305

122821

MANOHAR REDD LOKA 3165162624

LOKA

633638679

18331 ROEHAMPTON DR, **APT** 713 TX 75252 DALLAS

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

1

Amended affects Kansas only

Amended Federal tax return

Adjustment by the IRS

Filing Status:

Amended Return:

Single Χ

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)

TXState of Legal Residence

Χ

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

01012021

09302021

Exemptions:

Enter the total exemptions for you, your spouse (if applicable), 1 and each person you claim as a dependent.

If filing status above is Head of Household, add one exemption.

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.

0

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.

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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## **2021** KANSAS INDIVIDUAL INCOME TAX 305

122921

MANOHAR REDD LOKA		LOKA 633	638679
1. Federal adjusted gross income	28920	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	28920	25. Refundable portion of earned income tax credit	0
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	<ol> <li>Overpayment from original return.         This figure is a subtraction.     </li> </ol>	0
7. Taxable income	23170	29. Total refundable credits	414
8. Tax	894	30. Underpayment	0
9. Nonresident percentage	34.5781	31. Interest	0
10. Nonresident tax	309	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	309	34. AMOUNT YOU OWE	0
Credit for taxes paid to other states	0	35. Overpayment	105
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	309	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	309	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	309	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	414	44. REFUND	105
		K-40 and any enclosures with my preparer. belief this is a true, correct, and complete return.	
Taxpayer Signature (Required)	Date	Spouse Signature (Required)	Date
Preparer Signature (Required) SYAM PRIYA RAM SAC	GAR GUPT Preparer Phone Number	6790650522 Preparer PTIN, EIN,	or SSN P02082703

2021

# SUPPLEMENTAL SCHEDULE

122621 305

MANOHAR REDD LOKA LOKA 633638679

### 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)

A12. Retirement benefits specifically exempt from Kansas Income Tax

A20. Kansas Expensing Deduction (Enclose

A19. Contributions to an ABLE savings account

A13. Military compensation of a nonresident

servicemember (Non-Residents only)

A21. Other subtractions from FAGI (enclose

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.

SCH S 2021

## KANSAS SUPPLEMENTAL SCHEDULE

305 122721

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PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION INCOME: **Total From Federal Return: Amount From Kansas Sources:** 28920 10000 B1. Wages, salaries, tips, etc 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 10000 B12. Total income from Kansas sources (Add lines B1 through B11) 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) 10000 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) 10000 B22. Kansas adjusted gross income (From line 3, Form K-40) 28920 B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not 34.5781 to exceed 100.0000). Enter result here and on line 9 of Form K-40.