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.

SCHEDULE S

2000	
KANSAS SUPPLEMENTAL	SCHEDULI

Your First Name	Initial Last Name	Enter the first four letters of your last name. Use ALL CAPITAL letters.	
		Your Social Security number	
Spouse's First Name	Initial Last Name	Enter the first four letters of your spouse's last name. Use ALL CAPITAL letters.	$\Box\Box$
		Spouse's Social	+
		Security number	
PART A - MODIFICATIONS	S TO FEDERAL ADJ	USTED GROSS INCOME (See instructions, pa	ge 21)
ADDITIONS TO FEDERAL	ADJUSTED GROSS I	NCOME:	
A1. State and municipal bond interest	not specifically exempt from K	ansas income tay	
(reduced by related expenses)		ansas income tax	00
A2. Contributions to all KPERS (Kansa	as Public Employee's Retireme	nt Systems) (See instructions)	00
A3. Federal net operating loss carry fo	rward		00
A4. Contributions to a Regional Found	ation (see instructions)		00
A5. Other additions to Federal adjuste	d gross income (see instruction	ns and enclose list)	00
A6. Total additions to Federal adjusted	d gross income (add lines A1 th	rrough A5)	00
SUBTRACTIONS FROM FE	DERAL ADJUSTED O	GROSS INCOME:	
A7. Social Security benefits (see instr	ructions)		00
•	,	(see instructions)	00
		penses)	00
		40)	00
			00
A12. Retirement benefits specifically e	exempt from Kansas income tax	(do not include Social Security benefits	00
		sidents only; see instructions)	00
,	,	uctions)	00
, ,	•	programs (see instructions)	00
•	·		00
_	•	structions and enclose list)	00
	,	ss A7 through A17)	00
	, 0 11 11 (2.22	· ·	
NET MODIFICATIONS:			
If amount is negative, shade minus (-) in	n box. Example:		
A19. Net modifications to Federal adjustine 2, Form K-40. If negative, s	sted gross income (subtract lin	e A18 from line A6). Enter on	00

PART B - NONRESIDENT ALLOCATION (See instructions, page 24)

If amount is negative, shade minus (-) in box. Example:	-
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INCOME:

•		Total From Federal Return:	Amount From Kansas Sources:					
B1.	Wages, salaries, tips, etc					00		
B2.	Interest and dividend income					00		
В3.	Refunds of state and local income taxes					00		
B4.	Alimony received					00		
B5.	Business income or loss	_				00		
B6.	Farm income or loss	-				00		
B7.	Capital gain or loss					00		
B8.	Other gains or losses					00		
B9.	Pensions, IRA distributions, and annuities					00		
B10.	Rental real estate, royalties, partnerships, S corporations, estates, trusts, etc					00		
B11.	Unemployment compensation, taxable Social Security benefits, and other income					00		
B12.	Total income from Kansas sources (add lines B1 thro	ugh B11)				00		

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME:

	Total From Federal Return:		Amount From Kansas Sources			rces:	
B13. IRA Retirement Deductions				\square		П	00
B14. Penalty on early withdrawal of savings				Ш		Щ	00
B15. Alimony paid				Ш		Ш	00
B16. Moving expenses				Ш		Щ	00
B17. Other federal adjustments				Ш		Ш	00
B18. Total federal adjustments to Kansas source income	(add lines B13 through B17)			Ш		Ш	00
B19. Kansas source income after federal adjustments (su	btract line B18 from line B12)	-		Ш		Ш	00
B20. Net modifications applicable to Kansas source incor	ne (see instructions)	-				Ш	00
B21. Modified Kansas source income (line B19 plus or m	nus line B20)	-				Ш	00
B22. Kansas adjusted gross income (from line 3, Form K	40)	-					00
B23. Nonresident allocation percentage (divide line B21 by place; not to exceed 100.0000). Enter result here an					1.		