



MANIDEEP KARNE 9458993151 KARN 834543927

906 SUTTER GATE LANE JO 229  
MORRISVILLE NC 27560

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?
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. 0
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. 0



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1. Federal adjusted gross income	9440	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	9440	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	215
7. Taxable income	3690	29. Underpayment	0
8. Tax	114	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	114	34. Overpayment	101
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	114	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	114	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	215	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	101

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

Kansas Information Worksheet

2023

Keep for your records

Part I - Personal Information

Taxpayer :

First Name . . . . . MANIDEEP
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . KARNE
Social Security No. . . . . 834-54-3927

Date of Birth . . . . . 05/06/1997
Date of Death . . . . .

Taxpayer Phone . . . . . (945)899-3151 \* [X]
Home Phone . . . . . (945)899-3151 \* [ ]

\* Check one of these boxes to print daytime phone number on the government forms..

Street Address . 906 SUTTER GATE LANE Apt No. . . . .
City . . . . . MORRISVILLE State . . . . . NC ZIP Code . . . . . 27560
Foreign country . . . . .

School District and County Code:

A-E F-M N-Z
Blue Valley - JO
School District Code . . . . . 229
County . . . . . JO

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .

Date of Birth . . . . .
Date of Death . . . . .

Spouse Phone . . . . . \* [ ]

Part II - Main Form

[X] Form K-40 : Kansas Individual Income Tax Return for Resident Filers . . . . .
[ ] Form K-40 : Kansas Individual Income Tax Return for Part-Year/Non-Resident Filers . . . . .
Enter Nonresident and Part-Year Resident allocations on Schedule S . . . . .
Dates of Kansas residence (if part-year resident): from . . . . . to . . . . .

Part III - Filing Status

Check only one box:
[X] Single
[ ] Married filing joint (even if only one had income)
[ ] Married filing separate
[ ] Head of household (or qualifying surviving spouse with dependent child)
Enter number of Disabled Veteran Personal Exemption allowances

Part IV - Standard Deductions/Itemized Deductions

[ ] Itemize even if itemized deductions are less than the standard deduction
[ ] Married filing separately and spouse itemizes deductions
[ ] Take the standard deduction even if less than itemized deductions

Part V - Other Information

[ ] Check if your name or address has changed from last year
[ ] Check if taxpayer authorizes Director of Taxation or the Director's designee to discuss return and attachments with preparer
[ ] Check here if you do not want to file Schedule K-210: Underpayment of Estimated Tax
Yes No
[X] Taxpayer was engaged in commercial farming or fishing in 2023
[X] At least two-thirds of gross income derived from commercial farming or fishing

Part VI - Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet . . . . . 01

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name . . . . .
Preparer PTIN . . . . . Preparer SSN . . . . .
Street Address . . . . . Addr cont . . . . .
City . . . . . State . . . . . ZIP Code . . . . .

Signature Date . . . . . \_\_\_\_\_  
 Firm Name . . . . . \_\_\_\_\_ Firm EIN (if applicable) . . . . . \_\_\_\_\_  
 Phone . . . . . \_\_\_\_\_ Email . . . . . \_\_\_\_\_

**Part VII – Electronic Filing Information**

**New! State e-file disclosure consent:**

By using a computer and software to prepare and transmit my client’s return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client’s return and to the electronic transmission of my client’s tax return to the **Kansas Department of Revenue**, as applicable by the law.

The state return will be filed electronically

**Electronic PDF Attachments**

PDF’s that you have selected to attach to your state e-file return are listed below.

Description	Filename

Date return was EFiled . . . . . \_\_\_\_\_  
 Date return was accepted by the state . . . . . \_\_\_\_\_  
 Enter the date Form K-40V was given to client. . . . . \_\_\_\_\_

**Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information**

**Yes No**  
  Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?  
  Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit or electronic funds withdrawal:

Name of Financial Institution (optional) . . . . . BANK OF AMERICA  
 Check the appropriate box:  
 Checking . . . . .  Routing number . . . . . 111000025  
 Savings . . . . .  Account number . . . . . 488111637489  
 Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_  
 State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes No**  
  Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part IX - Extension Status**

**Yes No**  
  Has the tax return due date been extended?  
 Extended due date . . . . . \_\_\_\_\_  
**QuickZoom** to Form K-40V: Payment Voucher for Extension Request . . . . . ► \_\_\_\_\_

**QuickZoom** here to Form K-40 . . . . . ▶ \_\_\_\_\_

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