

VAMSHI SAI MUGALA 3162262807 MUGA 039866303
6009 E IRONHORSE CIRCLE HV 439
WICHITA KS 67220

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) 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? **E.** Number of exemptions claimed
B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)? **F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2003)
C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age? **G.** Total qualifying exemptions (subtract line F from line E)
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. 0 **H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0

VAMSHI SAI

MUGALA

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1. Federal adjusted gross income	49416	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	49416	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	44166	29. Total refundable credits	2473
8. Tax	2060	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	2060	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	413
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	2060	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	2060	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	2060	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	2473	44. REFUND	413

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