SCHEDULE S (Rev. 8/10)

KANSAS SUPPLEMENTAL SCHEDULE

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.				
		Spouse's Social				
		Security number				
PART A - MODIF	ICATIONS TO FEDERAL AD	JUSTED GROSS INCOME (See instructions)				
ADDITIONS TO FEDE	RAL ADJUSTED GROSS INC	OME:				
A1. State and municipal bond in	nterest not specifically exempt from Kansa	s income tax				
	ses)					
	(Kansas Public Employee's Retirement Sy					
A3. Federal net operating loss carry forward.						
_	Foundation (See instructions)					
A5. Other additions to Federal	adjusted gross income (See instructions ar					
A6. Total additions to Federal a	adjusted gross income (Add lines A1 through	gh A5)				
SUBTRACTIONS FROM	M FEDERAL ADJUSTED GRO	OSS INCOME:				
<u>ODDINACTIONOTINO</u>	IT EDERAL ADOUGTED GIVE	700 INCOME.				
A7. Social Security benefits (S	ee instructions)					
A8. KPERS lump sum distribu	tions exempt from Kansas income tax (Se	e instructions)				
A9. Interest on U.S. Governm	ent obligations (Reduced by related expen-	ses)				
A10. State or local income tax refund (If included on line 1 of Form K-40)						
A11. Kansas net operating loss carry forward						
A12. Retirement benefits specified or KPERS lump sum distri	fically exempt from Kansas income tax (Dobutions)	onot include Social Security benefits 0				
A13. Military Compensation of	a Nonresident Servicemember (Nonreside	nts only; see instructions)				
A14. Qualified Long-Term Care	(LTC) insurance premiums (See instruction	ons)				
A15. Contributions to Learning	Quest or other states' qualified tuition prog	grams (See instructions)				
A16. Armed Forces Recruitmer	nt, Sign-up, or Retention Bonus					
A17. Other subtractions from F	ederal adjusted gross income (See instruc	tions and enclose list)				
A18. Total subtractions from Fe	ederal adjusted gross income (Add lines A7	7 through A17)				
NET MODIEICATIONS						
NET MODIFICATIONS:	_					
If amount is negative, shade min	us (-) in box. Example:					
	al adjusted gross income (subtract line A1 tive, shade minus (-) in box					

PART B - NONRESIDENT ALLOCATION (See instructions)

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



INCOME:

	Total From Federal Return:	Amount From Kansas Sources:			
B1. Wages, salaries, tips, etc	00	00			
B2. Interest and dividend income	00	00			
B3. Refunds of state and local income taxes	00	00			
B4. Alimony received	00	00			
B5. Business income or loss	00	00			
B6. Farm income or loss	00	00			
B7. Capital gain or loss	00	00			
B8. Other gains or losses	00	00			
B9. Pensions, IRA distributions, and annuities	00	00			
B10. Rental real estate, royalties, partnerships, S corporations, estates, trusts, etc	00	00			
B11. Unemployment compensation, taxable Social Security benefits, & other income.	00	00			
B12. Total income from Kansas sources (Add lines B1 through B11)					

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME:

	Total From Federal Return:		Amount From Kansas Sources:	
B13. IRA Retirement Deductions		00		00
B14. Penalty on early withdrawal of savings		00		00
B15. Alimony paid		00		00
B16. Moving expenses		00		00
B17. Other federal adjustments		00		00
B18. Total federal adjustments to Kansas source income (A	Add lines B13 through B17)			00
B19. Kansas source income after federal adjustments (Sub	otract line B18 from line B12	2)	1	00
B20. Net modifications applicable to Kansas source income		00		
B21. Modified Kansas source income (Line B19 plus or mir		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 and				