

TESTMELXXXXX A TESTWATERSXXXXXXXXXX  
 TESTGERTRUDE B TESTGIBSONXXXXXXXXXX 785551212 TEST 234007891  
 1234 TESTJEFFERSON STREETXXXXXXXXXX  
 TESTTOPEKXXXXXXXXXXXX KS 66612-1234 SN 501 TEST 987004321

These fields are REQUIRED on pg 1

Name or address has changed?  Taxpayer or (spouse if filing joint) died during this tax year  Taxpayer was engaged in commercial farming/fishing in 2012

<b>Amended Return:</b>	<b>Filing Status:</b>	<b>Residency Status:</b>	<b>Exemptions:</b>
<input checked="" type="checkbox"/> Amended affects Kansas only	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Resident	12 <small>Number of exemptions claimed on 2012 federal return</small>
<input checked="" type="checkbox"/> Amended Federal tax return	<input checked="" type="checkbox"/> Married filing joint (Even if only one had income)	<input checked="" type="checkbox"/> Nonresident (Complete Sch. S, Part B.)	1 <small>If filing status is marked as Head of Household, add one exemption</small>
<input checked="" type="checkbox"/> Adjustment by the IRS	<input checked="" type="checkbox"/> Married filing separate	<input checked="" type="checkbox"/> Part-Year resident (Complete Sch. S, Part B.)	13 <b>Total Kansas exemptions</b>
	<input checked="" type="checkbox"/> Head of Household (Do not check if filing a joint return)	From 01012012 To 12312012	
		KS State of Legal Residence	

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 seven lines.

Left justify

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
TIBERIUS J SAJKLAFJAJMPLEPERSONTEST	12311958	GRANDPAJJKJS	214354769
MAREGOLD M SAMLOPIOPSPFLEPERSONTEST	01345677	GRWIANDCHILD	324354659
JOSEPH J SAMPLJAFOWOFJAKEPERSONTEST	11238473	DAUGHNMOQTER	435465769
TIBERIUS J SAJKLAFJAJMPLEPERSONTEST	12311958	GRANDPASRENT	214354769
MAREGOLD M SAMLOPIOPSPFLEPERSONTEST	01345677	GRWIANDCHILD	324354659
JOSEPH J SAMPLJAFOWOFJAKEPERSONTEST	11238473	DAUGHYYOQTER	435465769
JOSEPH J SAMPLJAFOWOFJAKEPERSONTEST	11238473	DAUGHNMOQTER	435465769

**Food Sales Tax Qualification:** If you were a Kansas resident for all 2012, complete this section to determine if you qualify for a Food Sales Tax refund.

<b>A.</b> Had a dependent child who lived with you all year and was under the age of 18 all of 2012?	<input checked="" type="checkbox"/>	<b>D.</b> If you answered YES to A, B, or C, complete the worksheet on page 11 and enter the QUALIFYING INCOME amount from line 14. If line 14 is zero, you <b>must</b> enter "0" here.	-3180
<b>B.</b> Were you (or spouse) 55 years of age or older during 2012 (born prior to January 1, 1958)?	<input checked="" type="checkbox"/>	<b>E.</b> If amount on line D is less than \$36,701, see instructions in the tax booklet to figure your refund. Enter the amount here. This is your <b>FOOD SALES TAX REFUND.</b>	679
<b>C.</b> Were you (or spouse) totally and permanently disabled or blind all of 2012, regardless of age?	<input checked="" type="checkbox"/>		

Arial 14 here and page 2

- IMPORTANT:**
- 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING
  - 2) Refunds are not issued for any unsigned returns. Signature(s) are required
  - 3) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2
  - 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

Lines 1 - 4: Arial 8 and on page 2

For 2011, these 4 fields were the most likely to be left off the form when filed along with not sending in pg 1 with pg 2

**K-40**  
(Rev. 7/12)

Page 2 of 2

**2012**

**KANSAS INDIVIDUAL INCOME TAX**  
and/or **FOOD SALES TAX REFUND**

000

122912

TESTMELXXXXX A TESTWATERSXXXXXXXXXX

TEST

234007891

These fields are **REQUIRED** on form -  
(only link to page 1)

1. Federal adjusted gross income	-11919542315	21. Estimated tax paid	280005649135
2. Modifications	-12520219456	22. Amount paid with KS extension	290001359465
3. Kansas adjusted gross income	-13530116842	23. Earned income credit	970123456543
4. Standard or itemized deductions	140002516450	24. Refundable portion of tax credits	300000134659
5. Exemption allowance	51294	25. Payments remitted w/ original return	310001034650
6. Total deductions	150005167894	26. Overpayment from original return	210001034650
7. Taxable income	161446781540	27. Total refundable credits and if applicable your Food Sales Tax refund.	-20000316264
8. Tax	170006649785	28. <b>Underpayment</b>	133000349024
9. Nonresident percentage	100.0000	29. Interest	340009468125
10. Nonresident tax	180004567985	30. Penalty	467519876543
11. KS tax on lump sum distributions	190000756485	31. Estimated tax penalty	649129876543
12. TOTAL INCOME TAX	201179456791	32. <b>AMOUNT YOU OWE</b>	134629876543
13. Credit for taxes paid to other states	210182345649	33. <b>Overpayment</b>	350009746516
14. Credit for child & dependent care exp.	220193456946	34. <b>CREDIT FORWARD</b>	360004690130
15. Other credits	234563712864	35. Chickadee Checkoff	370006493152
16. Total tax credits	240000976153	36. Senior Citizens Meals On Wheels Contribution Program	380006497852
17. Income tax balance after credits	250001346529	37. Breast Cancer Research Fund	390006497852
18. Use Tax Due	349543211529	38. Military Emergency Relief Fund	400003916425
19. Total Tax Balance	260001346529	39. <b>KANSAS HOMETOWN HEROES FUND</b>	<b>440003194515</b>
20. KS income tax withheld from W-2, 1099 or K-19	270009461357	40. <b>REFUND</b>	<b>349543211529</b>

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer  
Signature  
**(Required)** KANSAS R TAXPAYER Date \_\_\_\_\_

Preparer  
Signature KANSAS R PREPARER

Preparer PTIN,  
EIN, or SSN

Spouse  
Signature  
**(Required)** SPOUSE R TAXPAYER Date \_\_\_\_\_

Preparer  
Phone Number 7854650235

P03465089

**Arial 14**

**IMPORTANT:** 1) **Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING**

2) Make sure your **NAME**, 1st 4-letters last name, and **SSN** are printed at the top of page 2 of 2

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**Lines 1 - 4: Arial 8**

**Page  
2 of 2**

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Amended affects Kansas only  Single  Resident 12 Number of exemptions claimed on 2012 federal return  
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 Head of Household (Do not check if filing a joint return) From 01012012 To 12312012

KS State of Legal Residence

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I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature **KANSAS R TAXPAYER** Date

Preparer Signature **KANSAS R PREPARER** Preparer PTIN, EIN, or SSN

Spouse Signature **SPOUSE R TAXPAYER** Date

Preparer Phone Number **7854650235** P03465089

Arial 14

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