

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name DEDEEPIYA SREE PAVAN JAGARAPU	Social security number 621-99-8940
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	125,371.
2	Total tax	2	20,812.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,993.
4	Amount you want refunded to you	4	1,181.
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 

9	8	9	4	0
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 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 

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 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	0	8	2	7	1
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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:

Form fields for personal information: Your first name and middle initial (DEDEEPYA SREE PAVAN), Last name (JAGARAPU), Your social security number (621-99-8940), Spouse's social security number, Home address (6511 W 138TH TER, OVERLAND PARK, KS 66223), and Presidential Election Campaign options.

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)? (See instructions.) [ ] 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: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with columns: Description, Amount, and Total. Rows include Total amount from Form(s) W-2 (125,180), Tax-exempt interest (2a), Qualified dividends (3a, 49), IRA distributions (4a), Pensions and annuities (5a), Social security benefits (6a), Capital gain or (loss) (7, 139), and Total income (9, 125,371). Adjusted gross income (11, 125,371) and taxable income (15, 112,421) are also shown.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 20,812.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 21,993.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 1,181.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 20,812.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment  
Sequence No. **12**

Name(s) shown on return

DEDEEPPYA SREE PAVAN JAGARAPU

Your social security number

621-99-8940

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	1,672.	1,331.		341.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	4,622.	4,824.		-202.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 139.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	139.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

DEDEEPPYA SREE PAVAN JAGARAPU

621-99-8940

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	MORGAN STANLEY	02/01/22	12/31/22	1,672.	1,331.			341.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).			1,672.	1,331.			341.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

DEDEEPIYA SREE PAVAN JAGARAPU

621-99-8940

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	E*TRADE SECURITIES LLC	03/05/22	12/31/22	4,622.	4,824.			-202.	
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).				4,622.	4,824.			-202.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
621-99-8940

DEDEEPIYA SREE PAVAN JAGARAPU

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	0.
<b>3</b>	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3,650.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	3,650.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	3,650.
<b>7</b>	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	0.
<b>8</b>	Add lines 6 and 7 . . . . .	3,650.
<b>9</b>	Employer contributions made to your HSAs for 2022 . . . . .	2,767.
<b>10</b>	Qualified HSA funding distributions . . . . .	
<b>11</b>	Add lines 9 and 10 . . . . .	2,767.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	883.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	0.

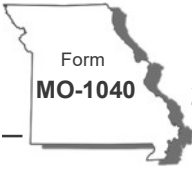
**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	
<b>c</b>	Subtract line 14b from line 14a . . . . .	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	
<b>19</b>	Qualified HSA funding distribution . . . . .	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	





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	Department Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

621 -  99 -  8940         -  -    

First Name    M.I.    Last Name    Suffix

DEDEEPYA         JAGARAPU   

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)

6511 W 138TH TER APT 428

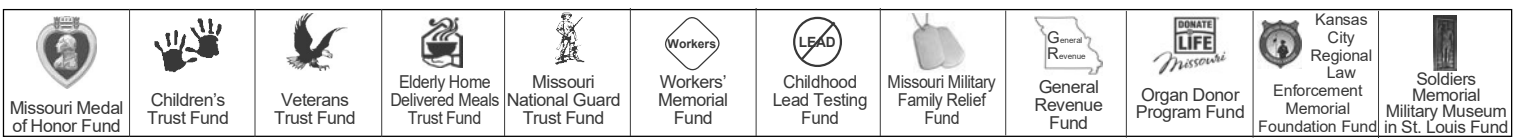
City, Town, or Post Office    State    ZIP Code

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	125371	.00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		.00	2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	125371	.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	125371	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	125371	.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	20812	.00		
10. Other tax from federal return. . . . .	10		.00		
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	20812	.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	0.00	%		

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	0	.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	12950	<input type="text"/>
26. Subtotal - Subtract Line 25 from Line 6 . . . . .					26	112421	<input type="text"/>
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	<input type="text"/>	112421	<input type="text"/>	00	27S	<input type="text"/>
28. Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input type="text"/>		<input type="text"/>	00	28S	<input type="text"/>

Tax

29. Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	<input type="text"/>	112421	<input type="text"/>	00	29S	<input type="text"/>
30. Tax (see tax chart on page 26 of the instructions). . . . .	30Y	<input type="text"/>	5774	<input type="text"/>	00	30S	<input type="text"/>
31. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input type="text"/>		<input type="text"/>	00	31S	<input type="text"/>
32. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . .	32Y	<input type="text"/>	13	%		32S	<input type="text"/>
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	<input type="text"/>	751	<input type="text"/>	00	33S	<input type="text"/>
34. Other taxes - Select box and attach federal form indicated.  <input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )  <input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<input type="text"/>		<input type="text"/>	00	34S	<input type="text"/>
35. Subtotal - Add Lines 33 and 34 . . . . .	35Y	<input type="text"/>	751	<input type="text"/>	00	35S	<input type="text"/>
36. Total Tax - Add Lines 35Y and 35S . . . . .						36	751

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099 . . . . .	37	<input type="text"/>	674	<input type="text"/>	00
38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 . . . . .	38	<input type="text"/>		<input type="text"/>	00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input type="text"/>		<input type="text"/>	00
40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>		<input type="text"/>	00
41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>		<input type="text"/>	00
42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>		<input type="text"/>	00
43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>		<input type="text"/>	00
44. Total payments and credits - Add Lines 37 through 43 . . . . .	44	<input type="text"/>	674	<input type="text"/>	00





Amount Due

53. If Line 36 is larger than Line 44 or Line 47, enter the difference.  
 Amount of UNDERPAYMENT . . . . . 53 77 .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 77 .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	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone		
SYAM@GTAXFILE.COM	6077688573		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	11	01	23
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
84-3171965	6789659522		
Preparer's Address	State	ZIP Code	
245 ROONEY CT E BRUNSWICK	NJ	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](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto: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/](http://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/](http://veteranbenefits.mo.gov/state-benefits/).



IN  
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 MO-1040 Page 5

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.



**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	16491	00	A		00
B. Taxable interest income. . . . .	2b	B		00	B		00
C. Dividend income . . . . .	3b	C	0	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	0	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		00	O		00
P. Total - Add Lines A through O . . . . .		P	16491	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	16491	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. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) . . . . .	1Y	16491	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	125371	00	2S		00
3. <b>Missouri Income Percentage</b> - 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	13	%	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/](http://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/](http://veteranbenefits.mo.gov/state-benefits/).

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

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 01/03/23 PRO

**K-40ES**

Rev. 7-22

**2023 Kansas**

INDIVIDUAL ESTIMATED  
INCOME TAX VOUCHER

305



DEDEEPYA SREE PAVAN JAGARAPU

JAGA

6511 W 138TH TER APT 428  
OVERLAND PARK KS 66223  
Daytime Phone Number: 6077688573

621998940

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 Individual Estimated Tax

1

**1ST QUARTER PAYMENT DUE BY APRIL 15, 2023**

Payment Amount \$ 184.00

182523JAGA621998940XXXX0000000000

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

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 01/03/23 PRO

**K-40ES**

Rev. 7-22

**2023 Kansas**  
INDIVIDUAL ESTIMATED  
INCOME TAX VOUCHER

305



DEDEEPYA SREE PAVAN JAGARAPU

JAGA

6511 W 138TH TER APT 428  
OVERLAND PARK KS 66223  
Daytime Phone Number: 6077688573

621998940

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 Individual Estimated Tax

2

**2ND QUARTER PAYMENT DUE BY JUNE 15, 2023**

Payment Amount \$ 184.00

182523JAGA621998940XXXX0000000000

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

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 01/03/23 PRO

**K-40ES**

Rev. 7-22

**2023 Kansas**

INDIVIDUAL ESTIMATED  
INCOME TAX VOUCHER

305



DEDEEPYA SREE PAVAN JAGARAPU

JAGA

6511 W 138TH TER APT 428  
OVERLAND PARK KS 66223  
Daytime Phone Number: 6077688573

621998940

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 Individual Estimated Tax

**3**

**3RD QUARTER PAYMENT DUE BY SEPTEMBER 15, 2023**

Payment Amount \$ 184.00



182523JAGA621998940XXXX0000000000

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

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 01/03/23 PRO

**K-40ES**

Rev. 7-22

**2023 Kansas**  
INDIVIDUAL ESTIMATE  
INCOME TAX VOUCHER

305



DEDEEPYA SREE PAVAN JAGARAPU

JAGA

6511 W 138TH TER APT 428  
OVERLAND PARK KS 66223  
Daytime Phone Number: 6077688573

621998940

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 Individual Estimated Tax

**4**

**4TH QUARTER PAYMENT DUE BY JANUARY 15, 2024**

Payment Amount \$ 184.00



182523JAGA621998940XXXX0000000000

# 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

**202 Kansas**  
INDIVIDUAL INCOME  
PAYMENT VOUCHER

REV 01/03/23 PRO

305



DEDEEPYA SREE PAVAN JAGARAPU

JAGA

6511 W 138TH TER APT 428  
OVERLAND PARK KS 66223

621998940

Daytime Phone Number: 6077688573

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 \$

733.00

112222JAGA621998940XXXX00000000





DEDEEPPYA SRE      JAGARAPU      6077688573      JAGA      621998940  
6511 W 138TH TER APT 428      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 20 (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



DEDEEPPYA SRE JAGARAPU JAGA 621998940

1. Federal adjusted gross income	125371	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	125371	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	5628
7. Taxable income	119621	29. Underpayment	733
8. Tax	6361	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	733
12. TOTAL INCOME TAX	6361	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	6361	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	6361	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	5628	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