



2020

General Information:

County .....

School district number .....

Enter the amount of Internet or out of state purchases for which you did not pay sales tax .....

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Kansas for all of 2020, enter the dates you did live in Kansas .....

Enter the state names other than Kansas where you had income .....

Education Savings:

Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

ABLE Savings Account:

Did you or your spouse make any contributions to an ABLE savings account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

- Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff)
Senior Citizens Meals on Wheels Contribution Program
Breast Cancer Research Fund
Military Emergency Relief Fund
Kansas Hometown Heroes Fund
Kansas Creative Arts Industry Fund
Local School District Contribution Fund
School district number (if different from above)

Intangibles Tax Information:

City .....

Township .....

Do you qualify as being disabled or blind? Yes No

County .....



2020

**Homestead and Food Sales Tax Claim Information:**

Was any part of your homestead rented or used for business? .....

Do you want to send your 2021 homestead advancement to the county treasurer? .....

Is your property tax delinquent? .....

Are you filing as surviving spouse of a disabled veteran or an active duty service member who died in the line of duty? .....

| Yes | No |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |

If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer .....

Spouse .....

**Household Income:**

Social security death benefits .....

SSI and SS disability income .....

Other veteran's pensions benefits .....

TAF payments, general assistance, worker's compensation, grants and scholarships .....

| 2020 Amount |
|-------------|
|             |
|             |
|             |
|             |

Other Household Income:

| Recipient | Source | 2020 Amount |
|-----------|--------|-------------|
|           |        |             |
|           |        |             |

Other Exempt Income:

| Description | 2020 Amount |
|-------------|-------------|
|             |             |
|             |             |

Please list any other members of the household that lived with you for an extended period during the tax year. Do not include your dependents.

| Name | Date of Birth (Mo/Da/Yr) | Relationship | Number of Months in Household | Social Security Number |
|------|--------------------------|--------------|-------------------------------|------------------------|
|      |                          |              |                               |                        |
|      |                          |              |                               |                        |
|      |                          |              |                               |                        |
|      |                          |              |                               |                        |

**Enter Any Additional Kansas Information:**

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