These fields are **REQUIRED** on pq 1 7855551212 TEST 234007891 501 987004321 SN TEST

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TESTGERTRUDE B TESTGIBSONXXXXXXXXX 1234 TESTJEFFERSON STREETXXXXXXXXX TESTTOPEKAXXXXXXXXXXX KS 66612-1234

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

Amen	ded Return:	Filing	g Status:	Resid	dency Status	:	Exemp	otions:
X	Amended affects Kansas only	Х	Single	X	Resident		12	Number of exemptions claimed on 2012 federal return
X	Amended Federal tax return	Х	Married filing joint (Even if only one had income)	Х	Nonreside	nt (Complete Sch. S, Part B.)	1	If filing status is marked as Head of Household, add one exemption
X	Adjustment by the IRS	Х	Married filing separate	Х	Part-Year Part B.)	resident (Complete Sch. S,	13	Total Kansas exemptions
		Х	Head of Household (Do not check if filing a joint return)		From	01012012		
					То	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

Lost Justing	Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
TIBERIUS	J SAJKLAFJAJMPLEPERSONTEST	12311958	GRANDPAJKKJS	214354769
MAREGOLD	M SAMLOPIOPSFPLEPERSONTEST	01345677	GRWIANDCHILD	324354659
JOSEPH J	SAMPLJAFOWOFJAKEPERSONTEST	11238473	DAUGHNMOQTER	435465769
TIBERIUS	J SAJKLAFJAJMPLEPERSONTEST	12311958	GRANDPASRENT	214354769
MAREGOLD	M SAMLOPIOPSFPLEPERSONTEST	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.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2012? B. Were you (or spouse) 55 years of age or older during 2012 (born prior

C. Were you (or spouse) totally and permanently disabled or blind all of

Χ Χ

Χ

- D. 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 must enter "0" here.
 - E. 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 FOOD SALES TAX REFUND.

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679

Lines 1 - 4: Arial 8 and on page 2

Arial 14 here and page 2

to January 1, 1958)?

2012, regardless of age?

- 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

INDIVIDUAL INCOME TAX 915 SW HARRISON ST TOPEKA KS 66699-1000

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

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

234007891 TESTMELXXXXX A TESTWATERSXXXXXXXXXX TEST

These fields are **REQUIRED** on form -

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Federal adjusted gross income	-11919542315	(only 21. Estimated tax paid	link to page 1) 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	 Total refundable credits and if applicable your Food Sales Tax refund. 	-20000316264
8. Tax	170006649785	28. Underpayment	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. AMOUNT YOU OWE	134629876543
13. Credit for taxes paid to other states	210182345649	33. Overpayment	350009746516
14. Credit for child & dependent care exp.	220193456946	34. CREDIT FORWARD	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. KANSAS HOMETOWN HEROES FUND	440003194515
20. KS income tax withheld from W-2, 1099 or K-19	270009461357	40. REFUND	349543211529

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 Preparer Signature Preparer PTIN, EIN, or SSN KANSAS R PREPARER KANSAS R TAXPAYER Signature (Required) Spouse Signature SPOUSE R TAXPAYER 7854650235 P03465089 Phone Number (Required) Lines 1 - 4: Arial 8

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

Page 3) Refunds are not issued for any unsigned returns. Signature(s) are required 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

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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.	SAMPLJAFOWOFJAKEPERSONTEST 11238473 DAUGHNMOQTER 43546576	DAUGHNMOQTER	1238473	-	JAKEPERSONTEST	MPLJAFOWOF	OSEPH J SAI
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	ification: If you were a Kansas resident for all 2012, complete this section to determine if you qualify for a Food Sales Tax refund	a Food Sales Tax refund	termine if you qualify for	ction to d	resident for all 2012, complete this see	n: If you were a Kaneae	od Sales Tax Qualification
A Llad a dependent obtid with who fived with you all was and was under the							
v	V					o nved with you all year ar	
B. Were you (or spouse) 55 years of age or older during 2012 (born prior zero, you must enter "0" here.	use) 55 years of age or older during 2012 (born prior zero, you must enter "0" here.					ears of age or older durin	
to January 1, 1958)? K E. If amount on line D is less than \$36,701, see instructions in the tax	X E. If amount on line D is less than \$36,701, see instructions in the tax	an \$36,701, see instructions in the	amount on line D is less th	E.	X		January 1, 1958)?
			1 1 1			lly and permanently disab	
2012, Togotaloss of ago:	D. TOOD GALLOTTAK KET GRO.	D.	OOD SALES TAX REFUN				12, regardless of age?
B. Were you (or spouse) 55 years of age or older during 2012 (born prior Zero, you must enter "0" here. See instructions in the tax booklet to figure your refund. Enter the amount here. This is your	child who lived with you all year and was under the X D. 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 must enter "0" here. X E. 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	or C, complete the worksheet on p INCOME amount from line 14. If line. an \$36,701, see instructions in the	you answered YES to A, B and enter the QUALIFYING ero, you must enter "0" her amount on line D is less th	D. E.	d was under the X 2012 (born prior X ed or blind all of	o lived with you all year ar	Had a dependent child who age of 18 all of 2012? Were you (or spouse) 55 y January 1, 1958)?
2512, logaration of ago.	Lines 1 - 4: Ari						

	KANSAS INDIVIDUAL and/or FOOD SALES	INCOME TAX 000 1:	22912
(Rev. 7/12) Page 2 of 2	and/or FOOD SALES TA	AX REFUND	
TESTMELXXXXX A TESTWA	ATERSXXXXXXXXXX	TEST 234007891	
			s are REQUIRED on fo
Federal adjusted gross income	-11919542315	21. Estimated tax paid	nk to page 1) 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. Underpayment	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. AMOUNT YOU OWE	134629876543
13. Credit for taxes paid to other states	210182345649	33, Overpayment	350009746516
14. Credit for child & dependent care exp.	220193456946	34. CREDIT FORWARD	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. KANSAS HOMETOWN HEROES FUND	440003194515
20. KS income tax withheld from W-2, 1099 or K-19	270009461357	40. REFUND	349543211529
X I authorize the Director of Taxation or the I declare under the penalties of perjury the		0 and any enclosures with my preparer. ief this is a true, correct, and complete return.	
Taxpayer			
Signature (Required) KANSAS R TAXPAY	+	Preparer Signature KANSAS R PREPARER	Preparer PTIN, EIN, or SSN
Spouse Signature (Required) SPOUSE R TAXPA	VED	Preparer Phone Number 7854650235	P03465089
N.S. A.			1 - 4: Arial 8
Page 2) Ma	ake sure your NAME , 1st 4-letters e funds are not issued for any u r	s last name, and SSN are printed at the top of pages isigned returns. Signature(s) are required	ge 2 of 2
2 of 2 4) DO	O NOT USE RED or SHADES of I	RED INK on tax returns filed with Kansas	