

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 15, 2024**, 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. 9-23

2023 Kansas
INDIVIDUAL INCOME
PAYMENT VOUCHER

305

K-40V
1122



REV 11/29/23 PRO

SRIKANTH PERUMANDLA

PERU

1931 LAMM DR APT 3304
CHARLOTTE NC 28262-2802

791967531

Daytime Phone Number: 9139996464

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 \$

217.00

112223PERU791967531XXXX0000000000



SRIKANTH PERUMANDLA 9139996464 PERU 791967531

1931 LAMM DR APT 3304
CHARLOTTE NC 28262-2802

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) NC 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. 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? **E.** Number of exemptions claimed
B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)? **F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2006)
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. **G.** Total qualifying exemptions (subtract line F from line E)
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0 **H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.





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1. Federal adjusted gross income	35685	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	35685	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	68
7. Taxable income	29935	29. Underpayment	217
8. Tax	1249	30. Interest	0
9. Nonresident percentage	22.7883	31. Penalty	0
10. Nonresident tax	285	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	217
12. TOTAL INCOME TAX	285	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	285	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	285	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	68	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



SRIKANTH

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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.



SRIKANTH

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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	45101	8132
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
Additional Income: (Lines B4 - B12)		
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	-7166	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)		8132

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	2250	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)		8132
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)		8132
B22. Kansas adjusted gross income (From line 3, Form K-40)		35685
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.		22.7883



D-400 (50) 8-16-23

Individual Income Tax Return 2023

< Staple All Pages of Your Return and W-2s Here

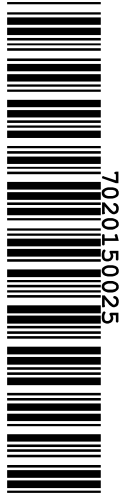
North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (SRIKANTH PERUMANDLA), filing status (Single), and various checkboxes for veteran status, resident status, and education fund contributions.

Table with columns for tax line items (FS, PP, DT, N, OC, N, TPRES, Y, SPRES, N, VT, N, SVT, N) and corresponding values for various tax components like 06, 07, 09, 10A, 10B, 11, 13, 14, 15, TN, and PN.



7020150025

Sign Return Below section with checkboxes for Refund Due (700) and Payment Due (0), and signature lines for the taxpayer and preparer (SYAM PRIYA RAM SAGAR GUPT).

Last Name (First 10 Characters) PERUMANDLA

Your Social Security Number

791967531

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	42851
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	42851
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	30101
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	30101
15.	N.C. Income Tax	15.	1430
16.	Tax Credits	16.	258
17.	Subtract Line 16 from Line 15	17.	1172
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1172

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1872
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	1872
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1872
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	700

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	700

D-400TC (50)

8-16-23

2023 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) PERUMANDLA Your Social Security Number 791967531

Table with 7 columns: Line, Amount, Code, Count, Code, Amount, Count. Rows 01-07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Code, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2023 is the first year the credit is taken.

Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Code, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2023

Table with 3 columns: Description, Code, Amount. Rows 14-20.

