



PRANAYA SUHA SURISETTI 9404536640 SURI 510937614

6631 W 140TH STREET APT 1502 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) KS State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 06212021 To 12312021

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



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1. Federal adjusted gross income	38898	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	38898	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	33148	29. Total refundable credits	854
8. Tax	1431	30. Underpayment	0
9. Nonresident percentage	48.7094	31. Interest	0
10. Nonresident tax	697	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	697	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	157
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	697	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	697	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	697	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	854	44. REFUND	157

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

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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)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Other additions to FAGI (enclose list)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Total additions to FAGI (add lines A1 - A6)

A4. Low income student scholarship contribution (enclose Schedule K-70)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A8. Social Security benefits

A16. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A9. KPERS lump sum distributions exempt from income tax

A17. Disallowed business interest deduction (I.R.C. § 163(J))

A10. Interest on U.S. Government obligations (reduced by related expenses)

A18. Disallowed business meal expenses (I.R.C. § 274)

A11. State or local income tax refund (if included in line 1 of Form K-40)

A19. Contributions to an ABLE savings account

A12. Retirement benefits specifically exempt from Kansas Income Tax

A20. Kansas Expensing Deduction (Enclose K-120EX)

A13. Military compensation of a nonresident servicemember (Non-Residents only)

A21. Other subtractions from FAGI (enclose list)

A14. Contributions to Learning Quest or other states' qualified tuition program

A22. Total subtractions from FAGI (add lines A8 through A21)

A15. Armed forces recruitment, sign-up, or retention bonus

NET MODIFICATIONS:

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

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PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	38897	18947
B2. Interest and dividend income	1	0
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	0	0
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		0
B12. Total income from Kansas sources (Add lines B1 through B11)		18947

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)		18947
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)		18947
B22. Kansas adjusted gross income (From line 3, Form K-40)		38898
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.		48.7094