

ARAVIND DARAPU 9132029582 DARA 221599118
14011 RILEY ST APT 2906 JO 229
OVERLAND PARK KS 66223

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2021

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 2021. Complete this section to determine your qualifications and credit.

- A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2021?
- B.** Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?
- C.** Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0
If Line D 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, 2004)
- 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

ARAVIND

DARAPU

DARA

221599118

1. Federal adjusted gross income	94888	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	94888	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5750	28. Overpayment from original return. This figure is a subtraction.	0
7. Taxable income	89138	29. Total refundable credits	5229
8. Tax	4623	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	4623	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	606
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	4623	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	4623	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	4623	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	5229	44. REFUND	606

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 _____ Spouse Signature (Required) _____ Date _____

Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN, or SSN (Required) P02082703

Kansas Information Worksheet

2021

Keep for your records

Part I - Personal Information

Taxpayer :

First Name ARAVIND
Middle Initial Suffix
Last Name DARAPU
Social Security No. 221-59-9118

Date of Birth 06/17/1994
Date of Death

Taxpayer Phone (913) 202-9582 * [X]
Home Phone (913) 202-9582 * []

* Check one of these boxes to print daytime phone number on the government forms..

Street Address . 14011 RILEY ST Apt No. 2906
City OVERLAND PARK State KS ZIP Code 66223
Foreign country

School District and County Code:

A-E F-M N-Z
Blue Valley - JO
School District Code 229
County JO

Part II - Main Form

[X] Form K-40 : Kansas Individual Income Tax Return for Resident Filers
[] Form K-40 : Kansas Individual Income Tax Return for Part-Year/Non-Resident Filers
Enter Nonresident and Part-Year Resident allocations on Schedule S
Dates of Kansas residence (if part-year resident): from to

Part III - Filing Status

Check only one box:
[X] Single
[] Married filing joint (even if only one had income)
[] Married filing separate
[] Head of household (or qualifying widow with dependent child)

Part IV - Standard Deductions/Itemized Deductions

[] Itemize even if itemized deductions are less than the standard deduction
[] Married filing separately and spouse itemizes deductions
[] Take the standard deduction even if less than itemized deductions

Part V - Other Information

[] Check if your name or address has changed from last year
[] Check if taxpayer authorizes Director of Taxation or the Director's designee to discuss return and attachments with preparer
[] Check here if you do not want to file Schedule K-210: Underpayment of Estimated Tax
Yes No
[X] Taxpayer was engaged in commercial farming or fishing in 2021
[X] At least two-thirds of gross income derived from commercial farming or fishing

Part VI - Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet 01

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name
Preparer PTIN Preparer SSN
Street Address Addr cont
City State ZIP Code

Signature Date _____
 Firm Name _____ Firm EIN (if applicable) _____
 Phone _____ Email _____

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client’s return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client’s return and to the electronic transmission of my client’s tax return to the **Kansas Department of Revenue**, as applicable by the law.

The state return will be filed electronically

Electronic PDF Attachments

PDF’s that you have selected to attach to your state e-file return are listed below.

Description	Filename

Date return was EFiled _____
 Date return was accepted by the state _____
 Enter the date Form K-40V was given to client. _____

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
 Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
 Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit or electronic funds withdrawal:

Name of Financial Institution (optional) BANK OF AMERICA
 Check the appropriate box:
 Checking Routing number 101100045
 Savings Account number 518006755689
 Enter the payment date to withdraw from the account above _____
 State balance-due amount from this return _____

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX - Extension Status

Yes No
 Has the tax return due date been extended?
 Extended due date _____
QuickZoom to Form K-40V: Payment Voucher for Extension Request ► _____

QuickZoom here to Form K-40 ▶ _____

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