

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|-------------------------------|---------------------------------------|
| Taxpayer's name NUMAN KHAN | Social security number 719-13-9148 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|-------------------------------------------------------------------------|---|---------|
| 1 | Adjusted gross income | 1 | 33,323. |
| 2 | Total tax | 2 | 2,223. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 2,452. |
| 4 | Amount you want refunded to you | 4 | 229. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 9 | 1 | 4 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (NUMAN KHAN), social security number (719-13-9148), and home address (7418 W 140TH TERR, OVERLAND PARK, KS 66223).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain or loss (7), Other income (8), Total income (9), Adjustments (10), Adjusted gross income (11), Standard deduction (12), Business income deduction (13), and Taxable income (15).

| | | | | |
|------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 2,240. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 2,240. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 17. |
| | 21 | Add lines 19 and 20 | 21 | 17. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,223. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 2,223. |

| | | | | |
|-----------------|-----------|-------------------------------------------------------------------------------------------------|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 2,452. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 2,452. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 2,452. |

| | | | | |
|--------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 229. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 229. |
| Direct deposit? See instructions. | b | Routing number 1 0 1 1 0 0 0 4 5 | c Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number 5 1 8 0 1 0 4 7 4 8 6 2 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---------------------------------------------------------------|------|------------------------------|-----------------------------------------------------------------------------------|
| Your signature | Date | Your occupation LINE COOK | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (970) 355-8880 Email address KHANNAUMAN1995@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|------------------------------------------------------|-----------------------------------------------------------|--------------------|-----------------------------|-----------------------------------------------------|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03/14/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 84-3171965 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NUMAN KHAN

Your social security number
719-13-9148

Part I Additional Income

| | | | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|--------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | | | |
| | Nonemployee compensation from 1099-NEC 6,992. | 8z 6,992. | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 6,992. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | 6,992. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| 11 | Educator expenses | | 11 |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 |
| 17 | Self-employed health insurance deduction | | 17 |
| 18 | Penalty on early withdrawal of savings | | 18 |
| 19a | Alimony paid | | 19a |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | |
| 20 | IRA deduction | | 20 |
| 21 | Student loan interest deduction | | 21 |
| 22 | Reserved for future use | | 22 |
| 23 | Archer MSA deduction | | 23 |
| 24 | Other adjustments: | | |
| a | Jury duty pay (see instructions) | 24a | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | |
| j | Housing deduction from Form 2555 | 24j | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | |
| z | Other adjustments. List type and amount: _____ | 24z | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NUMAN KHAN

Your social security number
719-13-9148

Part I Nonrefundable Credits

| | | | |
|----------|--------------------------------------------------------------------------------------------------|-----------|-----|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 17. |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount: _____ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 17. |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|--|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 | 13b | | |
| c | Reserved for future use | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| e | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Reserved for future use | 13g | | |
| h | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | 13h | | |
| z | Other payments or refundable credits. List type and amount: | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | |

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2022
Attachment
Sequence No. **54**

Name(s) shown on return
NUMAN KHAN

Your social security number
719-13-9148



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2019 and **before** the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | 165. | |
| 3 | 165. | |
| 4 | | |
| 5 | 165. | |
| 6 | 165. | |
| 7 | | 165. |
| 8 | 33,323. | |

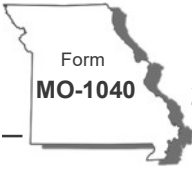
| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|-------------------------------------------------------------------|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying surviving spouse |
| Enter on line 9— | | | | |
| --- | \$20,500 | 0.5 | 0.5 | 0.5 |
| \$20,500 | \$22,000 | 0.5 | 0.5 | 0.2 |
| \$22,000 | \$30,750 | 0.5 | 0.5 | 0.1 |
| \$30,750 | \$33,000 | 0.5 | 0.2 | 0.1 |
| \$33,000 | \$34,000 | 0.5 | 0.1 | 0.1 |
| \$34,000 | \$41,000 | 0.5 | 0.1 | 0.0 |
| \$41,000 | \$44,000 | 0.2 | 0.1 | 0.0 |
| \$44,000 | \$51,000 | 0.1 | 0.1 | 0.0 |
| \$51,000 | \$68,000 | 0.1 | 0.0 | 0.0 |
| \$68,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

| | | |
|-----------|---|--------|
| 9 | x | .1 |
| 10 | | 17. |
| 11 | | 2,240. |
| 12 | | 17. |

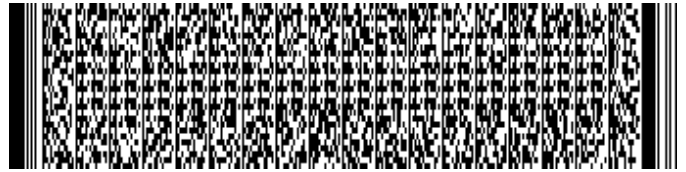
* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



MISSOURI DEPARTMENT OF
REVENUE
2022 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.



Amended Return **Composite Return**
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Vendor Code

1555

Department Use Only

| | | |
|--|--|--|
| | | |
|--|--|--|

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

| | | | | |
|---------------------------------------------------------------------|------------------------|--------------------|---------------------------------|------------------|
| Name | Social Security Number | Deceased in 2022 | Spouse's Social Security Number | Deceased in 2022 |
| | 719 - 13 - 9148 | | | |
| | First Name | M.I. | Last Name | Suffix |
| | NUMAN | | KHAN | |
| Spouse's First Name | M.I. | Spouse's Last Name | Suffix | |
| In Care Of Name (Attorney, Executor, Personal Representative, etc.) | | | | |

| | | | |
|---------------------|-----------------------------------------------------------|-------|----------|
| Address | Present Address (Include Apartment Number or Rural Route) | | |
| | 7418 W 140TH TERR APT 2503 | | |
| | City, Town, or Post Office | State | ZIP Code |
| | OVERLAND PARK | KS | 66223 - |
| County of Residence | | | |
| NONR | | | |

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



Income

| | Yourself (Y) | | Spouse (S) | | |
|-----------------------------------------------------------------------------------------------------------------|--------------|-------|------------|----|-----|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 33323 | .00 | 1S | .00 |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y | | .00 | 2S | .00 |
| 3. Total income - Add Lines 1 and 2. | 3Y | 33323 | .00 | 3S | .00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | | .00 | 4S | .00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. | 5Y | 33323 | .00 | 5S | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 33323 | .00 | | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | 100 | % | 7S | % |

Exemptions and Deductions

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|-----|--|--|
| 8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) | 8 | | .00 | | |
| 9. Tax from federal return | 9 | 2223 | .00 | | |
| 10. Other tax from federal return. | 10 | | .00 | | |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 2223 | .00 | | |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | 12 | 25.00 | % | | |

| | |
|-----------------------------------------------|-------------------------|
| Missouri Adjusted Gross Income Range, Line 6: | Federal Tax Percentage: |
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|-----|--|--|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 | 556 | .00 | | |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,950 • Head of Household-\$19,400 • Married Filing Combined or Qualifying Widow(er)-\$25,900 | 14 | 12950 | .00 | | |
| 15. Additional Exemption for Head of Household and Qualified Widow(er) | 15 | | .00 | | |
| 16. Long-term care insurance deduction | 16 | | .00 | | |
| 17. Health care sharing ministry deduction. | 17 | | .00 | | |
| 18. Active Duty Military income deduction | 18 | | .00 | | |
| 19. Inactive Duty Military income deduction | 19 | | .00 | | |
| 20. Bring jobs home deduction | 20 | | .00 | | |
| 21. Transportation facilities deduction | 21 | | .00 | | |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | |
|-------------------------------------------------------------------------------------|-------------------------|-------------------------|----------------------|----------------------|--------------------------|
| 22. First time home buyers deduction. | A. <input type="text"/> | B. <input type="text"/> | 22 | <input type="text"/> | <input type="text"/> |
| 23. Long term dignity savings account deduction | | | 23 | <input type="text"/> | <input type="text"/> |
| 24. Foster parent tax deduction | | | 24 | <input type="text"/> | <input type="text"/> |
| 25. Total deductions - Add Lines 8 and 13 through 24 | | | 25 | 13506 | <input type="text"/> |
| 26. Subtotal - Subtract Line 25 from Line 6 | | | 26 | 19817 | <input type="text"/> |
| 27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | 19817 | <input type="text"/> | <input type="text"/> | 27S <input type="text"/> |
| 28. Enterprise zone or rural empowerment zone income modification | 28Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | 28S <input type="text"/> |

Tax

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|----------------------|----------------------|--------------------------|
| 29. Taxable income - Subtract Line 28 from Line 27 | 29Y | 19817 | <input type="text"/> | <input type="text"/> | 29S <input type="text"/> |
| 30. Tax (see tax chart on page 26 of the instructions). | 30Y | 866 | <input type="text"/> | <input type="text"/> | 30S <input type="text"/> |
| 31. Resident credit - Attach Form MO-CR and other states' income tax return(s). | 31Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | 31S <input type="text"/> |
| 32. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100% | 32Y | 17 | % | 32S | <input type="text"/> |
| 33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | 147 | <input type="text"/> | <input type="text"/> | 33S <input type="text"/> |
| 34. Other taxes - Select box and attach federal form indicated. | | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | | | | | |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 34Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | 34S <input type="text"/> |
| 35. Subtotal - Add Lines 33 and 34 | 35Y | 147 | <input type="text"/> | <input type="text"/> | 35S <input type="text"/> |
| 36. Total Tax - Add Lines 35Y and 35S | | | 36 | 147 | <input type="text"/> |

Payments and Credits

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------|----------------------|----------------------|
| 37. MISSOURI tax withheld - Attach Forms W-2 and 1099 | 37 | 190 | <input type="text"/> | <input type="text"/> |
| 38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 | 38 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 39 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 40 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41. Amount paid with Missouri extension of time to file (Form MO-60). | 41 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC | 42 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 43. Property tax credit - Attach Form MO-PTS | 43 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 44. Total payments and credits - Add Lines 37 through 43 | 44 | 190 | <input type="text"/> | <input type="text"/> |



Skip Lines 45 through 47 if you are not filing an amended return.

45. Amount paid on original return.

46. Overpayment as shown (or adjusted) on original return

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

47. Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46.
Enter on Line 47.

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.
Amount of OVERPAYMENT

49. Amount of Line 48 to be applied to your 2023 estimated tax

50. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

50a. Children's Trust Fund . 50b. Veterans Trust Fund . 50c. Elderly Home Delivered Meals Trust Fund . 50d. Missouri National Guard Trust Fund .

50e. Workers' Memorial Fund . 50f. Childhood Lead Testing Fund . 50g. Missouri Military Family Relief Fund . 50h. General Revenue Fund .

50i. Organ Donor Program Fund . 50j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 50k. Soldiers Memorial Military Museum in St. Louis Fund . 50l. Missouri Medal of Honor Fund .

50m. Additional Fund Code Additional Fund Amount . 50n. Additional Fund Code Additional Fund Amount .

Total Donation - Add amounts from Boxes 50a through 50n and enter here

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**.

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here

a. Routing Number c. Checking Savings

b. Account Number



Amount Due

- 53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
Amount of UNDERPAYMENT 53 .00
- 54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 54 .00
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 55. **AMOUNT DUE** - Add Lines 53 and 54.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 55 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo.**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

| | | | | | | | |
|---------------------------------------------------------|----------------------------------------------------------------|--|--|----------------------|-----------------------------------------|---------------------------------|---------------------------------|
| Signature | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail Address | <input type="text" value="SYAM@GTAXFILE.COM"/> | | | Daytime Telephone | <input type="text" value="9703558880"/> | | |
| Preparer's Signature | <input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> | | | Date (MM/DD/YY) | <input type="text" value="03"/> | <input type="text" value="14"/> | <input type="text" value="23"/> |
| Preparer's FEIN, SSN, or PTIN | <input type="text" value="84-3171965"/> | | | Preparer's Telephone | <input type="text" value="6789659522"/> | | |
| Preparer's Address | <input type="text" value="245 ROONEY CT E BRUNSWICK"/> | | | State | <input type="text" value="NJ"/> | ZIP Code | |
| | | | | | <input type="text" value="08816"/> | | |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



22322051555

Department Use Only

A FA E10 DE F .

Form MO-1040 (Revised 12-2022)

Mail to: Balance Due:
Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329
Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.





Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

- -

Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2022 KANSAS

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

- -

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2022 _____

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

| Adjusted Gross Income Computations | Federal Form 1040 or Federal Form 1040-SR Line No. | Yourself or One Income Filer | | Spouse (On A Combined Return) | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------|------|-------------------------------|---|--|----|
| | | Missouri Sources | | Missouri Sources | | | |
| A. Wages, salaries, tips, etc. | 1z | A | 5583 | 00 | A | | 00 |
| B. Taxable interest income. | 2b | B | | 00 | B | | 00 |
| C. Dividend income | 3b | C | | 00 | C | | 00 |
| D. State and local income tax refunds (from schedule 1, part 1) | 1 | D | | 00 | D | | 00 |
| E. Alimony received (from schedule 1, part 1) | 2a | E | | 00 | E | | 00 |
| F. Business income or (loss) (from schedule 1, part 1) | 3 | F | | 00 | F | | 00 |
| G. Capital gain or (loss) | 7 | G | | 00 | G | | 00 |
| H. Other gains or (losses) (from schedule 1, part 1) | 4 | H | | 00 | H | | 00 |
| I. Taxable IRA distributions | 4b | I | | 00 | I | | 00 |
| J. Taxable pensions and annuities | 5b | J | | 00 | J | | 00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) | 5 | K | | 00 | K | | 00 |
| L. Farm income or (loss) (from schedule 1, part 1) | 6 | L | | 00 | L | | 00 |
| M. Unemployment compensation (from schedule 1, part 1) | 7 | M | | 00 | M | | 00 |
| N. Taxable social security benefits | 6b | N | | 00 | N | | 00 |
| O. Other income (from schedule 1, part 1) | 9 | O | 0 | 00 | O | | 00 |
| P. Total - Add Lines A through O | | P | 5583 | 00 | P | | 00 |
| Q. Minus: federal adjustments to income | 10 | Q | | 00 | Q | | 00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. | 11 | R | 5583 | 00 | R | | 00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) | | S | | 00 | S | | 00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) | | T | | 00 | T | | 00 |
| U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1. | | U | | 00 | U | | 00 |

Missouri Income Percentage

Part C

| | Yourself or One Income Filer | | Spouse (On A Combined Return) | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------|-------------------------------|----|--|----|
| 1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) | 1Y | 5583 | 00 | 1S | | 00 |
| 2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) | 2Y | 33323 | 00 | 2S | | 00 |
| 3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S | 3Y | 17 | % | 3S | | % |

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

| | |
|---------------------------------------------------------|----------------------|
| Signature | Date (MM/DD/YY) |
| <input type="text"/> | <input type="text"/> |
| Spouse's Signature (if filing combined, BOTH must sign) | Date (MM/DD/YY) |
| <input type="text"/> | <input type="text"/> |

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 18, 2022**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.

K-40V
Rev. 7-22

2022 Kansas
INDIVIDUAL INCOME
PAYMENT VOUCHER

REV 01/03/23 PRO

305



NUMAN KHAN

KHAN

7418 W 140TH TERR APT 2503
OVERLAND PARK KS 66223

719139148

Daytime Phone Number: 9703558880

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Income Tax

Amended
Return

Extension
Payment

Payment
Amount \$

274.00

112222KHAN719139148XXXX00000000



NUMAN KHAN 9703558880 KHAN 719139148
7418 W 140TH TERR APT 2503 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 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



NUMAN KHAN KHAN 719139148

| | | | |
|-----------------------------------------------------------------------|--------|---------------------------------------------------------------------|-----|
| 1. Federal adjusted gross income | 33323 | 23. Refundable portion of earned income tax credit | 0 |
| 2. Modifications | 0 | 24. Refundable portion of tax credits | 0 |
| 3. Kansas adjusted gross income | 33323 | 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 | 851 |
| 7. Taxable income | 27573 | 29. Underpayment | 274 |
| 8. Tax | 1125 | 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 | 274 |
| 12. TOTAL INCOME TAX | 1125 | 34. Overpayment | 0 |
| 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 | 1125 | 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 | 1125 | 41. Kansas Creative Arts Industry Fund | 0 |
| 20. KS income tax withheld from W-2, 1099 or K-19 | 851 | 42. Local School District Contribution Fund. School District Number | 0 |
| 21. Estimated tax paid | 0 | 43. REFUND | 0 |
| 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