



LAVANYA PADAMATI 3043841661 PADA 893013312

03 LOUISBURG SQ APT 7
NASHUA NH 03061

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) NH 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 | 85033 | 23. Refundable portion of earned income tax credit | 0 |
| 2. Modifications | 0 | 24. Refundable portion of tax credits | 0 |
| 3. Kansas adjusted gross income | 85033 | 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 | 248 |
| 7. Taxable income | 79283 | 29. Underpayment | 0 |
| 8. Tax | 4061 | 30. Interest | 0 |
| 9. Nonresident percentage | 5.639 | 31. Penalty | 0 |
| 10. Nonresident tax | 229 | 32. Estimated tax penalty | 0 |
| 11. KS tax on lump sum distributions | 0 | 33. AMOUNT YOU OWE | 0 |
| 12. TOTAL INCOME TAX | 229 | 34. Overpayment | 19 |
| 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 | 229 | 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 | 229 | 41. Kansas Creative Arts Industry Fund | 0 |
| 20. KS income tax withheld from W-2, 1099 or K-19 | 248 | 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 | 19 |

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



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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.





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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 | 94429 | 4795 |
| 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 | -9396 | 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) | | 4795 |

| 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) | 4795 |
| 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) | 4795 |
| B22. Kansas adjusted gross income (From line 3, Form K-40) | 85033 |
| 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. | 5.639 |