## 2023 KANSAS INDIVIDUAL INCOME TAX

305



KAVYA ADDALAPUDI 6088677393 ADDA 058299909

6630 W 140TH STREET APT 3401 OVERLAND PARK KS 66223 JO 229

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: X 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: X 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.

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

0

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.

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.

REV 11/29/23 PRO

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KAVYA	ADDALAPUDI	ADDA (	058299909
Federal adjusted gross income	51360	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	51360	25. Payments remitted with original return	0
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	2654
7. Taxable income	45610	29. Underpayment	0
8. Tax	2143	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	0
12. TOTAL INCOME TAX	2143	34. Overpayment	511
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	2143	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	2143	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	2654	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	511
	Taxation or the Director's designee to discuss my es of perjury that to the best of my knowledge and	K-40 and any enclosures with my preparer. d belief this is a true, correct, and complete return.	
Taxpayer Signature (Required)	Date	Spouse Signature (Required)	Date
Preparer	RAM SAGAR GUPT Preparer Phone Number		IN, EIN or SSN (Required) P02082703