

**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

|   |                       |                           |   |
|---|-----------------------|---------------------------|---|
| Your First Name and Initial<br>AKSHATH REDDY          | Last Name<br>THUMMALA | <b>Enter your SSN(s).</b> | Your Social Security Number*<br>828   37   7900 |
| Your Spouse's First Name and Initial (if filed joint) | Last Name             |                           | Spouse's Social Security No.*                   |

**PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) \*Do Not Truncate**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**PART 2 – TAX RETURN INFORMATION**

|                                   |        |    |
|-----------------------------------|--------|----|
| 1 Arizona Adjusted Gross Income   | 12,960 | 00 |
| 2 Balance Of Tax .....            | 0      | 00 |
| 3 Arizona Income Tax Withheld ... | 350    | 00 |

**Check box 4 or box 5:**

- 4  **REFUND:** Enter the amount of refund..... 350 00
- 5  **AMOUNT YOU OWE:** Enter the amount owed..... 00

**PART 3 – FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT

ROUTING NUMBER

Checking  Savings

1 2 2 1 0 1 7 0 6

ACCOUNT NUMBER

4 5 7 0 4 7 9 2 0 1 3 6

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

\_\_\_\_\_

\$ \_\_\_\_\_ .00

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

**PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a  I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b  I do not want direct deposit of my refund or I am not receiving a refund.
- 6c  I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC  
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

|   |                                       |       |
|---|---------------------------------------|-------|
| <b>PLEASE SIGN HERE</b>                   | ➔ _____<br>YOUR PEN AND INK SIGNATURE | _____ |
|   | _____                                 | DATE  |
| ➔ _____<br>SPOUSE'S PEN AND INK SIGNATURE | _____                                 | _____ |
|   | _____                                 | DATE  |

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140PY.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,2 AND ENDING 66F

Your First Name and Middle Initial AKSHATH REDDY Last Name THUMMALA Your Social Security Number 828 37 7900 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route 7651 W FETLOCK TRAIL Apt. No. Daytime Phone (with area code) 94 (972) 358-0075 City, Town or Post Office State ZIP Code PEORIA AZ 85383 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2022. Includes rows 10c and 10d.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2022. Includes rows 11b and 11c.

14 Dates of Arizona residency: From 0,8|0,1|2,0,2,2 to 1,2|3,1|2,0,2,2 List other state(s) of residency: KS

Table with 3 columns: Description, 2022 FEDERAL Amount from Federal Return, 2022 ARIZONA Amount Only. Includes rows 15 through 27.

Table with 3 columns: Description, 2022 FEDERAL Amount from Federal Return, 2022 ARIZONA Amount Only. Includes rows 28 through 39.

Your Name (as shown on page 1) **AKSHATH REDDY THUMMALA** Your Social Security Number **828-37-7900**

|                                       |                                       |   |     |        |      |
|---------------------------------------|---------------------------------------|---|-----|--------|------|
| Subtractions<br>cont. from page 1     | 40                                    | Recalculated Arizona depreciation   | 40  |        | 00   |
|                                       | 41                                    | Contributions to: 41a 529 College Savings Plans <input type="text" value="00"/> 41b 529A (ABLE accounts) <input type="text" value="00"/> add 41a and 41b                                    | 41c |        | 00   |
|                                       | 42                                    | Interest on U.S. obligations such as U.S. savings bonds and treasury bills  | 42  |        | 00   |
|                                       | 43                                    | U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income  | 43  |        | 00   |
|                                       | 44                                    | Other Subtractions from Income. Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6   | 44  |        | 00   |
|                                       | 45                                    | Subtract lines 40 through 44 from line 39. Enter the difference   | 45  | 12,960 | 00   |
| Exemptions                            | 46                                    | Age 65 or over: Multiply the number in box 8 by \$2,100   | 46  |        | 00   |
|                                       | 47                                    | Blind: Multiply the number in box 9 by \$1,500  | 47  |        | 00   |
|                                       | 48                                    | Other Exemptions. See instructions. 48E <input type="text"/> Multiply the number in box 48E by \$2,300  | 48  |        | 00   |
|                                       | 49                                    | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000   | 49  |        | 00   |
|                                       | 50                                    | Add lines 46 through 49. Enter the total  | 50  |        | 00   |
|                                       | 51                                    | Multiply line 50 by the Arizona income ratio on line 27   | 51  |        | 0 00 |
|                                       | 52                                    | <b>Arizona adjusted gross income:</b> Subtract line 51 from line 45. If less than zero, enter "0"   | 52  | 12,960 | 00   |
| Balance of Tax                        | 53                                    | <b>Deductions: Check box and enter amount.</b> See instructions. 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD                                     | 53  | 12,950 | 00   |
|                                       | 54                                    | If you checked box 53S and claim charitable contributions check 54C <input type="checkbox"/> Complete page 3. See instructions.   | 54  |        | 00   |
|                                       | 55                                    | Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"   | 55  | 10     | 00   |
|                                       | 56                                    | Compute the tax using amount from line 55 and Tax Tables X and Y  | 56  |        | 00   |
|                                       | 57                                    | Tax from recapture of credits from Arizona Form 301, Part 2, line 32  | 57  |        | 00   |
|                                       | 58                                    | Subtotal of tax: Add lines 56 and 57. Enter the total   | 58  |        | 00   |
|                                       | 59                                    | Dependent Tax Credit. See instructions  | 59  |        | 00   |
|                                       | 60                                    | Family income tax credit (from the worksheet - see instructions)  | 60  |        | 00   |
|                                       | 61                                    | Nonrefundable credits from Arizona Form 301, Part 2, line 64  | 61  |        | 00   |
|                                       | 62                                    | <b>Balance of tax:</b> Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 58, enter "0"   | 62  |        | 0 00 |
| Total Payments and Refundable Credits | 63                                    | 2022 AZ income tax withheld   | 63  | 350    | 00   |
|                                       | 64                                    | 2022 AZ estimated tax payments. 64a <input type="text" value="00"/> Claim of Right 64b <input type="text" value="00"/> Add 64a and 64b  | 64c |        | 00   |
|                                       | 65                                    | 2022 AZ extension payment (Form 204)  | 65  |        | 00   |
|                                       | 66                                    | Increased Excise Tax Credit (from the worksheet - see instructions)   | 66  |        | 00   |
|                                       | 67                                    | Other refundable credits: Check the box(es) and enter the total amount. 671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 349   | 67  |        | 00   |
|                                       | 68                                    | <b>Total payments and refundable credits:</b> Add lines 63 through 67. Enter the total  | 68  | 350    | 00   |
| Tax Due or Overpayment                | 69                                    | <b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70, 71 and 72   | 69  |        | 00   |
|                                       | 70                                    | <b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment   | 70  | 350    | 00   |
|                                       | 71                                    | Amount of line 70 to be applied to 2023 estimated tax   | 71  |        | 00   |
|                                       | 72                                    | <b>Balance of overpayment:</b> Subtract line 71 from line 70. Enter the difference  | 72  | 350    | 00   |
| Voluntary Gifts                       | 73 - 83                               | <b>Voluntary Gifts to:</b>  |     |        |      |
|                                       |                                       | Solutions Teams Assigned to Schools   | 73  |        | 00   |
|                                       |                                       | Arizona Wildlife  | 74  |        | 00   |
|                                       |                                       | Child Abuse Prevention  | 75  |        | 00   |
|                                       |                                       | Domestic Violence Services  | 76  |        | 00   |
|                                       |                                       | Political Gift  | 77  |        | 00   |
|                                       |                                       | Neighbors Helping Neighbors   | 78  |        | 00   |
|                                       |                                       | Special Olympics  | 79  |        | 00   |
|                                       | I Didn't Pay Enough Fund              | 81  |     | 00     |      |
|                                       | Sustainable State Parks and Road Fund | 82  |     | 00     |      |
|                                       | Veterans' Donations Fund              | 80  |     | 00     |      |
|                                       | Spay/Neuter of Animals                | 83  |     | 00     |      |
|                                       | 84                                    | Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican |     |        |      |
| Penalty                               | 85                                    | Estimated payment penalty   | 85  |        | 00   |
|                                       | 86                                    | 861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included   |     |        |      |
|                                       | 87                                    | Add lines 73 through 83 and 85; enter the total   | 87  |        | 00   |
| Refund or Amount Owed                 | 88                                    | <b>REFUND:</b> Subtract line 87 from line 72. If less than zero, enter amount owed on line 89   | 88  | 350    | 00   |
|                                       |                                       | <b>Direct Deposit of Refund:</b> Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/>                               |     |        |      |
|                                       |                                       | <input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings ROUTING NUMBER: 122101706 ACCOUNT NUMBER: 457047920136   |     |        |      |
|                                       | 89                                    | <b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment.  | 89  |        | 00   |

**PLEASE SIGN HERE**

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 \_\_\_\_\_ STUDENT OCCUPATION \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03282023 GLOBAL TAXES LLC

PAID PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) \_\_\_\_\_

245 ROONEY CT 84-3171965

PAID PREPARER'S STREET ADDRESS \_\_\_\_\_ PAID PREPARER'S TIN \_\_\_\_\_

E BRUNSWICK NJ 08816 (678) 965-9522

PAID PREPARER'S CITY STATE ZIP CODE \_\_\_\_\_ PAID PREPARER'S PHONE NUMBER \_\_\_\_\_

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

AKSHATH REDD THUMMALA 9723580075 THUM 828377900

7651 W FETLOCK TRAIL  
PEORIA AZ 85383

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) AZ State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012022 To 07312022

**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

AKSHATH REDD THUMMALA

THUM 828377900

|  |       |  |   |
|--|-------|--|---|
| 1. Federal adjusted gross income   | 12960 | 23. Refundable portion of earned income tax credit                     | 0 |
| 2. Modifications   | 0     | 24. Refundable portion of tax credits                                  | 0 |
| 3. Kansas adjusted gross income  | 12960 | 25. Payments remitted with original return                             | 0 |
| 4. Standard or itemized deductions.<br>(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.<br>This figure is a subtraction. | 0 |
| 6. Total deductions  | 5750  | 28. Total refundable credits   | 0 |
| 7. Taxable income  | 7210  | 29. Underpayment   | 0 |
| 8. Tax   | 224   | 30. Interest   | 0 |
| 9. Nonresident percentage  | 0.    | 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   | 0     | 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   | 0     | 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  | 0     | 41. Kansas Creative Arts Industry Fund                                 | 0 |
| 20. KS income tax withheld from W-2,<br>1099 or K-19                     | 0     | 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

AKSHATH REDD THUMMALA

THUM

828377900

**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. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

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

A8. Total additions to FAGI (add lines A1 - A7)

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related expenses)

A19. Disallowed business meal expenses (I.R.C. § 274)

A12. State or local income tax refund (if included in line 1 of Form K-40)

A20. Contributions to an ABLE savings account

A13. Retirement benefits specifically exempt from Kansas Income Tax

A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition program

A23. Other subtractions from FAGI (enclose list)

A16. Armed forces recruitment, sign-up, or retention bonus

A24. Total subtractions from FAGI (add lines A9 - A23)

**NET MODIFICATIONS:**

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

AKSHATH REDD THUMMALA

THUM

828377900

**PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION**

| INCOME:   | Total From Federal Return: | Amount From Kansas Sources: |
|---|----------------------------|-----------------------------|
| B1. Wages, salaries, tips, etc  | 12960                      | 0                           |
| B2. Interest and dividend income  |                            |                             |
| B3. Pensions, IRA distributions and annuities   |                            |                             |
| <b>Additional Income:</b><br><b>(Lines B4 - B12)</b>                                      |                            |                             |
| 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,<br>S corps, trusts, estates, REMICS, etc |                            |                             |
| B10. Farm income or loss  |                            |                             |
| B11. Unemployment compensation, taxable<br>social security benefits and other income      |                            |                             |
| B12. Total income from Kansas sources (Add lines B1 - B11)                                |                            | 0                           |

| 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)   |                            | 0                           |
| 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)  |                            | 0                           |
| B22. Kansas adjusted gross income (From line 3, Form K-40)  |                            | 12960                       |
| 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. |                            | 0.                          |