

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

SAI KRISHNA PRASAD CHOUDARAM

CHOU

7205 W 139TH PL SANDSTONE APT 3903
OVERLAND PARK KS 66223

580550091

Daytime Phone Number: 9133136300

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 \$

42.00

112223CH0U580550091XXXX0000000000



SAI KRISHNA CHOUDARAM 9133136300 CHOU 580550091

7205 W 139TH PL SANDSTONE APT 3903
OVERLAND PARK KS 66223

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) 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 If Line D is more than \$30,615 STOP HERE , you do not qualify for this credit.	H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0





SAI KRISHNA CHOUDARAM CHOU 580550091

Table with 4 columns: Line number, Description, Amount, and Subtotal. Rows include Federal adjusted gross income, Modifications, Kansas adjusted gross income, Standard or itemized deductions, Exemption allowance, Total deductions, Taxable income, Tax, Nonresident percentage, Nonresident tax, KS tax on lump sum distributions, TOTAL INCOME TAX, Credit for taxes paid to other states, Credit for child and dependent care expenses, Other credits, Subtotal, Earned Income Credit, Food Sales Tax Credit, Total Tax Balance, KS income tax withheld from W-2, 1099 or K-19, Estimated tax paid, Amount paid with Kansas extension, Refundable portion of earned income tax credit, Refundable portion of tax credits, Payments remitted with original return, Credit for tax paid on the K-120S, Overpayment from original return, Total refundable credits, Underpayment, Interest, Penalty, Estimated tax penalty, AMOUNT YOU OWE, Overpayment, CREDIT FORWARD, Chickadee Checkoff, Senior Citizens Meals On Wheels Contribution Program, Breast Cancer Research Fund, Military Emergency Relief Fund, Kansas Hometown Heroes Fund, Kansas Creative Arts Industry Fund, Local School District Contribution Fund, Kansas Historic Site Contribution Fund, and REFUND.

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



SAI KRISHNA

CHOUDARAM

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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 ABLE 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	76567	34565
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	-7910	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)		34565

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)		34565
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)		34565
B22. Kansas adjusted gross income (From line 3, Form K-40)		68657
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.		50.3445