



DIVYA VENKATARAMU 3143329936 VENK 009852767  
 ANUJ SHIVAPR GADIYAR  
 215 1ST AVE W APT 415 GADI 444578872  
 SEATTLE WA 98119

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2023

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) WA State of Legal Residence

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

Exemptions: 2 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. If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications)

2 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 2023. 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 2023?
- B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?
- C. Were you (or spouse) totally and permanently disabled or blind all of 2023, 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, 2006)
- 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



DIVYA VENKATARAMU VENK 009852767

1. Federal adjusted gross income	239600	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	239600	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	8000	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	4500	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	12500	28. Total refundable credits	748
7. Taxable income	227100	29. Underpayment	4
8. Tax	12030	30. Interest	0
9. Nonresident percentage	6.2471	31. Penalty	0
10. Nonresident tax	752	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	4
12. TOTAL INCOME TAX	752	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	752	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	752	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	748	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. Kansas Historic Site Contribution Fund. Historic Site Number	0
22. Amount paid with Kansas extension	0	44. REFUND	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



DIVYA	VENKATARAMU	VENK	009852767
ANUJ SHIVAPR	GADIYAR	GADI	444578872

**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)) |
| <b>A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)</b>                            | 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 ABLÉ savings account                           | 0 |
| 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)                  | 0 |

**NET MODIFICATIONS:**

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40. 0





DIVYA	VENKATARAMU	VENK	009852767
ANUJ SHIVAPR	GADIYAR	GADI	444578872

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

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	238719	14968
B2. Interest and dividend income	881	0
B3. Pensions, IRA distributions and annuities		
<b>Additional Income:</b> (Lines B4 - B12)		
B4. Refunds of state and local income taxes	0	
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss		
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc	0	0
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 - B11)		14968

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	0
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)	0
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)	14968
B20. Net modifications from Part A that are applicable to Kansas source income	0
B21. Modified Kansas source income (Line B19 plus or minus line B20)	14968
B22. Kansas adjusted gross income (From line 3, Form K-40)	239600
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.	6.2471