



NIKHIL REDDY TAVITI 3166703462 TAVI 312818789

2330 N OLIVER ST APT 812 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?
- 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



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|---|--------|---|---|
| 1. Federal adjusted gross income | 24 | 23. Estimated tax paid | 0 |
| 2. Modifications | 0 | 24. Amount paid with Kansas extension | 0 |
| 3. Kansas adjusted gross income | 24 | 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 | 0 | 29. Total refundable credits | 0 |
| 8. Tax | 0 | 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 | 0 | 34. AMOUNT YOU OWE | 0 |
| 13. Credit for taxes paid to other states | 0 | 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 | 0 | 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 | 0 | 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 | 0 | 43. Local School District Contribution Fund. School District Number | 0 |
| 22. KS income tax withheld from W-2, 1099 or K-19 | 0 | 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) _____ 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