



2021

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 2021, 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, 2021 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, 2021 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2021 tax return to:

Table with 2 columns: Contribution Name, Amount

Intangibles Tax Information:

City

Township

Do you qualify as being disabled or blind? Yes No

County



2021

Homestead and Food Sales Tax Claim Information:

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

Do you want to send your 2022 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 |
|-----|----|
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If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer

Spouse

Household Income:

| 2021 Amount |
|-------------|
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Social security death benefits

SSI and SS disability income

Other veteran's pensions benefits

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

Other Household Income:

| Recipient | Source | 2021 Amount |
|-----------|--------|-------------|
| | | |
| | | |

Other Exempt Income:

| Description | 2021 Amount |
|-------------|-------------|
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| | |

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 |
|------|--------------------------|--------------|-------------------------------|------------------------|
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Enter Any Additional Kansas Information:

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