| Form ID: KS Kansas General Information | |
|---|---------------------------|
| County of residence School district number Mark if name or address has changed | [1] [2] [3] |
| Use Tax | |
| Use Tax due but receipts or records not available Purchases Subject to Use Tax, receipts or records are available | [4] |
| City/county | Amount |
| | [5] |
| Contributions | |
| Enter the amount of charitable contributions you wish to make to: | |
| 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 | [6] [7] [8] [9] [10] [11] |
| Part-year Resident Information | |
| If you were a part-year resident during the tax year, enter the dates you lived in Kansas | |
| Part-year residency dates: From To | [12] [13] |

NOTES/QUESTIONS: