

For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number
JOHN CORN 123-45-6789

If a joint return, spouse's first name and initial Last name Spouse's social security number
JUDY CORN 987-65-4321

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **J** Make sure the SSN(s) above and on line 6c are correct.
1234 GRAVEL ROAD

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign
MANHATTAN, KS 66502

Foreign country name Foreign province/state/county Foreign postal code
 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. You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **G**
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here. **G** 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **2**
 b Spouse No. of children on 6c who:

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) b if child under age 17 qualifying for child tax credit (see instructions)	? lived with you	? did not live with you due to divorce or separation (see instructions)	Dependents on 6c not entered above	Add numbers on lines above
(1) First name	Last name							
JAMIE	CORN	111-22-3333	SON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
JESSIE	CORN	444-55-6666	DAUGHTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d Total number of exemptions claimed G								4

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
	8a Taxable interest. Attach Schedule B if required	8a	
	b Tax-exempt interest. Do not include on line 8a	8b	
	9a Ordinary dividends. Attach Schedule B if required	9a	
	b Qualified dividends	9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here G <input type="checkbox"/>	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	b Taxable amount
	16a Pensions and annuities	16a	b Taxable amount
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	14,560.
	18 Farm income or (loss). Attach Schedule F	18	83,286.
	19 Unemployment compensation	19	
	20a Social security benefits	20a	b Taxable amount
	21 Other income. List type and amount	21	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income G	22	97,846.

Adjusted Gross Income	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses. Attach Form 3903	26	
	27 Deductible part of self-employment tax. Attach Schedule SE	27	5,884.
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN G	31a	
	32 IRA deduction	32	
	33 Student loan interest deduction	33	
	34 Tuition and fees. Attach Form 8917	34	
	35 Domestic production activities deduction. Attach Form 8903	35	8,277.
	36 Add lines 23 through 35	36	14,161.
	37 Subtract line 36 from line 22. This is your adjusted gross income G	37	83,685.

Tax and Credits

Standard Deduction for

? People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

? All others:
Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,300

38	Amount from line 37 (adjusted gross income)	38	83,685.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> G 39a <input type="checkbox"/>		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> G 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600.
41	Subtract line 40 from line 38	41	71,085.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	54,885.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	7,304.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	G 47	7,304.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	G 56	7,304.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	11,768.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	G 63	19,072.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC) NO	66a	
	b Nontaxable combat pay election <input type="checkbox"/> G <input checked="" type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	G 74	0.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> G	76a	
	G b Routing number <input type="checkbox"/> G c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	G d Account number <input type="checkbox"/>		
77	Amount of line 75 you want applied to your 2017 estimated tax	G 77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	G 78	19,072.
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Des gnee s name G Phone no. G Personal identifi cation number (P N) G

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalty 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation FARMER Daytime phone number _____

A Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation FARM WIFE If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Form's name <input type="checkbox"/> G	Form's address <input type="checkbox"/> G		Form's EIN <input type="checkbox"/> G	
			Phone no.	

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
G Attach to Form 1040, 1040NR, or Form 1041.

2016

Department of the Treasury
Internal Revenue Service (99)

G Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

JOHN AND JUDY CORN

123-45-6789

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
B If 'Yes,' did you or will you file required Forms 1099? Yes No

1 a	Physical address of each property (street, city, state, ZIP code)
A	RURAL, POTTAWOTOMIE COUNTY, KS 66502
B	
C	

1 b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
			A	B	C
A	5		365		
B					
C					

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	15,600.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	1,040.		
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) G	19			
20 Total expenses. Add lines 5 through 19	20	1,040.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	14,560.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23 a Total of all amounts reported on line 3 for all rental properties	23 a	15,600.		
b Total of all amounts reported on line 4 for all royalty properties	23 b			
c Total of all amounts reported on line 12 for all properties	23 c			
d Total of all amounts reported on line 18 for all properties	23 d			
e Total of all amounts reported on line 20 for all properties	23 e	1,040.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		14,560.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26		14,560.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

FDI2301L 08/23/16

Schedule E (Form 1040) 2016

**SCHEDULE F
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
▶ Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

OMB No. 1545-0074

2016

Attachment
Sequence No. **14**

Name of proprietor JOHN CORN	Social security number (SSN) 123-45-6789
--	--

A Principal crop or activity GRAIN	B Enter code from Part IV ▶ 111100	C Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	D Employer ID number (EIN), (see instr)
---	---	--	--

E Did you 'materially participate' in the operation of this business during 2016? If 'No,' see instructions for limit on passive losses. Yes No

F Did you make any payments in 2016 that would require you to file Form(s) 1099 (see instructions)? Yes No

G If 'Yes,' did you or will you file required Forms 1099? Yes No

Part I Farm Income – Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)

1 a Sales of livestock and other resale items (see instructions).....	1a			
b Cost or other basis of livestock or other items reported on line 1a.....	1b			
c Subtract line 1b from line 1a.....			1c	
2 Sales of livestock, produce, grains, and other products you raised.....			2	821,199.
3 a Cooperative distributions (Form(s) 1099-PATR).....	3a		3b Taxable amount.....	3b
4 a Agricultural program payments (see instructions).....	4a	24,700.	4b Taxable amount.....	4b
5 a Commodity Credit Corporation (CCC) loans reported under election.....			5a	
b CCC loans forfeited.....	5b		5c Taxable amount.....	5c
6 Crop insurance proceeds and federal crop disaster payments (see instructions)				
a Amount received in 2016.....	6a		6b Taxable amount.....	6b
c If election to defer to 2017 is attached, check here. ▶ <input type="checkbox"/>			6d Amount deferred from 2015.....	6d
7 Custom hire (machine work) income.....			7	53,000.
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).....			8	
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50 (see instructions).....			9	898,899.

Part II Farm Expenses – Cash and Accrual Method. Do not include personal or living expenses (see instructions).

10 Car and truck expenses (see instructions). Also attach Form 4562.....	10				23 Pension and profit-sharing plans.....	23	
11 Chemicals.....	11	59,527.			24 Rent or lease (see instructions):		
12 Conservation expenses (see instructions).....	12				a Vehicles, machinery, equipment.....	24a	20,656.
13 Custom hire (machine work).....	13	3,500.			b Other (land, animals, etc.).....	24b	119,035.
14 Depreciation and section 179 expense (see instructions).....	14	44,998.			25 Repairs and maintenance.....	25	60,000.
15 Employee benefit programs other than on line 23.....	15				26 Seeds and plants.....	26	149,627.
16 Feed.....	16				27 Storage and warehousing.....	27	2,550.
17 Fertilizers and lime.....	17	131,726.			28 Supplies.....	28	8,500.
18 Freight and trucking.....	18				29 Taxes.....	29	18,410.
19 Gasoline, fuel, and oil.....	19	26,240.			30 Utilities.....	30	6,077.
20 Insurance (other than health).....	20	22,400.			31 Veterinary, breeding, and medicine.....	31	
21 Interest:					32 Other expenses (specify):		
a Mortgage (paid to banks, etc.).....	21a	12,781.			a CROP INSURANCE.....	32a	22,839.
b Other.....	21b	45,422.			b MARKETING.....	32b	8,156.
22 Labor hired (less employment credits).....	22	47,069.			c MISC.....	32c	750.
					d PROFESSIONAL FEES.....	32d	2,350.
					e SOIL TESTING.....	32e	3,000.
					f	32f	
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions.....						33	815,613.
34 Net farm profit or (loss). Subtract line 33 from line 9.....						34	83,286.

35 Did you receive an applicable subsidy in 2016? (see instructions)..... Yes No

36 Check the box that describes your investment in this activity and see instructions for where to report your loss.

a All investment is at risk. **b** Some investment is not at risk.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

JOHN CORN

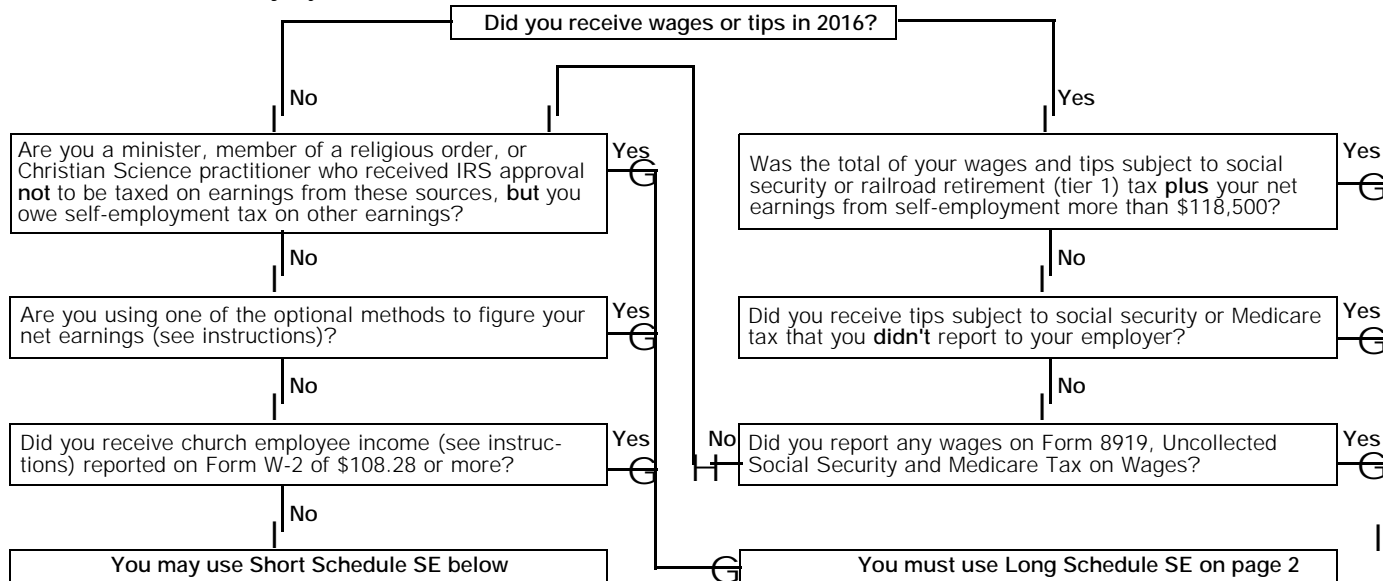
Social security number of person
with self-employment income G

123-45-6789

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	83,286.
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1 b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	
3 Combine lines 1a, 1b, and 2	3	83,286.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	76,915.
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: ? \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 ? More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	11,768.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	5,884.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2016

Domestic Production Activities Deduction

G Attach to your tax return. G See separate instructions.

Name(s) as shown on return

Identifying number

JOHN AND JUDY CORN

123-45-6789

	(a) Oil-related production activities	(b) All activities
Note. Do not complete column (a), unless you have oil-related production activities. Enter amounts for all activities in column (b), including oil-related production activities.		
1 Domestic production gross receipts (DPGR)	1	898,899.
2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3	2	
3 Enter deductions and losses allocable to DPGR (see instructions)	3	
4 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4	4	802,688.
5 Add lines 2 through 4	5	802,688.
6 Subtract line 5 from line 1	6	96,211.
7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions)	7	
8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10	8	96,211.
9 Amount allocated to beneficiaries of the estate or trust (see instructions)	9	
10 a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, enter amount from line 8, column (a). If zero or less, enter -0- here	10 a	0.
b Qualified production activities income. Estates and trusts, subtract line 9, column (b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or less, enter -0- here, skip lines 11 through 21, and enter -0- on line 22	10 b	96,211.
11 Income limitation (see instructions):		
? Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction	}	
? All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions)		11
12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, and enter -0- on line 22	12	91,962.
13 Enter 9% of line 12	13	8,277.
14 a Enter the smaller of line 10a or line 12	14 a	
b Reduction for oil-related qualified production activities income. Multiply line 14a by 3%	14 b	
15 Subtract line 14b from line 13	15	8,277.
16 Form W-2 wages (see instructions)	16	36,860.
17 Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions)	17	
18 Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20	18	36,860.
19 Amount allocated to beneficiaries of the estate or trust (see instructions)	19	
20 Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18	20	36,860.
21 Form W-2 wage limitation. Enter 50% of line 20	21	18,430.
22 Enter the smaller of line 15 or line 21	22	8,277.
23 Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6	23	
24 Expanded affiliated group allocation (see instructions)	24	
25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return	25	8,277.

CLIENT FINPACK

JOHN AND JUDY CORN

123-45-6789

9/14/17

09:36PM

FARM INCOME (SCHEDULE F / FORM 4835)
SALES OF PRODUCTS RAISED
GRAIN

WHEAT.....	\$	138,147.
SOYBEANS.....		268,879.
ALFALFA HAY.....		77,660.
PRAIRIE HAY.....		11,700.
CORN.....		324,813.
TOTAL	\$	<u>821,199.</u>

FARM INCOME (SCHEDULE F / FORM 4835)
CUSTOM HIRE (MACHINE WORK) INCOME
GRAIN

CUSTOM CORN PLANTING.....	\$	18,000.
MACHINERY & EQUIPMENT LEASE.....		25,000.
CUSTOM SPRAYING.....		10,000.
TOTAL	\$	<u>53,000.</u>

FARM INCOME (SCHEDULE F / FORM 4835)
GASOLINE, FUEL, OIL
GRAIN

DIESEL.....	\$	18,000.
GAS.....		7,890.
OIL.....		350.
TOTAL	\$	<u>26,240.</u>

FARM INCOME (SCHEDULE F / FORM 4835)
MORTGAGE - BANKS, ETC. (1098)
GRAIN

1ST NATIONAL - LAND.....	\$	12,334.
FSA - SHED.....		447.
TOTAL	\$	<u>12,781.</u>

FARM INCOME (SCHEDULE F / FORM 4835)
OTHER [A]
GRAIN

JDF - JD COMBINE.....	\$	2,555.
JDF - JD 1890 DRILL.....		490.
JDF - JD 7930 TRACTOR.....		729.
JDF - J&M GRAIN CART.....		685.
JDF - JD 4850.....		201.
JDF - JD 4830 SPRAYER.....		5,954.
1ST NATIONAL - JD PAYLOADER.....		4,370.
1ST NATIONAL - OPERATING.....		30,438.
TOTAL	\$	<u>45,422.</u>

FARM INCOME (SCHEDULE F / FORM 4835)
UTILITIES
GRAIN

ELECTRIC/PHONE.....	\$	2,200.
WATER.....		657.
ALL OTHER.....		3,220.
TOTAL	\$	<u>6,077.</u>

KANSAS INDIVIDUAL INCOME TAX

JOHN CORN CORN 123456789
JUDY CORN
1234 GRAVEL ROAD PT 323 CORN 987654321
MANHATTAN KS 66502

Name or address has changed? Taxpayer or (spouse if filing jointly) died during this tax year X Taxpayer was engaged in commercial farming/fishing in 2016

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

Filing Status: Single X Married Filing Joint (Even if only one had income) Married filing separate Head of Household (Do not check if filing a joint return)

Residency Status: X Resident NonResident (Complete Sch. S, Part B.) KS State of Legal Residence
Part-Year Resident (Complete Sch. S, Part B.) From To

Exemptions: 4 Enter number of exemptions you claimed on your 2016 federal return. If filing status above is Head of Household, add one exemption. 4 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 names below.

Table with 4 columns: Dependent Name, Date of Birth, Relationship, SSN. Rows include JAMIE CORN (SON) and JESSIE CORN (DAUGHTER).

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2016. Complete this section to determine your qualifications and credit.

- Mark ONE Field A Had a dependent child who lived with you all year and was under the age of 18 all of 2016? B Were you (or spouse) 55 years of age or older all of 2016... C Were you (or spouse) totally and permanently disabled or blind all of 2016... E Number of exemptions claimed on your federal income tax return F Number of dependents that are 18 years of age or older... G Total qualifying exemptions (subtract line F from line E) H Food Sales Tax Credit (multiply line G by \$125).

IMPORTANT: 1) K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) <Make sure your NAME, 1st 4-letters of last name, and SSN print to the top of page 2 of 2; 3) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

KANSAS INDIVIDUAL INCOME TAX

JOHN

CORN

CORN

123456789

1 Federal adjusted gross income	83685	22 Estimated tax paid	0
2 Modifications	-83685	23 Amount paid with Kansas extension	0
3 Kansas adjusted gross income	0	24 Refundable portion of earned income tax credit	0
4 Standard or itemized deductions	7500	25 Refundable portion of tax credits	0
5 Exemption allowance	9000	26 Payments remitted with original return	0
6 Total deductions	16500	27 Overpayment from original return	0
7 Taxable income	0	28 Total refundable credits	0
8 Tax	0	29 Underpayment	0
9 Nonresident percentage	0	30 Interest	0
10 Nonresident tax	0	31 Penalty	0
11 KS tax on lump sum distributions	0	32 Estimated tax penalty	0
12 TOTAL INCOME TAX	0	33 AMOUNT YOU OWE	0
13 Credit for taxes paid to other states	0	34 OVERPAYMENT	0
14 Other credits	0	35 CREDIT FORWARD	0
15 Subtotal	0	36 Chickadee Checkoff	0
16 Earned Income Credit	0	37 Senior Citizens Meals On Wheels Contribution Program	0
17 Food Sales Tax Credit	0	38 Breast Cancer Research Fund	0
18 Tax balance after credits	0	39 Military Emergency Relief Fund	0
19 Use Tax Due (out of state and internet purchases)	0	40 Kansas Hometown Heroes Fund	0
20 Total Tax Balance	0	41 Kansas Creative Arts Industry Fund	0
21 KS income tax withheld from W-2, 1099 or K-19	0	42 REFUND	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.

KSIA0301L 10/05/16

Taxpayer
Signature
(Required)

Date

Preparer
Signature

Preparer PTIN,
EIN or SSN

Taxpayer
Signature
(Required)

Date

Preparer
Phone Number

IMPORTANT:

1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2 3) Refunds are not issued for any unsigned returns. Signature(s) are required 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

SCH S

2016

KANSAS SUPPLEMENTAL SCHEDULE

005

122616

(Rev. 7/16)

JOHN

CORN

CORN

123456789

JUDY

CORN

CORN

987654321

PART A – MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

Table with 4 columns: Code, Description, Amount, and Total. Rows include A1 (State and municipal bond interest), A2 (Contributions to all KPERS), A3 (Federal net operating loss carry forward), A4 (Business loss), A5 (Kansas Expense Recapture), A6 (Loss from rental real estate), A7 (Farm loss), A8 (Deduction for self-employment taxes), A9 (Deduct on for self-employed SEP), A10 (Deduct on for self-employed health insurance), A11 (Domestic production activities deduction), A12 (Partnership Guaranteed Payments), A13 (Other additions to FAGI), and A14 (Total additions to FAGI).

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

Table with 4 columns: Code, Description, Amount, and Total. Rows include A15 (Social Security benefits), A16 (KPERS lump sum distributions), A17 (Interest on U.S. Government obligations), A18 (State or local income tax refund), A19 (Retirement benefits), A20 (Military compensation), A21 (Contributions to Learning Quest), A22 (Armed forces recruitment), A23 (Net gain from sale of livestock), A24 (Business income), A25 (Income from rental real estate), A26 (Farm income), A27 (Net gain from sale of Christmas trees), A28 (Other subtractions from FAGI), and A29 (Total subtractions from FAGI).

NET MODIFICATIONS:

Table with 2 columns: Code, Description, and Total. Row A30: Net modifications to FAGI (subtract line A29 from line A14). Enter total here and on line 2, Form K-40. Total: -83685