

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial VENKATA LAKSHMI PRAT	Last name VADLAMANI	Your social security number 864-73-9680
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. 150 NW 108TH TERRACE		Apt. no. 207	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
City, town, or post office. If you have a foreign address, also complete spaces below. PEMBROKE PINES	State FL	ZIP code 33026	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? 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, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): 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"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	82,150.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	82,150.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:					
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	82,150.
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14	Add lines 12 and 13			14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	69,750.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	11,141.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,141.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,141.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	11,141.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	11,328.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	11,328.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	11,328.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	187.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	187.
b	Routing number 0 8 1 0 0 0 0 3 2		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 5 5 0 0 9 7 1 6 8 9 1		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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 <i>Pratyusha</i>	Date 03/16/2021	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name RVSSMANIKUMARAPPANA	Preparer's signature RVSSMANIKUMARAPPANA	Date 03/10/2021	PTIN P02090332	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (646) 727-7157
Firm's EIN				30-1017196

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VENKATA LAKSHMI PRAT VADLAMANI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **864-73-9680**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3	3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,550.
9	Employer contributions made to your HSAs for 2020	9	1,150.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,150.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,400.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 02/15/21 PRO

K-40ES

Rev. 7-20

2021 Kansas

INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

305



VENKATA LAKSHMI PRAT VADLAMANI

VADL

150 NW 108TH TERRACE APT 207
PEMBROKE PINES FL 33026

864739680

Daytime Phone Number: 2198015822

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

1

1ST QUARTER PAYMENT DUE BY APRIL 15, 2021

Payment Amount \$ 135.00

182521VADL864739680XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 02/15/21 PRO

K-40ES

Rev. 7-20

2021 Kansas

INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

305



VENKATA LAKSHMI PRAT VADLAMANI

VADL

150 NW 108TH TERRACE APT 207
PEMBROKE PINES FL 33026

864739680

Daytime Phone Number: 2198015822

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

2

2ND QUARTER PAYMENT DUE BY JUNE 15, 2021

Payment Amount \$ 135.00

182521VADL864739680XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 02/15/21 PRO

K-40ES

Rev. 7-20

2021 Kansas

INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

305



VENKATA LAKSHMI PRAT VADLAMANI

VADL

150 NW 108TH TERRACE APT 207
PEMBROKE PINES FL 33026

864739680

Daytime Phone Number: 2198015822

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

3

3RD QUARTER PAYMENT DUE BY SEPTEMBER 15, 2021

Payment Amount \$ 135.00

182521VADL864739680XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 02/15/21 PRO

K-40ES

Rev. 7-20

2021 Kansas

INDIVIDUAL ESTIMATE
INCOME TAX VOUCHER

305



VENKATA LAKSHMI PRAT VADLAMANI

VADL

150 NW 108TH TERRACE APT 207
PEMBROKE PINES FL 33026

864739680

Daytime Phone Number: 2198015822

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

4

4TH QUARTER PAYMENT DUE BY JANUARY 15, 2022

Payment Amount \$ 135.00

182521VADL864739680XXXX0000000000

FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 15, 2021**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.

K-40V
Rev. 7-20

2020 Kansas
INDIVIDUAL INCOME
PAYMENT VOUCHER

REV 02/15/21 PRO

305



VENKATA LAKSHMI PRAT VADLAMANI

VADL

150 NW 108TH TERRACE APT 207
PEMBROKE PINES FL 33026

864739680

Daytime Phone Number: 2198015822

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Income Tax

Amended
Return

Extension
Payment

Payment
Amount \$

538.00

112220VADL864739680XXXX0000000000



VENKATA LAKS VADLAMANI 2198015822 VADL 864739680

150 NW 108TH TERRACE APT 207
PEMBROKE PINES FL 33026

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) **FL** State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012020 To 05312020

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



VENKATA LAKS

VADLAMANI

VADL

864739680

1. Federal adjusted gross income	82150	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	82150	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	76900	29. Total refundable credits	759
8. Tax	3924	30. Underpayment	538
9. Nonresident percentage	49.0919	31. Interest	0
10. Nonresident tax	1926	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	1926	34. AMOUNT YOU OWE	538
13. Credit for taxes paid to other states	629	35. Overpayment	0
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	1297	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	1297	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	1297	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	759	44. 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.

Taxpayer Signature (Required) Pratyusha Date 03/16/2021 Preparer Signature RVSSMANIKUMARAPPANA Preparer PTIN, EIN or SSN _____
 Spouse Signature (Required) _____ Date _____ Preparer Phone Number 6467277157 P02090332

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

VENKATA LAKS VADLAMANI

VADL 864739680

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.

VENKATA LAKS

VADLAMANI

VADL

864739680

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	82150	40329
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		
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)		40329

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	
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)	
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)	40329
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)	40329
B22. Kansas adjusted gross income (From line 3, Form K-40)	82150
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.	49.0919

SCH S
Rev. 7-20

2020

**KANSAS
SUPPLEMENTAL SCHEDULE**

305

122420

VENKATA LAKS

VADLAMANI

VADL

864739680

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.



2021 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



21352011555

Social Security Number

864 - 73 - 9680

Name Control

VADL

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ [] 28 . [] 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)

VADLAMANI, VENKATA LAKSHMI PRAT

Spouse's Name (Last, First, Initial)

Address (Number and Street), City, State, and ZIP Code

150 NW 108TH TERRACE # 207 PEMBROKE PINES FL 33026

Department Use Only [] [] [] [] [] [] [] [] [] []

(Revised 01-2021)



2021 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



21352011555

Social Security Number

864 - 73 - 9680

Name Control

VADL

1st Qtr. [X] 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 28 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)

VADLAMANI, VENKATA LAKSHMI PRAT

Spouse's Name (Last, First, Initial)

Address (Number and Street), City, State, and ZIP Code

150 NW 108TH TERRACE # 207 PEMBROKE PINES FL 33026

Department Use Only [] [] []

(Revised 01-2021)



2021 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



21352011555

Social Security Number

864 - 73 - 9680

Name Control

VADL

1st Qtr. 2nd Qtr. [X] 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 28 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)
VADLAMANI, VENKATA LAKSHMI PRAT
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
150 NW 108TH TERRACE # 207 PEMBROKE PINES FL 33026

Department Use Only [] [] []

(Revised 01-2021)



2021 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



21352011555

Social Security Number

864 - 73 - 9680

Name Control

VADL

1st Qtr. 2nd Qtr. 3rd Qtr. [X] 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 28 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)
VADLAMANI, VENKATA LAKSHMI PRAT
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
150 NW 108TH TERRACE # 207 PEMBROKE PINES FL 33026

Department Use Only [] [] []

(Revised 01-2021)



MISSOURI DEPARTMENT OF REVENUE

REV 03/02/21 PRO

2020 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name		
VENKATA LAKSHMI PRAT VADLAMANI		
Spouse's Name		
Street Address		
150 NW 108TH TERRACE #207		
City	State	ZIP Code
PEMBROKE PINES	FL	33026
Full payment of taxes must be submitted by April 15, 2021 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.		
1555 (12-2020)		

Social Security Number 864 - 73 - 9680

Name Control VADL

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 112.00



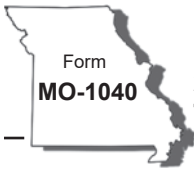
20347011555

Department Use Only

Department Use Only

Form MO-1040V (Revised 12-2020)

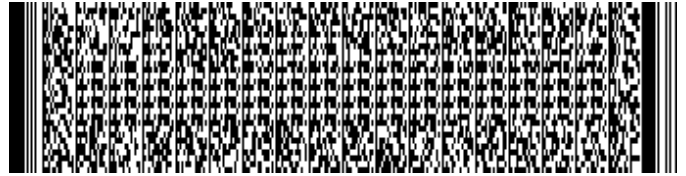
055 555 000000 8647396809 220104129 0000000000 20 000011200 5



MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.



Amended Return **Composite Return**
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

--	--	--	--	--	--

Vendor Code

Department Use Only

1555			
------	--	--	--

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number	Deceased in 2020	Spouse's Social Security Number	Deceased in 2020
864 - 73 - 9680			
First Name	M.I.	Last Name	Suffix
VENKATA LAKSHMI PRAT		VADLAMANI	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

150 NW 108TH TERRACE APT 207

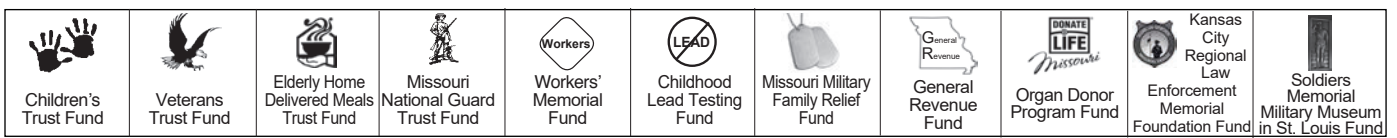
City, Town, or Post Office State ZIP Code

PEMBROKE PINES FL 33026 -

County of Residence

NONR

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	82150 .00	1S	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2	3Y	82150 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	82150 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	82150 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8	.00
9. Tax from federal return	9	11141 .00
10. Other tax from federal return.	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	11141 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	15.00 %

Missouri Adjusted Gross Income Range, Line 6:	Federal Tax Percentage:
\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	1671 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6.	14	12400 .00
15. Long-term care insurance deduction	15	.00
16. Health care sharing ministry deduction.	16	.00
17. Active Duty Military income deduction	17	.00
18. Inactive Duty Military income deduction	18	.00
19. Bring jobs home deduction 03/16/2021	19	.00
20. Transportation facilities deduction	20	.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21			22	14071	.00
23. Subtotal - Subtract Line 22 from Line 6			23	68079	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	68079	.00	24S	.00
25. Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>	.00	25S	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	68079	.00	26S	.00
27. Tax (see tax chart on page 22 of the instructions)	27Y	3492	.00	27S	.00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	<input type="text"/>	.00	28S	.00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	18	%	29S	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	629	.00	30S	.00
31. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	31Y	<input type="text"/>	.00	31S	.00
32. Subtotal - Add Lines 30 and 31	32Y	629	.00	32S	.00
33. Total Tax - Add Lines 32Y and 32S			33	629	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	517	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input type="text"/>	.00
38. Amount paid with Missouri extension of time to file (Form MO-60)	38	<input type="text"/>	.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input type="text"/>	.00
40. Property tax credit - Attach Form MO-PTS	40	<input type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40	41	517	.00



Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return.00

43. Overpayment as shown (or adjusted) on original return00

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.
Enter on Line 44.00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.
Amount of OVERPAYMENT00

46. Amount of Line 45 to be applied to your 2021 estimated tax00

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund .00 47b. Veterans Trust Fund .00 47c. Elderly Home Delivered Meals Trust Fund .00 47d. Missouri National Guard Trust Fund .00

47e. Workers' Memorial Fund .00 47f. Childhood Lead Testing Fund .00 47g. Missouri Military Family Relief Fund .00 47h. General Revenue Fund .00

47i. Organ Donor Program Fund .00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 47k. Soldiers Memorial Military Museum in St. Louis Fund .00

47l. Additional Fund Code Additional Fund Amount .00 47m. Additional Fund Code Additional Fund Amount .00

Total Donation - Add amounts from Boxes 47a through 47m and enter here00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#).00

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here00

a. Routing Number c. Checking Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.
 Amount of UNDERPAYMENT 50 112 .00

51. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here ... 51 .00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 52 112 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature: *Pratyusha* Date (MM/DD/YY): 03 16 2021

Spouse's Signature (If filing combined, BOTH must sign): _____ Date (MM/DD/YY): _____

E-mail Address: KUMAR@GTAXFILE.COM Daytime Telephone: 2198015822

Preparer's Signature: RVSSMANIKUMARAPPANA Date (MM/DD/YY): 03 10 21

Preparer's FEIN, SSN, or PTIN: 30-1017196 Preparer's Telephone: 6467277157

Preparer's Address: 2530 PEBBLE CREEK LN CUMMING State: GA ZIP Code: 30041

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No

Department Use Only

A FA E10 DE F _____ . _____

(Revised 12-2020)

Mail To: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov





Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

864 - 73 - 9680

Name

VADLAMANI, VENKATA LAKSHMI PRAT

Address

150 NW 108TH TERRACE APT 207

City, State, ZIP Code

PEMBROKE PINES FL 33026

1. Nonresident of Missouri
State of residence during 2020 FLORIDA

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

_____ - _____ - _____

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2020 _____

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 29 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2020 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2020 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)			
		Missouri Sources		Missouri Sources			
A. Wages, salaries, tips, etc.	1	A	15074.	00	A		00
B. Taxable interest income.	2b	B		00	B		00
C. Dividend income	3b	C		00	C		00
D. State and local income tax refunds (from schedule 1, part 1)	1	D		00	D		00
E. Alimony received (from schedule 1, part 1)	2a	E		00	E		00
F. Business income or (loss) (from schedule 1, part 1)	3	F		00	F		00
G. Capital gain or (loss)	7	G		00	G		00
H. Other gains or (losses) (from schedule 1, part 1)	4	H		00	H		00
I. Taxable IRA distributions	4b	I		00	I		00
J. Taxable pensions and annuities	5b	J		00	J		00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K		00	K		00
L. Farm income or (loss) (from schedule 1, part 1)	6	L		00	L		00
M. Unemployment compensation (from schedule 1, part 1)	7	M		00	M		00
N. Taxable social security benefits	6b	N		00	N		00
O. Other income (from schedule 1, part 1)	8	O		00	O		00
P. Total - Add Lines A through O		P	15074.	00	P		00
Q. Less: federal adjustments to income	10c	Q		00	Q		00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	15074.	00	R		00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S		00	S		00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T		00	T		00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1.		U		00	U		00

Missouri Income Percentage

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	15074.	00	1S		00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	82150.	00	2S		00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 29Y and 29S	3Y	18	%	3S		%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature: Pratyusha Date (MM/DD/YY): 03 / 16 / 2021

Spouse's Signature (if filing combined, BOTH must sign): _____ Date (MM/DD/YY): _____ / _____ / _____