



Clergy Financial Resources

Tax | Payroll | Bookkeeping | HR

Taxpayer's Full Name: _____ Spouse's Full Name: _____

Form ID: KS

Kansas General Information

County of residence _____ [1]

School district number _____ [2]

Mark if name or address has changed _____ [3]

Use Tax

Use Tax due but receipts or records not available _____ [4]

Purchases Subject to Use Tax, receipts or records are available

City/county

Amount

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff _____ [6]

Senior Citizens Meals On Wheels Contribution Program _____ [7]

Breast Cancer Research Fund _____ [8]

Military Emergency Relief Fund _____ [9]

Kansas Hometown Heroes Fund _____ [10]

Kansas Creative Arts Industry Fund _____ [11]

School District Contribution Fund _____ [12]

School district headquarters county _____ [13]

School district number _____ [14]

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 _____ [15]

To _____ [16]

NOTES/QUESTIONS: