

ANDREW L SMITH
 KECIA S SMITH

SMIT

WICHITA KS 67218

SMIT

Taxpayer name or address has changed

Taxpayer or (spouse if filing joint) died during this tax year

Taxpayer was engaged in commercial farming/fishing in 2004

X	Filing an amended individual income return. Note: This form cannot be used for tax years prior to 2004.	Filing Status:	Residency Status:	Exemptions:			
	Reason for amended return:	Single	X Resident	5	Number of exemptions claimed on 2004 federal return		
	Amended Kansas only	X Married filing joint (Even if only one had income)	Nonresident or Part-Year resident (Complete Schedule S, Part B.)		Filing Head of Household		
X	Amended Federal return	Married filing separate	From To	5	Total Kansas exemptions		
	Adjustment by IRS	Head of Household					
1	Federal adjusted gross income	14	Credit for child & dependent care expenses	0	27	Overpayment from original return (Subtraction only)	43
2	Modifications to FAGI (From Sch S, Part A, line A15)	15	Other credits (Enclose all appropriate credit schedules)	0	28	Total refundable credits (Add lines 20-26 and subtract line 27)	2506
3	Kansas adjusted gross income (Line 2 added/subtracted from line 1)	16	Total tax credits (Add lines 13, 14 & 15)	0	29	UNDERPAYMENT (If line 19 is greater than line 28)	0
4	Standard or itemized deductions	17	Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero)	0	30	Interest	0
5	Exemption allowance (\$2250 x no. of exemptions claimed)	18	Use Tax Due	0	31	Penalty	0
6	Total deductions (Add lines 4 & 5)	19	Total Tax Balance (Add lines 17 & 18)	0	32	Estimated tax penalty	0
7	Taxable inc (Subtract line 6 from line 3, if less than zero, enter 0)	20	Kansas income tax withheld from W-2, 1099 or K-19 (Enclose K-19)	2549	33	AMOUNT YOU OWE (Add lines 29-32. Include amounts from lines 36 and 37 if applicable)	0
8	Tax (See Tax Tables or Tax Computation Schedules)	21	Estimated tax paid	0	34	OVERPAYMENT (If line 19 is less than line 28)	2506
9	Nonresident allocation percent (Sch S, Part B, line B23)	22	Amount paid with Kansas extension	0	35	CREDIT FORWARD (Enter the amount of line 34 to be applied to your 2005 est tax)	0
10	Nonresident tax (Multiply line 8 by line 9)	23	Earned income credit	0	36	CHICKADEE CHECKOFF	0
11	Kansas tax on lump sum distributions (Residents only)	24	Refundable portion of tax credits (Enclose all appropriate schedules)	0	37	SENIOR CITIZENS MEALS ON WHEELS PROGRAM	0
12	TOTAL INCOME TAX (Residents: add lines 8 & 11; Nonresidents: enter amount from line 10)	25	FOOD SALES TAX REFUND	0	38	REFUND (Subtract lines 35, 36 and 37 from line 34)	2506
13	Credit for taxes paid to other states	26	Payments remitted with original return	0			

I authorize the Director of Taxation or the Director's designee to discuss my return and attachments 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

Date

Preparer Signature

Self-Prepared

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R,
Distributions From Pensions, Annuities, Retirement or
Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.OMB No.
1545-0458

Attach to Form 1040, 1040A, 1040-EZ or 1040X

1. Name (First, middle, last)
Andrew L. Smith2. Social security number (SSN)
[REDACTED]3. Address
[REDACTED]
Wichita, KS 672184. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRA's, Insurance Contracts, etc., from my employer or payer named below. I have notified the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2004 (year)

5. Employer's or payer's name, address and ZIP code

The Boeing Company PO Box 3707 M/S 3W-KH Seattle, WA 98124-2207

6. Employer's or payer's identification number (if known)
036-910425694F

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for taxes, insurance, etc.)	-0-	f. Federal income tax withheld	5732.71
b. Social security wages	-0-	g. State tax withheld (Name or state)	2519.00
c. Medicare wages	-0-	h. Local tax withheld (Name of locality)	-0-
d. Advance EIC payments	-0-	i. Social security tax withheld	4491.86
e. Social security tips	-0-	j. Medicare tax withheld	1050.52

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	-0-	4. Federal Income Tax Withheld	-0-
2a. Taxable Amount	-0-	5. State Income Tax Withheld	-0-
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	-0-
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	-0-
3. Capital Gains (included in 2a)	-0-	8. Enter Distribution Code	

8. How did you determine the amounts in item 7 above?

Company/Payer provided records and the statutory language behind IRC sections 3401 and 3121 and others.

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.

Request, but the Company/Payer refuses to issue forms correctly listing payments of wages as defined in 3401(a) and 3121(a) for fear of IRS retaliation. The amounts listed as withheld on the W-2 it submitted are correct, however.

Importance Notice: If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.**Paperwork Reduction Act Notice:**

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

10. Your signature

11. Date (mmddyyyy)

Department of the Treasury - Internal Revenue Service
**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R,
 Distributions From Pensions, Annuities, Retirement or
 Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.**

OMB No.
1545-0458

Attach to Form 1040, 1040A, 1040-EZ or 1040X

1. Name (First, middle, last)
Kecia S. Smith

2. Social security number (SSN)
[REDACTED]

3. Address
[REDACTED]
Wichita, KS 67218

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRA's, Insurance Contracts, etc., from my employer or payer named below. I have notified the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2004 (year)

5. Employer's or payer's name, address and ZIP code
Calvary Christian School Wichita 3003 E. Kellogg Dr. Wichita, KS 67211-3021

6. Employer's or payer's identification number (if known)
036480995452F01

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for taxes, insurance, etc.)	-0-	f. Federal income tax withheld	75.79
b. Social security wages	-0-	g. State tax withheld (Name or state)	30.14
c. Medicare wages	-0-	h. Local tax withheld (Name of locality)	-0-
d. Advance EIC payments	-0-	i. Social security tax withheld	141.95
e. Social security tips	-0-	j. Medicare tax withheld	33.19

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	-0-	4. Federal Income Tax Withheld	-0-
2a. Taxable Amount	-0-	5. State Income Tax Withheld	-0-
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	-0-
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	-0-
3. Capital Gains (included in 2a)	-0-	8. Enter Distribution Code	

8. How did you determine the amounts in item 7 above?
Company/Payer provided records and the statutory language behind IRC sections 3401 and 3121 and others.

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.
Request, but the Company/Payer refuses to issue forms correctly listing payments of wages as defined in 3401(a) and 3121(a) for fear of IRS retaliation. The amounts listed as withheld on the W-2 it submitted are correct, however.

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Paperwork Reduction Act Notice:
We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paper Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

10. Your signature

11. Date (mmddyyyy)



915 SW Harrison St.
Topeka KS 66625-2007
Internet Address: www.ksrevenue.org

Phone: 785-368-8222
FAX: 785-296-7928
Hearing Impaired TTY: 785-296-6461

September 8, 2005

KECIA S. SMITH
ANDREW L. SMITH

[REDACTED]
WICHITA, KS 67218

RE: Social Security Number [REDACTED]
Joint Filer Social Security Number [REDACTED]
Tax Account Period 2004

We adjusted your amended income tax return as shown on the enclosed schedule. Changes are usually made because system data or calculations do not match the amounts as reported on the return. The following are reasons for the adjustments to your return:

We adjusted the total refundable credits amount.
We adjusted the overpayment amount.
An adjustment made to your return has changed the refund amount.
We adjusted the extension payment amount.

Any questions may be answered by calling 785-368-8222 between 8:00 a.m. and 5:00 p.m., Monday through Friday.

If you agree with this tax determination, and have a balance due, please pay the total amount promptly to avoid additional charges. Penalty and interest are automatically updated on the 16th of each month. Mail your check and a copy of this notice to:

Kansas Department of Revenue
915 SW Harrison St.
Topeka, KS 66699-1000

A balance due of less than \$5.00 need not be paid. A refund of less than \$5.00 will not be paid but may be applied to a future period.

If you disagree, you must, within 60 days from the date of this notice, make a written request to the Secretary of Revenue for an informal conference to review and reconsider all facts and issues underlying your tax determination. Please state your objections in your written request for a conference and mail it, with a copy of this notice, to:

Office of Administrative Appeals
Kansas Department of Revenue
915 SW Harrison St.
Topeka KS 66625-0001

ADJUSTMENT SCHEDULE

Ln #		Return as Filed by Customer	Adjustment Made by KDOR	Corrected Return Based on Adjustment
1	Federal adjusted gross income	6,568.00	0.00	6,568.00
2	Modifications to federal adjusted gross income	0.00	0.00	0.00
3	Kansas adjusted gross income	6,568.00	0.00	6,568.00
4	Standard deduction or itemized deductions	6,000.00	0.00	6,000.00
5	Exemption allowance	11,250.00	0.00	11,250.00
6	Total deductions	17,250.00	0.00	17,250.00
7	Taxable income	0.00	0.00	0.00
8	Tax	0.00	0.00	0.00
9	Nonresident allocation percentage	0.00%	0.00%	0.00%
10	Nonresident tax	0.00	0.00	0.00
11	Kansas tax on lump sum distributions	0.00	0.00	0.00
12	Total income tax	0.00	0.00	0.00
13	Credit for taxes paid to other states	0.00	0.00	0.00
14	Credit for child & dependent care expenses	0.00	0.00	0.00
15	Other credits	0.00	0.00	0.00
16	Total tax credits	0.00	0.00	0.00
17	Income tax balance after credits	0.00	0.00	0.00
18	Use tax due	0.00	0.00	0.00
19	Total tax balance	0.00	0.00	0.00
20	Kansas income tax withheld from W2, 1099 or K-19	2,549.00	0.00	2,549.00
21	Estimated tax paid	0.00	0.00	0.00
22	Amount paid with Kansas extension	0.00	300.00	300.00
23	Earned income credit	0.00	0.00	0.00
24	Refundable portion of tax credits	0.00	0.00	0.00
25	Food sales tax refund	0.00	0.00	0.00
26	Payments remitted with original return	0.00	0.00	0.00
27	Previous overpayments and/or offsets	43.00	0.00	43.00
28	Total refundable credits	2,506.00	300.00	2,806.00
29	Underpayment	0.00	0.00	0.00
	Payment with amended return			0.00
30	Interest	0.00	0.00	0.00
31	Penalty	0.00	0.00	0.00
32	Estimated tax penalty	0.00	0.00	0.00

33	Amount You Owe	0.00	0.00	0.00
34	Overpayment	2,506.00	300.00	2,806.00
35	Credit Forward	0.00	0.00	0.00
36	Chickadee Checkoff	0.00	0.00	0.00
37	Senior Citizens Meals on Wheels Contribution Program	0.00	0.00	0.00
38	Refund of tax and applicable interest	2,506.00	300.00	2,806.00