This is <u>not</u> a <u>current year tax form</u> and <u>cannot be used to file a 2009 return</u>. If you use this form for a tax year other than is intended, it <u>will not</u> be processed. Instead, it <u>will be returned to you</u> with a request to submit your information on the proper form.

If you need a <u>current year</u> Kansas tax form, send your request through email at <u>forms@kdor.state.ks.us</u> or call our voice mail forms request line at 785-296-4937. Please allow 2 weeks for delivery.

FORM LOCATED BELOW, PLEASE SCROLL OR PAGE DOWN.



2002KANSAS INDIVIDUAL INCOME TAX and/or FOOD SALES TAX REFUND

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	Your First Name		Initial	Last Name			Enter the first four letters of your last name. Use ALL CAPITAL letters.			
	Spouse's First Name		Initial	Last Name			Your Social Security number			
Filing Information	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.					
	City, Town, or Post Office State Zip Code				Zip Code	County Abbreviation	Spouse's Social Security number			
	If name or address has changed since last year, mark an "X" in this box If taxpayer (or spouse if filing joint) died telephone during this tax year, mark an "X" in this box Daytime telephone number									
	Mark this box if you are filing this as an AMENDED 2002 Kansas return: NOTE: This form cannot be used for tax years prior to 2002. Reason for amending your 2002 original Kansas return: Amended affects Kansas only Amended Federal Adjustment by the IRS									
	Filing Status (Mark ONE) Residency Status (Mark ONE)					E) Exemptions				
	Single Resident Married filing joint					- D	Number of exemptions claimed on your 2002 federal return			
	(Even if only one had income) Married filing separate Nonresident or Part-year residing from/_/_ to/_/_ (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete Schedule S, Part leads to the filing separate (Complete S, Part l					to//_	household, add one exemption			
	Head of house	hold			(Complete 30	inedule 3, 1 art b	Total Kansas exemptions			
Food Sales	If you qua	alify for th	ie Fo	od Sales	s Tax Refund	l, mark an "X'	" in this box. (See instructions, page 14.)			
		If amount is negative, shade minus (-) in box. Example: 1. Federal adjusted gross income								
ome	-	1. Federal adjusted gross income								
lnc		 Modifications to Federal adjusted gross income (From Schedule S, Part A, line A12). Kansas adjusted gross income (Line 2 added to or subtracted from line 1; see 								
instructions, page 14)										
S	Standard deducti	on OR itemi	zed d	eductions	(See instruction	ns, page 15)				
Deduction	5. Exemption allowance (\$2,250 x number of exemptions claimed)									
	6. Total deductions (Add lines 4 and 5)									
	7. Taxable income (Subtract line 6 from line 3. If less than zero, enter 0.)									
	0 T (F T T	-bl T	. 0			-i 05\				
tion	8. Tax (From Tax T				_					
Ĕ	9. Nonresident allocation percentage (From Schedule S, Part B, line B23)									
	10. Nonresident tax (Multiply line 8 by line 9)									
C ×		-			-					
ř	12. TOTAL KANSAS	IAX (Resid	ients:	add lines	o & TT; Nonresid	uents: enter amo	ount from line 10)			
	D	FASE CO	ОМР	I FTF PF	VERSE SIDE	=				