

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 NAMRATA	Last name DUTTA	Your social security number 846-29-7838
If joint return, spouse's first name and middle initial KOUSHIK	Last name MARKA	Spouse's social security number APPLIED FOR
Home address (number and street). If you have a P.O. box, see instructions. 2904 SW 31ST CT		Apt. no. 205
City, town, or post office. If you have a foreign address, also complete spaces below. TOPEKA		State KS
		ZIP code 66614
Foreign country name	Foreign province/state/county	Foreign postal code

You Spouse

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

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

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	84,620.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a	32.	3b	33.
	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	84,653.
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	84,653.
	12	Standard deduction or itemized deductions (from Schedule A)			12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14	Add lines 12 and 13			14	24,800.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	59,853.

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	6,784.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,784.
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	6,784.
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	6,784.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,795.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,795.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	13,795.

• 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	7,011.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,011.
b	Routing number 1 0 1 0 0 0 1 8 7		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 4 5 5 7 3 9 2 4 5 2 2		
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	Date	Your occupation ADVANCED SOFTWARE DEVELOP	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 HOME MAKER	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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/28/2021	PTIN P02082703	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. (678) 965-9522
Firm's EIN				30-1017196

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.
► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):
 Apply for a new ITIN
 Renew an existing ITIN

Before you begin:

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ► _____
- e Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►
 NAMRATA DUTTA 846-29-7838
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ► _____

Additional information for **a** and **f**: Enter treaty country ► _____ and treaty article number ► _____

Name (see instructions) Name at birth if different . . . ►	1a First name KOUSHIK	Middle name	Last name MARKA
	1b First name	Middle name	Last name

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
 2904 SW 31ST CT Apt 205

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
 TOPEKA KS USA 66614

Foreign (non-U.S.) Address
(see instructions)

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include postal code where appropriate.

Birth Information

4 Date of birth (month / day / year) 08/13/1990 Country of birth INDIA City and state or province (optional) _____ **5** Male Female

Other Information

6a Country(ies) of citizenship INDIA **6b** Foreign tax I.D. number (if any) _____ **6c** Type of U.S. visa (if any), number, and expiration date _____

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other _____ Date of entry into the United States (MM/DD/YYYY): _____

Issued by: INDIA No.: U4790175 Exp. date: 08/09/2030

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ► **ITIN** _____ **IRSN** _____ and name under which it was issued ► _____
 First name Middle name Last name

6g Name of college/university or company (see instructions) ► _____
 City and state ► _____ Length of stay ► _____

Sign Here
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian
		<input type="checkbox"/> Power of attorney

Acceptance Agent's Use ONLY

Signature	Date (month / day / year)	Phone	Fax
Name and title (type or print)	Name of company	EIN	PTIN
		Office code	



NAMRATA DUTTA 8169690518 DUTT 846297838
KOUSHIK MARKA
2904 SW 31ST CT APT 205 SN 450 MARK PLIED FOR
TOPEKA KS 66614

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: 2 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. 2 **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. 0
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. 0



NAMRATA

DUTTA

DUTT

846297838

1. Federal adjusted gross income	84653	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	84653	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	7500	26. Refundable portion of tax credits	0
5. Exemption allowance	4500	27. Payments remitted with original return	0
6. Total deductions	12000	28. Overpayment from original return	0
7. Taxable income	72653	29. Total refundable credits	3988
8. Tax	3227	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	3227	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	761
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	3227	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	3227	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	3227	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	3988	44. REFUND	761

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