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Your First Name		Initial	Last Name		Enter the first four letters of your last name. Use ALL CAPITAL letters.	<input type="text"/>
Spouse's First Name		Initial	Last Name		Your Social Security Number	<input type="text"/>
Mailing Address (Number and Street, including Rural Route)				School District No.	Enter the first four letters of your spouse's last name. Use ALL CAPITAL letters.	<input type="text"/>
City, Town, or Post Office			State	Zip Code	County Abbreviation	Spouse's Social Security Number
<input type="checkbox"/> If your name or address has changed since last year, mark an "X" in this box.						Daytime Telephone Number
<input type="checkbox"/> If taxpayer (or spouse if filing joint) died during this tax year , mark an "X" in this box.						<input type="text"/>

Amended
Return

If this is an AMENDED 2023 Kansas return mark one of the following boxes:

(Mark ONE)

☐ Amended affects Kansas only ☐ Amended Federal tax return ☐ Adjustment by the IRS

Filing Status

(Mark ONE)

☐ Single ☐ Married filing joint
(Even if only one had income) ☐ Married filing separate ☐ Head of household (Do not
mark if filing a joint return)

Residency
Status

(Mark ONE)

☐ Resident ☐ Part-year resident from ____ to ____ (Complete Sch. S, Part B) ☐ Nonresident (Complete Sch. S, Part B)

Exemptions and Dependents

Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

☐ If filing status above is *Head of household*, add one exemption.

☐ If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications).

Total Kansas exemptions.

Enter the requested information for all persons claimed as dependents. Do **NOT** include you or your spouse. Enclose separate schedule if necessary.

[illegible]

Food Sales
Tax Credit

You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2023? YES ☐ NO ☐
- B. Were you (or spouse) 55 years of age or older all of 2023 (born before January 1, 1968)? YES ☐ NO ☐
- C. Were you (or spouse) totally and permanently disabled or blind all of 2023, regardless of age? YES ☐ NO ☐

If you answered "No" to A, B and C, **STOP HERE**; you do not qualify for this credit.

- D.** If you answered "Yes" to A, B, or C, enter your federal adjusted gross income from line 1 of this return. 00

If line "D" is more than \$30,615, **STOP HERE**; you do not qualify for this credit.

- E. Number of exemptions claimed
- F. Number of dependents that are 18 years of age or older (born before January 1, 2006)
- G. Total qualifying exemptions (subtract line F from line E)
- H. Food Sales Tax Credit (multiply line G by \$125). Enter the result here and on line 18 of this form

Mail to: Kansas Income Tax, Kansas Dept. of Revenue
PO Box 750260, Topeka, KS 66699-0260

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