



SUSHMA BOJJA 3165161438 BOJJ 012497788

8230 SUNRISE GLEN
SCHERTZ TX 78154

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) TX State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012023 To 03312023

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

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 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





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| | | | |
|---|---------|---|------|
| 1. Federal adjusted gross income | 85288 | 23. Refundable portion of earned income tax credit | 0 |
| 2. Modifications | 0 | 24. Refundable portion of tax credits | 0 |
| 3. Kansas adjusted gross income | 85288 | 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 | 1538 |
| 7. Taxable income | 79538 | 29. Underpayment | 0 |
| 8. Tax | 4075 | 30. Interest | 0 |
| 9. Nonresident percentage | 35.0131 | 31. Penalty | 0 |
| 10. Nonresident tax | 1427 | 32. Estimated tax penalty | 0 |
| 11. KS tax on lump sum distributions | 0 | 33. AMOUNT YOU OWE | 0 |
| 12. TOTAL INCOME TAX | 1427 | 34. Overpayment | 111 |
| 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 | 1427 | 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 | 1427 | 41. Kansas Creative Arts Industry Fund | 0 |
| 20. KS income tax withheld from W-2, 1099 or K-19 | 1538 | 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 | 111 |

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



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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)

0

A20. Contributions to an ABLÉ 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)

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





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PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

| INCOME: | Total From Federal Return: | Amount From Kansas Sources: |
|---|----------------------------|-----------------------------|
| B1. Wages, salaries, tips, etc | 84838 | 29862 |
| B2. Interest and dividend income | | |
| B3. Pensions, IRA distributions and annuities | | |
| Additional Income: (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 | 450 | 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) | | 29862 |

| 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) | 29862 |
| 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) | 29862 |
| B22. Kansas adjusted gross income (From line 3, Form K-40) | 85288 |
| 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. | 35.0131 |



Kansas Information Worksheet

2023

Keep for your records

Part I - Personal Information

Taxpayer :

First Name SUSHMA
Middle Initial Suffix
Last Name BOJJA
Social Security No. 012-49-7788

Date of Birth 06/19/1997
Date of Death

Taxpayer Phone (316) 516-1438 * [X]
Home Phone (316) 516-1438 * []

* Check one of these boxes to print daytime phone number on the government forms..

Street Address . 8230 SUNRISE GLEN Apt No.
City SCHERTZ State . . TX ZIP Code 78154
Foreign country

School District and County Code:

A-E F-M N-Z
School District Code
County

Part II - Main Form

[] Form K-40 : Kansas Individual Income Tax Return for Resident Filers
[X] Form K-40 : Kansas Individual Income Tax Return for Part-Year/Non-Resident Filers
Enter Nonresident and Part-Year Resident allocations on Schedule S
Dates of Kansas residence (if part-year resident): from 01/01/2023 to 03/31/2023

Part III - Filing Status

Check only one box:
[X] Single
[] Married filing joint (even if only one had income)
[] Married filing separate
[] Head of household (or qualifying surviving spouse with dependent child)
Enter number of Disabled Veteran Personal Exemption allowances

Part IV - Standard Deductions/Itemized Deductions

[] Itemize even if itemized deductions are less than the standard deduction
[] Married filing separately and spouse itemizes deductions
[] Take the standard deduction even if less than itemized deductions

Part V - Other Information

[] Check if your name or address has changed from last year
[] Check if taxpayer authorizes Director of Taxation or the Director's designee to discuss return and attachments with preparer
[] Check here if you do not want to file Schedule K-210: Underpayment of Estimated Tax
Yes No
[X] Taxpayer was engaged in commercial farming or fishing in 2023
[X] At least two-thirds of gross income derived from commercial farming or fishing

Part VI - Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet 01

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name
Preparer PTIN Preparer SSN
Street Address Addr cont
City State ZIP Code

Signature Date _____
 Firm Name _____ Firm EIN (if applicable) _____
 Phone _____ Email _____

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client’s return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client’s return and to the electronic transmission of my client’s tax return to the **Kansas Department of Revenue**, as applicable by the law.

The state return will be filed electronically

Electronic PDF Attachments

PDF’s that you have selected to attach to your state e-file return are listed below.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

Date return was EFiled _____
 Date return was accepted by the state _____
 Enter the date Form K-40V was given to client. _____

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
 Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
 Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit or electronic funds withdrawal:

Name of Financial Institution (optional) BANK OF AMERICA
 Check the appropriate box:
 Checking Routing number 101100045
 Savings Account number 518009979378
 Enter the payment date to withdraw from the account above _____
 State balance-due amount from this return _____

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX - Extension Status

Yes No
 Has the tax return due date been extended?
 Extended due date _____
QuickZoom to Form K-40V: Payment Voucher for Extension Request ► _____

