CONTRIBUTION FUND Historic Site Number <input type="text"/>	42		00
	43. REFUND (subtract lines 34 through 42 from line 33).....	43		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 filing 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.