



PUNEETH RAM      KANUMILLI      3612288829      KANU      848121600  
709 MALONEST      JO      229  
DENTON      TX 76201

Name or address has changed?      Taxpayer or (spouse if filing joint) died during this tax year      Taxpayer was engaged in commercial farming/fishing in 2022

**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 2022. 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 2022?  
**B.** Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?  
**C.** Were you (or spouse) totally and permanently disabled or blind **all** of 2022, 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, 2005)  
**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



PUNEETH RAM

KANUMILLI

KANU

848121600

1. Federal adjusted gross income	10240	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	10240	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	313
7. Taxable income	4490	29. Underpayment	0
8. Tax	139	30. Interest	0
9. Nonresident percentage	0.0000	31. Penalty	0
10. Nonresident tax	0	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	139	34. Overpayment	174
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	139	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	139	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	313	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	174
22. Amount paid with Kansas extension	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 \_\_\_\_\_ Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

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