### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
SIDDHU MARAPATLA	8298		
Spouse's name	'	al security number	
NEETA GAIKWAD	748-78-		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	ter year you are	e authorizing.)	
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1	4   241 2	10
1 Adjusted gross income		1 241,2 2 38,0	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	_	3 33,4	
4 Amount you want refunded to you	-	4	01.
5 Amount you owe	-		92.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an		- 1 0	<u>)                                    </u>
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amending knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I al return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account it payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituathorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation repulsiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	soove are the amous mitter, or electror rejection of the trace U.S. Treasury and indicated in the taxetion to debit the enate the authorizate equests must be the processing of the payment. I furth	unts from the inconnic return originator ansmission, (b) the rid its designated Fin x preparation softwater to this accountion. To revoke (can received no later to the electronic paymer acknowledge the	me tax (ERO) eason ancial are for t. This ncel) a than 2 nent of at the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or general	te my PIN	8 2 9 8	ıs my
ERO firm name	Ente	er five digits, but 't enter all zeros	y
signature on the income tax return (original or amended) I am now authorizing.	don	t ontor all zoros	
I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.			
Your signature ▶ Date ▶	•		
Spouse's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or genera  ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	8 2 2 2 a er five digits, but 't enter all zeros	ıs my
I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		•	_
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue belo	)W		
Part III Certification and Authentication — Practitioner PIN Method Only			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6  Don't enter		1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practition Pink Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Pink Pub. 1345, Handbook for Pu	bmitting this retur	n in accordance wi	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	–Do not w	rite or sta	ıple in thi	is space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstruc	tions.
Your first name and middle initial Last name								Your social security number			umber			
SIDDHU							029   13   8298			8				
If joint return, s	pouse's	s first name and middle initial	Last na								Spouse's social security numb			
NEETA			GAIK	WAD							748	78	822:	2
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.					Campaign
7922 N (	GLEN	DR						1	045	İ	Check I	nere if y	ou, or y	our /
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		•	٠.		want \$3
IRVING						TX	Z	to go to this fund box below will no					•	
Foreign country name Foreign province/state/county						У	Foreig	n postal c	ode	j ,				
Filing Status Check only one box.	[X □ If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name o	of your sp				surviv	ving spor	use (i entei	r the chi			
Digital Assets Standard Deduction	At an exch	ny time during 2023, did you: (a) rec- nange, or otherwise dispose of a dig neone can claim: You as a de Spouse itemizes on a separate retur	eive (as ital asse pendent	a reward t (or a fir	I, award, or nancial inter Your spous	payn est ir	n a digital asse a dependent	rty or	services	); or	(b) sell,	Ye	es X	 ☑ No
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind <b>Spc</b>	ouse	: Was bo	n befo	ore Janu	ary 2	, 1959		blind	
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	,	(3) Relationsh	nip (4	) Check t	he bo	x if quali	fies for (	see inst	tructions):
If more		First name Last name		(,,	number		to you		Child t	ax cr	edit	Credit fo	r other d	dependents
than four														
dependents, see instruction	_													
and check	] 													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		241,	240.
	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	struction	s)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s	) W-2 (see ii	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h										0.			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z		241,	240.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			_
if required.	За	· -	3a			<b>b</b> 0	rdinary divide	nds .			3b			_
	4a	_	4a				axable amoun							
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun							
Single or	6a	Social security benefits	6a				axable amoun				6b			_
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod,	check here	(see	instructions)			. [				_
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required	d. If not requ	uired,	, check here			. [	7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule									8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		241,	240.
\$27,700 <b>10</b> Adjustments to income from Schedule 1, line 26														
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			gross incor	ne					11		241,	,240.
\$20,800	12	Standard deduction or itemized	•	-	_						12			,700.
If you checked any box under	13	Qualified business income deduct					5-A				13			
Standard Deduction,	14										14		27,	,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer									15			5/10

Form 1040 (202	3)									Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	38,050.	
Credits	17	Amount from Schedule 2, lir	ne 3					[	17		
	18	Add lines 16 and 17						[	18	38,050.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			[	19		
	20	Amount from Schedule 3, lir	ne 8					[	20		
	21	Add lines 19 and 20						[	21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[	22	38,050.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			1	23	0.	
	24	Add lines 22 and 23. This is			•				24	38,050.	
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	33,	401.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	33,401.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			1	26	· · · · · · · · · · · · · · · · · · ·	
qualifying child,	27	Earned income credit (EIC)	'		No .	27		İ			
attach Sch. EIC.	28	Additional child tax credit from			_	28					
	29	American opportunity credit	from Form 8863	8. line 8		29					
	30	Reserved for future use .		-		30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31					redits		32		
	33	Add lines 25d, 26, and 32. T	,	•	•			+	33	33,401.	
Refund	34	If line 33 is more than line 24							34		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here [									
Direct deposit?	b	Routing number   X   X   X				Checking		1			
See instructions.	d	Account number X X X									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe							
You Owe		For details on how to pay, g							37	4,692.	
	38	Estimated tax penalty (see in	nstructions) .			38		43.			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See _					
Designee	ins	structions				📙	<b>Yes.</b> Com	nplete be	elow.	⊠ No	
		esignee's Phone Personal ic me no. number (Pi							dentification PINI		
Ciara		der penalties of perjury, I declare t	hat I have examined		accompanying sche	dules and s		,	e hest i	of my knowledge and	
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity	
					·					N, enter it here	
Joint return?					SOFTWARE I		ER	(see ir			
See instructions. Keep a copy for		Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation					f the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.					SOFTWARE F	ENGINE	ZR	(see in	•	ection i iiv, enter it nere	
	——Ph	one no. (913) 701-556	 5	SOFTWARE ENGINEER   Email address SIDDM.SFDC@GMAIL.COM							
		eparer's name	Preparer's signat	l	DIDDM.DED(	Date		PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TAI.I.AM			02082	703	Self-employed	
Preparer		m's name GLOBAL TA	1			102/2//		Phone		678) 965-9522	
Use Only									EIN	84-3171965	
			- = ==10							<u> </u>	

### 2023 KANSAS INDIVIDUAL INCOME TAX

305



SIDDHU MARAPATLA NEETA GAIKWAD

9137015565

MARA

029138298

7922 N GLEN DR APT 1045 TX 75063 IRVING

GAIK

748788222

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

Χ

Amended Federal tax return

Adjustment by the IRS

Filing Status:

Single

Married Filing Joint (Even if only one had income) Χ

Married Filing Separate

Head of Household (Do not check if filing joint return)

Residency Status:

Resident

NonResident (Complete Sch S, Part B)

TX

То

State of Legal Residence

Exemptions:

Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

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

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

2 **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.

0

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.

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

Page 1 of 2

For Office Use Only

0

## 2023 KANSAS INDIVIDUAL INCOME TAX

305



SIDDHU	MARAPATLA	MARA 0291382	98
Federal adjusted gross income	241240	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	241240	25. Payments remitted with original return	0
Standard or itemized deductions.     (If itemizing, complete KS Sch A)	8000	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	4500	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	12500	28. Total refundable credits	1172
7. Taxable income	228740	29. Underpayment	0
8. Tax	12123	30. Interest	0
9. Nonresident percentage	9.411	31. Penalty	0
10. Nonresident tax	1141	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	1141	34. Overpayment	31
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	1141	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	1141	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	1172	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	31
	Taxation or the Director's designee to discuss my lies 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	Date	Spouse Signature	Date
(Required) Preparer Signature (Required) SYAM PRIYA		(Required) — Preparer PTIN, EIN or SSN (Required)	P02082703
(rioquillou)	FIIONE NUMBER	(Required)	

2023

## SUPPLEMENTAL SCHEDULE

305

SIDDHU MARA 029138298 MARAPATLA

GAIKWAD GAIK 748788222 NEETA

### 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

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

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.

SCH S

**IS** 2023

### KANSAS SUPPLEMENTAL SCHEDULE

305



SIDDHU MARAPATLA MARA 029138298

NEETA GAIKWAD GAIK 748788222

PART R - PART-YFAR	RESIDENT/NONRESIDENT ALLOCATION
	NEGIDEIT/ITORINEGIDEIT ALLOCATION

INCOME: Total From Federal Return: Amount From Kansas Sources:

B1. Wages, salaries, tips, etc 241240 22703

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

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)

22703

#### 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)

22703

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)

22703

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

241240

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.

9.411