

K-40

(Rev. 7/12)

DO NOT STAPLE

2012

KANSAS INDIVIDUAL INCOME TAX and/or FOOD SALES TAX REFUND

114512

L

Your First Name L	Initial ■	Last Name W
Spouse's First Name	Initial	Last Name
Mailing Address (Number and Street, including Rural Route) ■		School District No. ■
City, Town, or Post Office ■	State KS	Zip Code ■
		County Abbreviation ■

Enter the first four letters of your last name.
Use ALL CAPITAL letters. ■■■■

Your Social Security number ■■■■ ■■■■ ■■■■ ■■■■

Enter the first four letters of your spouse's last name. Use ALL CAPITAL letters. ■■■■

Spouse's Social Security number ■■■■ ■■■■ ■■■■ ■■■■

Daytime telephone number ■■■■ ■■■■ ■■■■ ■■■■

- ☐ If your name or address has changed since last year, mark an "X" in this box
- ☐ If taxpayer (or spouse if filing joint) died during this tax year, mark an "X" in this box

Amended Return
(Mark ONE)

If this is an **AMENDED** 2012 Kansas return mark one of the following boxes:

☐ 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

0 1 Enter the number of exemptions you claimed on your 2012 federal return. If no federal return is required, enter total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

0 1 If filing status above is *Head of household*, add one exemption.

0 1 **Total Kansas exemptions.**

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 schedule.

Name (please print)	Date of Birth (mm/dd/yy)	Relationship	SSN (Social Security Number)

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.

Mark ONE box

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2012? YES ☐ NO ☐

B. Were you (or spouse) 55 years of age or older during 2012 (born prior to January 1, 1958)? YES ☒ NO ☐

C. Were you (or spouse) totally and permanently disabled or blind all of 2012, regardless of age? YES ☐ NO ☐

D. If you answered YES to A, B, or C, complete the worksheet on page 11 and enter the QUALIFYING INCOME from line 14. If line 14 is zero, you must enter "0" here. If line 14 is a negative amount, shade the box. Example: ■ 0 00

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**. 0 00

STOP If you are filing for a Food Sales Tax refund only, you do not need to complete lines 1 through 40. 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		1. Federal adjusted gross income (as reported on your federal income tax return)	1		0	00
Shade the box for negative amounts. Example:		2. Modifications (From Schedule S, line A21. Enclose Schedule S.)	2		0	00
		3. Kansas adjusted gross income (Line 2 added to or subtracted from line 1)	3		0	00
Deductions		4. Standard deduction OR itemized deductions (See instructions)	4		3000	00
		5. Exemption allowance (\$2,250 x number of exemptions claimed)	5		2250	00
		6. Total deductions (Add lines 4 and 5)	6		5250	00
		7. Taxable income (Subtract line 6 from line 3; if less than zero, enter 0)	7		0	00
Tax Computation		8. Tax (From Tax Tables or Tax Computation Schedules)	8		0	00
		9. Nonresident percentage (from Schedule S, line B23; or if 100%, enter 100.0000)	9			
		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		0	00
Credits		13. Credit for taxes paid to other states (See instructions. Enclose return(s) from other states.)	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)	16		0	00
		17. Income tax balance after credits (Subtract line 16 from line 12; cannot be less than zero)	17		0	00
Use Tax		18. Use tax due (See instructions)	18			00
		19. Total Tax Balance (Add lines 17 and 18)	19		0	00
Withholding and Payments		20. Kansas income tax withheld from W-2, 1099, or K-19 (Enclose K-19; see instructions.)	20		0	00
		21. Estimated tax paid	21		599	00
		22. Amount paid with Kansas extension	22			00
		23. Earned income credit (See instructions)	23			00
		24. Refundable portion of tax credits (Enclose all appropriate credit schedules)	24			00
		25. Payments remitted with original return	25			00
		26. Overpayment from original return (This figure is a subtraction; see instructions)	26			00
If this is an AMENDED return, complete lines 25 and 26.		27. Total refundable credits (Add lines 20 through 25 and, if applicable, your Food Sales Tax refund amount from line E; then subtract amount on line 26)	27		599	00
Balance Due		28. Underpayment (If line 19 is greater than line 27, enter the difference here)	28			00
		29. Interest (See instructions)	29			00
		30. Penalty (See instructions)	30			00
		31. Estimated Tax Penalty <input type="checkbox"/> Mark box if engaged in commercial farming or fishing in 2012.	31			00
		32. AMOUNT YOU OWE (Add lines 28 thru 31 and any entries on lines 35 thru 39)	32			00
Overpayment		33. Overpayment (If line 19 is less than line 27, enter the difference here)	33		599	00
		34. CREDIT FORWARD (Enter amount you wish to be applied to your 2013 estimated tax)	34			00
		35. CHICKADEE CHECKOFF (Kansas Nongame Wildlife Improvement Program)	35			00
		36. SENIOR CITIZENS MEALS ON WHEELS CONTRIBUTION PROGRAM	36			00
		37. BREAST CANCER RESEARCH FUND	37			00
		38. MILITARY EMERGENCY RELIEF FUND	38			00
		39. KANSAS HOMETOWN HEROES FUND	39			00
		40. REFUND (Subtract lines 34 through 39 from line 33)	40		599	00

Signature(s) ☐ I authorize the Director of Taxation or the Director's designee to discuss my return and enclosures with my preparer.

 I declare this is a true, correct, and complete return.
 Signature of preparer other than taxpayer Phone number of preparer

Signature of spouse if Married Filing Joint

Tax preparer's EIN or SSN:

ENCLOSE any necessary documents with this form. DO NOT STAPLE.

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. 1545-0074

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

1 Name(s) shown on return

L [REDACTED] W [REDACTED]

2 Your social security number

[REDACTED]

3 Address

[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2012,

I have been unable to obtain (or have received an incorrect) ☐ Form W-2 **OR** ☒ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

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

[REDACTED]

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

[REDACTED]

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	_____	g State income tax withheld	_____
b Social security wages	_____	(Name of state)	_____
c Medicare wages and tips	_____	h Local income tax withheld	_____
d Advance EIC payment	_____	(Name of locality)	_____
e Social security tips	_____	i Social security tax withheld	_____
f Federal income tax withheld	_____	j Medicare tax withheld	_____

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	0	f Federal income tax withheld	0
b Taxable amount	0	g State income tax withheld	0
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	0
d Total distribution	<input type="checkbox"/>	i Employee contributions	0
e Capital gain (included in line 8b)	0	j Distribution codes	7

9 How did you determine the amounts on lines 7 and 8 above?

Personal records, records provided by the company identified on line 5 above, and the statutory language behind IRC sections 3401 and 3121 and others.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None

Sign Here

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.

Signature ▶

[REDACTED]

Date ▶

4-11-2013

Kansas Income Tax
Kansas Department of Revenue
Topeka, KS 66699-1000

Re: TY2012 Return


Dear Sir/Madam:

Please find enclosed the original filing of my 2012 K-40 individual tax return. Please note that I have enclosed a copy of my Federal Form 4852 for reference.

No payments were received by the party identified thereon as "the recipient" from the party identified thereon as "the payer" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of relevant law.

Sincerely,

L W

A large black rectangular redaction box covers the bottom portion of the letter, obscuring the signature and any additional text or contact information that might have been present.