

**Filing Status**
☒ Single
 ☐ Married filing jointly
 ☐ Married filing separately (MFS)
 ☐ Head of household (HOH)
 ☐ Qualifying surviving spouse (QSS)

Check only one box.
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Emily V		Last name Game1		Your social security number 321-88-6839		
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. 6565 Foxridge Dr				Apt. no. 399		
City, town, or post office. If you have a foreign address, also complete spaces below. Mission			State KS		ZIP code 662021387	
Foreign country name		Foreign province/state/county		Foreign postal code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

**Digital Assets**

At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)
 ☐ Yes
 ☒ No

**Standard Deduction**

**Someone can claim:**
☐ You as a dependent
 ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness**
**You:**
☐ Were born before January 2, 1958
 ☐ Are blind
 **Spouse:**
☐ Was born before January 2, 1958
 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here . . . <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a Form W-2, see instructions.	<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b>	31,285.
	<b>b</b>	Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>	
	<b>c</b>	Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>	
	<b>d</b>	Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>	
	<b>e</b>	Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>	
	<b>f</b>	Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>	
	<b>g</b>	Wages from Form 8919, line 6 . . . . .	<b>1g</b>	
	<b>h</b>	Other earned income (see instructions) . . . . .	<b>1h</b>	0.
	<b>i</b>	Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>		
	<b>z</b>	Add lines 1a through 1h . . . . .	<b>1z</b>	31,285.
Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest . . . . . <b>2a</b>	<b>b</b>	Taxable interest . . . . . <b>2b</b>
	<b>3a</b>	Qualified dividends . . . . . <b>3a</b>	<b>b</b>	Ordinary dividends . . . . . <b>3b</b>
	<b>4a</b>	IRA distributions . . . . . <b>4a</b>	<b>b</b>	Taxable amount . . . . . <b>4b</b>
	<b>5a</b>	Pensions and annuities . . . . . <b>5a</b>	<b>b</b>	Taxable amount . . . . . <b>5b</b>
	<b>6a</b>	Social security benefits . . . . . <b>6a</b>	<b>b</b>	Taxable amount . . . . . <b>6b</b>
	<b>c</b>	If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>		
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .	<b>8</b>	0.
	<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	31,285.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	31,285.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,950.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	12,950.
	<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b>	18,335.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	1,994.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	1,994.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	1,994.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	1,994.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	2,080.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	2,080.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	2,080.	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	86.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	86.
	<b>b</b>	Routing number 3 0 1 1 7 9 7 3 7	<b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>d</b>	Account number 2 1 7 3 5 4 0 6		
<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Delivery Driver	
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (913) 944-0113	Email address		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

EMILY V GAMEL 9139440113 GAME 321886839  
6565 FOXRIDGE DR APT 399 JO 512  
MISSION KS 66202-1387

☒ Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2022

**Amended Return:** Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

**Filing Status:** ☒ Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

**Residency Status:** ☒ Resident NonResident (Complete Sch S, Part B) State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

**Exemptions:** 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**  
If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
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**Food Sales Tax Credit:** You must have been a Kansas resident for **ALL** of 2022. Complete this section to determine your qualifications and credit.

<b>A.</b> Had a dependent child who lived with you all year and was under the age of 18 all of 2022?	<b>E.</b> Number of exemptions claimed
<b>B.</b> Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?	<b>F.</b> Number of dependents that are 18 years of age or older (born on or before January 1, 2005)
<b>C.</b> Were you (or spouse) totally and permanently disabled or blind <b>all</b> of 2022, regardless of age? If you answered NO to A, B, and C, <b>STOP HERE</b> , you do not qualify for this credit.	<b>G.</b> Total qualifying exemptions (subtract line F from line E)
<b>D.</b> If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0 If Line D is more than \$30,615 <b>STOP HERE</b> , you do not qualify for this credit.	<b>H.</b> Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0

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1. Federal adjusted gross income	31285	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	31285	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	1178
7. Taxable income	25535	29. Underpayment	0
8. Tax	1018	30. Interest	0
9. Nonresident percentage	0.0000	31. Penalty	0
10. Nonresident tax	0	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	1018	34. Overpayment	160
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	1018	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	1018	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	1178	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	160
22. Amount paid with Kansas extension	0		

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer  
Signature  
(Required) \_\_\_\_\_

Date \_\_\_\_\_

Spouse  
Signature  
(Required) \_\_\_\_\_ Date \_\_\_\_\_Preparer  
Signature  
(Required) SELF-PREPARED \_\_\_\_\_Preparer  
Phone Number \_\_\_\_\_Preparer PTIN, EIN or SSN  
(Required) \_\_\_\_\_

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**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME****ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**A1. State and municipal bond interest  
not specifically exempt from KS  
income tax (reduced by related  
expenses)A5. Business interest expense  
carryforward deduction  
(I.R.C. § 163(J))A2. Contributions to all KPERS  
(Kansas Public Employee's  
Retirement Systems)

0

A6. Unqualified withdrawals from First  
Time Home Buyer Savings AccountA3. Kansas Expensing Recapture  
(enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship  
contribution (enclose Sch K-70)A8. Total additions to FAGI (add lines  
A1 - A7)

0

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A9. Social Security benefits

A17. Global Intangible Low-Taxed  
Income (GILTI) (I.R.C. § 951A)A10. KPERS lump sum distributions  
exempt from income taxA18. Disallowed business interest  
deduction (I.R.C. § 163(J))A11. Interest on U.S. Government  
obligations (reduced by related  
expenses)A19. Disallowed business meal expenses  
(I.R.C. § 274)A12. State or local income tax refund (if  
included in line 1 of Form K-40)

0

A20. Contributions to an ABLE savings  
accountA13. Retirement benefits specifically  
exempt from Kansas Income TaxA21. Kansas Expensing Deduction  
(Enclose K-120EX)A14. Military compensation of a  
nonresident servicemember (Non-  
Residents only)A22. Qualified Contributions from First  
Time Home Buyer Savings AccountA15. Contributions to Learning Quest  
or other states' qualified tuition  
programA23. Other subtractions from FAGI  
(enclose list)A16. Armed forces recruitment, sign-up,  
or retention bonusA24. Total subtractions from FAGI (add  
lines A9 - A23)

0

**NET MODIFICATIONS:**

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

0