

VENKATASAIPR GUNTAKA 7317966866 GUNT 792265610

4401 NORTH WEST 39TH APT 116
OKLAHOMA CITY OK 73112

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2020

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) TX 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

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2020. Complete this section to determine your qualifications and credit. If you did not mark A, B, and C, **STOP HERE;** you do not qualify for this credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2020?
 - B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)?
 - C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age?
 - D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 **STOP HERE,** you do not qualify for this credit.
 - E. Number of exemptions claimed
 - F. Number of dependents that are 18 years of age or older (born on or before January 1, 2003)
 - G. Total qualifying exemptions (subtract line F from line E)
 - H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.
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1. Federal adjusted gross income	14269	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	14269	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	3000	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5250	28. Overpayment from original return	0
7. Taxable income	9019	29. Total refundable credits	49
8. Tax	280	30. Underpayment	0
9. Nonresident percentage	16.8337	31. Interest	0
10. Nonresident tax	47	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	47	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	2
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	47	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	47	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	47	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	49	44. REFUND	2

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 _____ Preparer Signature SYAM PRIYA RAM SAGAR GUPTA Preparer PTIN, EIN or SSN _____
 Spouse Signature (Required) _____ Date _____ Preparer Phone Number 6789659522 P02082703

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

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)

A2. Contributions to all KPERs (Kansas Public Employee's Retirement Systems)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A4. Low income student scholarship contribution (enclose Schedule K-70)

A5. Other additions to FAGI (enclose list)

A6. Total additions to FAGI (add lines A1 through A5)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A7. Social Security benefits

A8. KPERs lump sum distributions exempt from income tax

A9. Interest on U.S. Government obligations (reduced by related expenses)

A10. State or local income tax refund (if included in line 1 of Form K-40)

A11. Retirement benefits specifically exempt from Kansas Income Tax

A12. Military compensation of a nonresident servicemember (Non-Residents only)

A13. Contributions to Learning Quest or other states' qualified tuition program

A14. Armed forces recruitment, sign-up, or retention bonus

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

A17. Total subtractions from FAGI (add lines A7 through A16)

NET MODIFICATIONS:

A18. Net modifications to FAGI (subtract line A17 from line A6). Enter total here and on line 2, Form K-40.

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	16722	2402
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
Additional Income: (Lines B4 - B12)		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss	47	0
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc		
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 through B11)		2402

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions		
B14. Penalty on early withdrawal of savings		
B15. Alimony paid		
B16. Moving expenses for members of the armed forces		
B17. Other federal adjustments	2500	0
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)		0
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)		2402
B20. Net modifications from Part A that are applicable to Kansas source income		
B21. Modified Kansas source income (Line B19 plus or minus line B20)		2402
B22. Kansas adjusted gross income (From line 3, Form K-40)		14269
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.		16.8337

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Rev. 7-20

2020

**KANSAS
SUPPLEMENTAL SCHEDULE**

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PART C - KANSAS ITEMIZED DEDUCTIONS

C1. Medical and dental expenses from line 4 of federal Schedule A

C2. Real estate taxes from line 5b of federal Schedule A.

C3. Personal property taxes from line 5c of federal Schedule A.

C4. Qualified residence interest you paid and reported on federal Schedule A.

C5. Gifts to charity from line 14 of federal Schedule A.

C6. Kansas itemized deductions (add lines C1 through C5). Enter result here and line 4 of Form K-40.