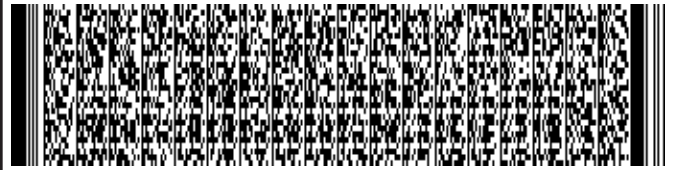




Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

<b>A. Spouse's Social Security Number</b>  722-21-9614	<b>B. Your Social Security Number</b>  052-41-7818
Name—Last, First, Middle Initial (Joint return, give both names and initials.) <b>KUCHIPUDI HIMMATH ARJUN PENDYALA VASANTHI</b>	
Mailing Address (Number and Street including Apartment Number or P.O. Box) <b>1901 KNIGHTSBRIDGE RD 10301</b>	
City, Town or Post Office <b>DALLAS TX 75234</b>	State ZIP Code



**FILING STATUS** (see instructions)

1  Single

2  **Married**, filing joint return.

3  **Married**, filing separate returns. Enter spouse's Social Security number above and full name here. \_\_\_\_\_

**Check if applicable:**

**Amended**  
(Enclose copy of 1040X, if applicable.)

**Military Spouse**

**POLITICAL PARTY FUND**  
Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
<b>Democratic</b>	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
<b>Republican</b>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
<b>No Designation</b>	(3) <input checked="" type="checkbox"/>	(6) <input checked="" type="checkbox"/>

**RESIDENCY STATUS** (check one box)

4  Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2023 \_\_\_\_\_.

5  Part-year resident. Complete appropriate line(s) below.  
 Moved into Kentucky \_\_\_\_\_ State moved from \_\_\_\_\_  
 Moved out of Kentucky 08/31/2023 State moved to TX

6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

**COMPLETE SECTION B ON PAGE 4 BEFORE COMPLETING SECTION A.**

SECTION A		7	8	9	10	11	12	13	14	15	16	17	18	19
7	Enter percentage from Section B, line 34.....	7	51.3 %											
8	Enter amount from Section B, line 33, Column A. This is your <b>Federal Adjusted Gross Income</b> .....	8	97,568.	00										
9	Enter amount from Section B, line 33, Column B. This is your <b>Kentucky Adjusted Gross Income</b> .....	9	50,000.	00										
10	<b>Nonitemizers:</b> Enter \$2,980 (do not prorate). Skip lines 11 and 12 .....	10	2,980.	00										
11	<b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A, Form 740-NP .....	11		00										
12	Multiply line 11 by the percentage on line 7 .....	12		00										
13	Subtract line 10 or 12 from line 9. This is your <b>Taxable Income</b> .....	13	47,020.	00										
14	<b>Tax Computation:</b> Multiply line 13 by 4.5% (.045) enter tax.....	14	2,116.	00										
15	Enter amount from Schedule ITC, Section A, line 25.....	15		00										
16	Subtract line 15 from line 14.....	16	2,116.	00										
17	Enter personal tax credit amounts from Schedule ITC, Section B .....	17		00										
18	Multiply line 17 by the percentage on line 7 .....	18		00										
19	Subtract line 18 from line 16 and enter here, continue to page 2.....	19	2,116.	00										



20	Check the box that represents your total family size ( <b>see instructions</b> for lines 20 and 21).....	20	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
21	Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount <u>0.00</u> ( <u>0</u> %) from Schedule ITC.....	21	0.00
22	Subtract line 21 from line 19.....	22	2,116.00
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K, line 17.....	23	00
24	Enter <b>Child and Dependent Care Credit</b> from worksheet (see instructions).....	24	00
25	RESERVED.....	25	00
26	<b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....	26	2,116.00
27	Enter <b>KENTUCKY USE TAX</b> due on Internet, mail order, or other out-of-state purchases ( <b>see instructions</b> ).....	27	00
28	Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....	28	2,116.00
29	<b>For amended return;</b> overpayment, if any, shown on original return.....	29	00
30	Add lines 28 and 29, enter here.....	30	2,116.00
31	a Enter <b>Kentucky income tax withheld</b> as shown on enclosed Schedule KW-2.....	31a	2,166.00
	b Enter 2023 Kentucky estimated tax/extension payments.....	31b	00
	c Enter 2023 refundable certified rehabilitation credit.....	31c	00
	d Enter 2023 refundable entertainment incentive tax credit.....	31d	00
	e Enter 2023 refundable development area tax credit.....	31e	00
	f Enter 2023 refundable decontamination tax credit.....	31f	00
	g Enter 2023 refundable pass-through entity tax credit from Form PTET-CR, line 9.....	31g	00
	h Enter <b>Nonresident Withholding</b> from Form PTE-WH, line 9.....	31h	00
	i <b>For amended return;</b> enter amount paid with original return plus additional payment(s) made after it was filed.....	31i	00
32	Add lines 31(a) through 31(i).....	32	2,166.00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....	33	00
34	a Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....	34a	00
	b Interest.....	34b	00
	c Late payment penalty.....	34c	00
	d Late filing penalty.....	34d	00
35	Add lines 34(a) through 34(d). Enter here.....	35	00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3.....	36	00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3.....	37	50.00



38 FUND CONTRIBUTIONS; see instructions.

a Nature and Wildlife Fund .....	38a	00
b Child Victims' Trust Fund .....	38b	00
c Veterans' Program Trust Fund .....	38c	00
d Breast Cancer Research/Education Trust Fund .....	38d	00
e Farms to Food Banks Trust Fund .....	38e	00
f Local History Trust Fund .....	38f	00
g Special Olympics Kentucky.....	38g	00
h Pediatric Cancer Research Trust Fund.....	38h	00
i Rape Crisis Center Trust Fund .....	38i	00
j Court Appointed Special Advocate Trust Fund .....	38j	00
k YMCA Youth Association Fund .....	38k	00

39 Add lines 38(a) through 38(k) .....	39	00
40 Amount of line 37 to be <b>CREDITED TO YOUR 2024 ESTIMATED TAX</b> ..... <b>CREDIT FORWARD</b>	40	00
<b>(Credit forwards not available for amended returns)</b>		
41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> ..... <b>REFUND</b>	41	50.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

<b>Sign Here</b>	Signature of Taxpayer	Driver's License/State Issued ID No. 50136525	Date	Telephone Number (daytime) (972) 671-4909
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
<b>Paid Preparer Use</b>	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 03/06/2024	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email syam@gtaxfile.com	Telephone No. (678) 965-9522	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Enclose</b>	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		<b>Refund or No Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>revenue.ky.gov</b> Include: Your Social Security number and "KY Income Tax—2023"		<b>With Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006



**SECTION B  
INCOME**

	A. Total from Enclosed Federal Return		B. Kentucky	
1 Enter all wages, salaries, tips, etc. ( <i>enclose Kentucky Schedule KW-2</i> ) Do not include moving expense reimbursements.....	1	87,767.00	50,000.00	00
2 Moving expense reimbursement.....	2	00		00
3 Interest.....	3	00		00
4 Dividends.....	4	1.00	0.00	00
5 Taxable refunds, credits or offsets of state and local income taxes.....	5	00		00
6 Alimony received.....	6	00		00
7 Business income or loss ( <i>enclose federal Schedule C</i> ).....	7	11,348.00	0.00	00
8 Capital gain or loss ( <i>enclose federal Schedule D</i> ).....	8	-1,150.00	0.00	00
9 Other gains or losses ( <i>enclose federal Form 4797</i> ).....	9	00		00
10 a Federally taxable IRA distributions, pensions and annuities.....	10a	404.00	0.00	00
b Pension income exclusion ( <i>enclose Schedule P if more than \$31,110 per taxpayer</i> ).....	10b		( 0.00)	00
11 Rents, royalties, partnerships, estates, trusts, etc. ( <i>enclose federal Schedule E</i> ).....	11	00		00
12 Farm income or loss ( <i>enclose federal Schedule F</i> ).....	12	00		00
13 Unemployment compensation (see instructions).....	13	00		00
14 Taxable Social Security benefits.....	14	00		00
15 Gambling winnings.....	15	00		00
16 Other income (list type and amount) _____	16	00		00
17 Combine lines 1 through 16. This is your <b>Total Income</b>	17	98,370.00	50,000.00	00
<b>ADJUSTMENTS TO INCOME</b>				
18 Educator expenses.....	18	00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials ( <i>enclose federal Form 2106</i> ).....	19	00		00
20 Health savings account deduction ( <i>enclose federal Form 8889</i> ).....	20	00		00
21 Moving expenses for members of the armed forces.....	21	00		00
22 Deductible part of self-employment tax.....	22	802.00	0.00	00
23 Self-employed SEP, SIMPLE, and qualified plans deduction.....	23	00		00
24 Self-employed health insurance deduction.....	24	00		00
25 Penalty on early withdrawal of savings.....	25	00		00
26 Alimony paid (enter recipient's name and Social Security number) _____	26	00		00
27 IRA deduction.....	27	00		00
28 Student loan interest deduction.....	28	00		00
29 RESERVED.....	29	00		00
30 Archer MSA deduction.....	30	00		00
31 Other deductions (list type and amount) _____	31	00		00
32 Add lines 18 through 31. <b>Total Adjustments to Income</b> .....	32	802.00	0.00	00
33 Subtract line 32 from line 17. This is your <b>Adjusted Gross Income</b> .....	33	97,568.00	50,000.00	00
34 Divide line 33, Column B, by line 33, Column A. If amount is equal to or greater than 100%, enter 100%. This is your <b>Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income</b> .....	34	5 1 . 3 %		



2 3 0 3 4 9 1 5 5 5

**KENTUCKY INDIVIDUAL  
TAX CREDIT SCHEDULE**

**2023**

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

KUCHIPUDI, HIMMATH ARJUN & PENDYALA, VASANTHI

052-41-7818

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22		RESERVED			00		00
23	No	Inventory	Schedule INV		00		00
24	Yes	Renewable Chemical Production	Schedule CHEM		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15.....				00		00



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY) 11/23/1991

1 If you were 65 on or before 12/31/2023, enter 40.....	1	
2 If you were legally blind on 12/31/2023, enter 40.....	2	
3 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20.....	3	
4 Allowable Taxpayer Credit—Add lines 1 through 3.....	4	

Enter your date of birth (MM/DD/YYYY) 06/27/1992

5 If you were 65 on or before 12/31/2023, enter 40.....	5	
6 If you were legally blind on 12/31/2023, enter 40.....	6	
7 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20.....	7	
8 Allowable Spouse Credit—Add lines 5 through 7.....	8	

**Assignment of Personal Tax Credits**

9 For filing status <b>Single or Married, filing separate returns</b> , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9	
10 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....	10	
11 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....	11	
12 For filing status <b>Married, filing jointly</b> , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12	

**SECTION C—FAMILY SIZE TAX CREDIT**

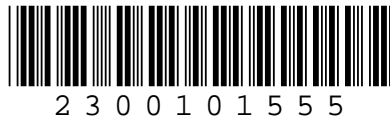
Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

	One		Two		Three		Four or More		Credit Percentage is
	If MGI . . .	is over	is not over	is over	is not over	is over	is not over	is over	
Tax Year 2023	\$ ---	\$ 14,580	\$ ---	\$ 19,720	\$ ---	\$ 24,860	\$ ---	\$ 30,000	100
	14,580	15,163	19,720	20,509	24,860	25,854	30,000	31,200	90
	15,163	15,746	20,509	21,298	25,854	26,849	31,200	32,400	80
	15,746	16,330	21,298	22,086	26,849	27,843	32,400	33,600	70
	16,330	16,913	22,086	22,875	27,843	28,838	33,600	34,800	60
	16,913	17,496	22,875	23,664	28,838	29,832	34,800	36,000	50
	17,496	18,079	23,664	24,453	29,832	30,826	36,000	37,200	40
	18,079	18,517	24,453	25,044	30,826	31,572	37,200	38,100	30
	18,517	18,954	25,044	25,636	31,572	32,318	38,100	39,000	20
	18,954	19,391	25,636	26,228	32,318	33,064	39,000	39,900	10
19,391	---	26,228	---	33,064	---	39,900	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN: KUCHIPUDI, HIMMATH ARJUN & PENDYALA, VASANTHI  
 SPOUSE'S SOCIAL SECURITY NUMBER: 722-21-9614  
 YOUR SOCIAL SECURITY NUMBER: 052-41-7818

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)		F KY Income Tax Withheld (Box 17 of Form W-2)		
1	052-41-7818	81-0964194	KY	978313	50,000.	00	2,166.	00	
2						00		00	
3						00		00	
4						00		00	
5						00		00	
6						00		00	
7						00		00	
8						00		00	
9						00		00	
10						00		00	
11	<b>TOTAL FROM ALL W-2s</b>					50,000.	00	2,166.	00

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount		F KY Income Tax Withheld	
12						00		00
13						00		00
14						00		00
15						00		00
16						00		00
17	<b>TOTAL FROM ALL 1099s AND W-2Gs</b>						00	00

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	2,166.00