



KISHORE KUMA MANDADI 9139636802 MAND 094415594

407 VIRGINIA AVE  
HERNDON VA 20170

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) VA State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012023 To 06252023

**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
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**Food Sales Tax Credit:** You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

<b>A.</b> Had a dependent child who lived with you all year and was under the age of 18 all of 2023?	<b>E.</b> Number of exemptions claimed
<b>B.</b> Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?	<b>F.</b> Number of dependents that are 18 years of age or older (born on or before January 1, 2006)
<b>C.</b> 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, <b>STOP HERE</b> , you do not qualify for this credit.	<b>G.</b> Total qualifying exemptions (subtract line F from line E)
<b>D.</b> 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 <b>STOP HERE</b> , you do not qualify for this credit.	<b>H.</b> 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	72362	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	72362	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	1724
7. Taxable income	66612	29. Underpayment	0
8. Tax	3340	30. Interest	0
9. Nonresident percentage	49.1556	31. Penalty	0
10. Nonresident tax	1642	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	1642	34. Overpayment	82
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	1642	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	1642	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	1724	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	82

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)

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)

**NET MODIFICATIONS:**

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





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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	72362	35570
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
<b>Additional Income:</b> <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, 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)		35570

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)	35570
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)	35570
B22. Kansas adjusted gross income (From line 3, Form K-40)	72362
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.	49.1556



**See instructions before completing line items.**

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
06-26-2023	12-31-2023
Spouse - From	Spouse - To

<b>YOUR</b> First Name KISHORE KUMAR	MI	Your Last Name MANDADI	Check if deceased <input type="checkbox"/>	Suffix	<b>A</b> Your Social Security Number 094-41-5594	
<b>SPOUSE'S</b> First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	<b>B</b> Spouse's Social Security Number	

Present Home Address (Number and Street, or Rural Route) 407 VIRGINIA AVE			<b>VA Driver's License Information</b>		
City, Town or Post Office HERNDON			You	Customer ID T68329617	
State VA	ZIP Code 20170	Locality Code 059	Spouse	Issue Date (mm-dd-yyyy) 12-21-2023	

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return
	<input type="checkbox"/> Dependent on Another's Return	Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Overseas on Due Date	\$ _____ .00	\$ _____ .00

I/we authorize the sharing of certain information from Form 760PY and Schedule HCI (as described in the instructions) with the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) for purposes of identifying persons who would like to newly enroll in medical assistance.

<p><b>Filing Status</b> Enter Filing Status Code in box below.</p> <p><input type="checkbox"/> 1 = Single (Column A) - Federal head of household? YES <input type="checkbox"/></p> <p><input type="checkbox"/> 2 = Married, Filing Joint return (Column A)</p> <p><input type="checkbox"/> 3 = Married, Filing Separate returns (Column A)</p> <p><input type="checkbox"/> 4 = Married, Filing Separately on this combined return (Columns A and B)</p> <p>If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____</p>	<p><b>Exemptions</b> Enter the number of exemptions being claimed.</p> <table border="1"> <thead> <tr> <th></th> <th>You/ Spouse</th> <th>Dependents</th> <th>65 or Over</th> <th>Blind</th> </tr> </thead> <tbody> <tr> <td><b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2</td> <td><input type="text" value="1"/></td> <td><input type="text" value="0"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>B - Spouse</b> Filing Status 4 Only</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		You/ Spouse	Dependents	65 or Over	Blind	<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<b>B - Spouse</b> Filing Status 4 Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	You/ Spouse	Dependents	65 or Over	Blind												
<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>												
<b>B - Spouse</b> Filing Status 4 Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												

<b>DATE OF BIRTH</b>	Your Birth Date (mm-dd-yyyy) 08 - 15 - 1995	<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
	Spouse's Birth Date (mm-dd-yyyy) - -		

Complete the Schedule of Income first and submit it with your Form 760PY.				
1	FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.....	1	00	72362 00
2	Additions from Schedule 760PY ADJ, Line 3.....	2	00	00
3	<b>Add Lines 1 and 2.....</b>	3	00	72362 00
4	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.....	4a		00
		4b	00	00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.....	5	00	00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....	6	00	00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.....	7	00	35570 00
8	Subtractions from Schedule 760PY ADJ, Line 7.....	8	00	00
9	<b>Add Lines 4a, 4b, 5, 6, 7, and 8.....</b>	9	00	35570 00
10	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.....</b>	10	00	36792 00
11	Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....	11	00	00
12	If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....	12	00	4064 00



Your Name KISHORE KUMAR MANDADI	Your SSN 094-41-5594
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	<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	13 00	482 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	14 00	00
15 <b>Add Lines 11, 12, 13 and 14.</b> .....	15 00	4546 00
16 <b>Virginia Taxable Income. Subtract Line 15 from Line 10.</b> .....	16 00	32246 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	17 00	1597 00
18 <b>Total Tax. Add Line 17, Column A and Line 17, Column B.</b> .....	18	1597 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	19a	1759 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	19b	00
20 Combined 2023 Estimated Tax Payments.....	20	00
21 2022 overpayment credited to 2023 estimated taxes.....	21	00
22 Extension Payment - Enter amount paid on Form 760IP.....	22	00
23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...	23	00
24 Total credit for taxes paid to another state from Schedule OSC.....	24	00
25 Credits from Schedule CR, Section 5, Line 1A.....	25	00
26 <b>Total payments and credits. Add Lines 19a through 25.</b> .....	26	1759 00
27 If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b> .....	27	00
28 If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b> .....	28	162 00
29 Amount of overpayment on Line 28 to be <b>CREDITED TO 2024 ESTIMATED INCOME TAX.</b> .....	29	00
30 Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6.....	30	00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....	31	00
32 Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21. See instructions..... Enclose 760C or 760F and check here. <input type="checkbox"/>	32	00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions..... Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>	33	00
34 <b>Add Lines 29 through 33.</b> .....	34	00
35 If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> ..... <b>AMOUNT YOU OWE</b> .. Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	35	00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... <b>YOUR REFUND.</b> .....	36	162 00

If the Direct Deposit section below is not completed, your refund will be issued by check.

**DIRECT BANK DEPOSIT**  
Domestic Accounts Only.  
No International Deposits.

<b>Your Bank Routing Transit Number</b>	<b>Your Bank Account Number</b>	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
1 0 1 2 0 0 4 5 3	1 5 2 3 2 2 3 1 6 8 4 4		

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).  
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number	Date
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Date
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's Phone Number (678) 965-9522	Date 01-31-2024
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816	Preparer's PTIN P02082703	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

**2023 VIRGINIA SCHEDULE OF INCOME  
Form 760PY**

Page 1



Your Name KISHORE KUMAR MANDADI	Your SSN 094-41-5594
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**PART 1**

**Income Distribution**

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	72362	.00	36792	.00	35570	.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3	0	.00	0	.00	0	.00
4.	Gross income (add Lines 1, 2 and 3) .....	4	72362	.00	36792	.00	35570	.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)* .....	7	72362	.00	36792	.00	35570	.00
8.	Net conformity modifications .....	8		.00		.00		.00
9.	Conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	72362	.00	36792	.00	35570	.00

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4		.00		.00		.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)** .....	7		.00		.00		.00
8.	Net conformity modifications .....	8		.00		.00		.00
9.	Conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

\*\*Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

**2023 VIRGINIA SCHEDULE OF INCOME**

**Form 760PY**

Page 2



Your Name <b>KISHORE KUMAR MANDADI</b>	Your SSN <b>094-41-5594</b>
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**PART 2**

**Prorated Exemptions Worksheet**

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

**Prorated Virginia Personal Exemptions**

		<b>Column B Spouse</b>	<b>Column A You</b>
1.	Your exemption.....	1	1
2.	Dependents .....	2	0
3.	Add Lines 1 and 2 .....	3	1
4.	Multiply Line 3 by \$930 .....	4	930
5.	65 or over .....	5	
6.	Blind .....	6	
7.	Add Lines 5 and 6 .....	7	
8.	Multiply Line 7 by \$800 .....	8	
9.	Add Lines 4 and 8 .....	9	930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions .....	10	0.518
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....	11	482

**PART 3**

**Moving Information**

- 1a. If YOU moved into Virginia in 2023, prior state of residence KS
- 1b. If YOU moved out of Virginia in 2023, state moved to \_\_\_\_\_
- 2a. If SPOUSE moved into Virginia in 2023, prior state of residence \_\_\_\_\_
- 2b. If SPOUSE moved out of Virginia in 2023, state moved to \_\_\_\_\_



**2023 Schedule INC/CG**

094415594

Report all W-2s, 1099s & VK-1s with VA Withholding



KISHORE KUMA MANDADI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
094415594	W	1516.	851646936	30851646936F001	30602.
094415594	W	243.	874333913	30874333913F001	6190.

Total VA Withholding	SSN	VA Withholding
You	094415594	1759.
Spouse		

Total # of W-2s, 1099s & VK-1s	02
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To avoid delays - be sure to enter all information, including the Employer's FEIN.

