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(Rev. 7/11)		k	CANSA	S INDI	VIE	DUAL IN	COI	ME TAX		1145	11		L
DO NOT STAPL	.E		and/	or FOO	D SA	ALES TAX	REF	UND					
/Your First Name			ial Last Name			Enter the first four letters of your last name. Use ALL CAPITAL letters.							
Spouse's First Name			Last Name					our Social	1 1	Тт	一	一	
Mailing Address (Number	and Street, including Ru	ural Route	e)			School District No.	56	ecurity number			<del>     </del>		
			/				nter the first four let st name. Use <b>ALL</b>						
City, Town, or Post Office			State	Zip Code		County Abbreviation	Sp	pouse's Social		Тт	一	一	一
If your <b>name or</b>	address has cha	inged :	since last yea	ar, mark an	"X" ir	n this box	Da	aytime .	-		$\pm$	_	
If taxpayer (or s	pouse if filing joint	) died	during this	t <b>ax year</b> , m	ark a	n "X" in this bo		lephone Imber					
Amended Return <sup>(Mark ONE)</sup>	If this is an <b>AMI</b> Amended a		2011 Kansa Kansas only			ne of the follow ended Federal t	J		djustment l	by the IRS			
Filing Status (Mark ONE)	Single			ed filing joi n if only one		income)	Ma	arried filing separ	ate				(Do not return)
Residency Status (Mark ONE)	Resident			year reside plete Sch.		m// urt B)	1	to//	_		esident plete S		Part B)
and Dependents	lf f	iling st	atus above is	s Head of h	ousel	<i>hold</i> , add one e	exempt	erson you claim a ion. relationship and			ned as	depen	dents)
Depender	nt(s) name (please	print)	г		D [		Re	lationship	SSN	l (Social Se	curity 1	Numbe	r)
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IF ADDITIONAL S	SPACE IS NEEDE	D FN	L CLOSE A SE	PARATE S	CHE	 DULE							
Food Sales							on to de	etermine if you gu	alify for a	Food Salos	Toy ro	ofund	
Тах	•			•	·			, ,	•		YES	—	NO
Qualification	Mark	ad a dependent child who lived with you all year and was under the age of 18 during all of 2011? YES NO ere you (or spouse) 55 years of age or older during 2011 (born prior to January 1, 1957)? YES NO								- =			
	box				_	_		d during 2011, re			YES	=	NO $\square$
	<b>D.</b> If y	ou ans	wered YES to	A, B, or C	, com	plete the works	sheet or	n page 11 and en you must enter "	ter the	-			00
								e tax booklet to fi					00

If you are filing for a Food Sales Tax refund only, you do not need to complete lines 1 through 39. Just **SIGN** this return on the back and mail it to the address shown below. Refunds are not issued for unsigned returns.

## **ENTER AMOUNTS IN WHOLE DOLLARS ONLY**

Income	Federal adjusted gross income	1	_					00
Shade the box for	Modifications (From Schedule S, line A19). Enclose Schedule S	2						00
negative amounts. Example: =	3. Kansas adjusted gross income (Line 2 added to or subtracted from line 1)	3	-					00
Deductions	Standard deduction OR itemized deductions (See instructions)		4					00
	5. Exemption allowance (\$2,250 x number of exemptions claimed)		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
Тах	8. Tax (From Tax Tables or Tax Computation Schedules)		8					00
Computation	9. Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)		9		T	L		
	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 state	) e	13					00
	14. Credit for child & dependent care expenses (See instructions)		14					00
	15. Other credits (Enclose all appropriate credit schedules).		15					00
	16. Total tax credits (Add lines 13, 14 and 15)							
	17. Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero).		16					00
	17. Income tax balance and credits (dubtract line 10 from line 12, califor be less than 2010).	•	17					00
Use Tax	18. Use tax due (See instructions)		18					00
	19. Total Tax Balance (Add lines 17 and 18)		19					00
Withholding	20. Kansas income tax withheld from W-2, 1099, or K-19 (Enclose K-19; see instructions)		20					00
and Payments	21. Estimated tax paid		21					00
dymonts	22. Amount paid with Kansas extension		22					00
	23. Earned income credit (See instructions)		23					00
AMENDED return,	24. Refundable portion of tax credits (Enclose all appropriate credit schedules)		24					00
	25. Payments remitted with original return		25					00
complete lines 25 and 26.	26. Overpayment from original return (This figure is a subtraction; see instructions)	_	26					00
	27. Total refundable credits (Add lines 20 through 25 <b>and</b> , if applicable, your Food Sales							
	Tax refund amount from line E; then subtract amount on line 26)	27	Е					00
Balance	28. <b>Underpayment</b> (If line 19 is <i>greater</i> than line 27, enter the difference here)		28					00
Due	29. Interest (See instructions).		29					00
	30. Penalty (See instructions)		30					00
	31. Estimated Tax Penalty Mark box if engaged in commercial farming or fishing in 201	11.	31					00
	32. AMOUNT YOU OWE (Add lines 28 thru 31 and any entries on lines 35 thru 38)		32					00
Overpayment	33. Overpayment (If line 19 is <i>less</i> than line 27, enter the difference here)		33					00
. ,	34. <b>CREDIT FORWARD</b> (Enter amount you wish to be applied to your 2012 estimated tax)		34					00
You may donate to any of the	35. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)		35					00
programs on lines 35 through 38.	36. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM		36					00
The amount you enter will reduce	37. BREAST CANCER RESEARCH FUND.		37					00
your refund or increase the	38. MILITARY EMERGENCY RELIEF FUND		38					00
amount you owe.	39. <b>REFUND</b> (Subtract lines 34 through 38 from line 33).							
o ()	35. KEI OND (Subtract lines 34 tillough 36 from line 35)	-	39					00
Signature(s)	I authorize the Director of Taxation or the Director's designee to discuss my return	n ar	ıd en	closure	es with	n my pı	eparer	
	I declare under the penalties of perjury that to the best of my knowledge this is a	true	e, cor	rect, a	nd co	mplete	return.	
	Signature of taxpayer Date Signature of preparer of	her th	nan taxı	payer		Phone	number of	fpreparer
		_	$\overline{}$	$\overline{}$			$\overline{}$	
	Tax preparer's EIN or SSN:		- 1		1 1		1 1	