

**NOTE:** If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

**K-40ES**  
Rev. 8-23

**2024 Kansas**  
INDIVIDUAL ESTIMATED  
INCOME TAX VOUCHER



REV 11/29/23 PRO

305



SANDEEP DARA

DARA

1944 W 137TH TER APT 74  
OVERLAND PARK KS 66224  
Daytime Phone Number: 8166062985

777821461

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 Individual Estimated Tax

1

**1ST QUARTER PAYMENT DUE BY APRIL 15, 2024**

Payment Amount \$ 268.00

182524DARA777821461XXXX0000000000

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2

**2ND QUARTER PAYMENT DUE BY JUNE 15, 2024**

Payment Amount \$ 268.00

182524DARA777821461XXXX0000000000

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P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 11/29/23 PRO

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INDIVIDUAL ESTIMATED  
INCOME TAX VOUCHER



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K-40ES  
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OVERLAND PARK KS 66224  
Daytime Phone Number: 8166062985

777821461

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 Individual Estimated Tax

**3**

**3RD QUARTER PAYMENT DUE BY SEPTEMBER 15, 2024**

Payment Amount \$ 268.00

182524DARA777821461XXXX0000000000

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**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

**K-40ES**  
Rev. 9-23

**2024 Kansas**  
INDIVIDUAL ESTIMATE  
INCOME TAX VOUCHER



REV 11/29/23 PRO

305

K-40ES  
1825



SANDEEP DARA

DARA

1944 W 137TH TER APT 74  
OVERLAND PARK KS 66224  
Daytime Phone Number: 8166062985

777821461

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 Individual Estimated Tax

**4**

**4TH QUARTER PAYMENT DUE BY JANUARY 15, 2025**

Payment Amount \$ 268.00

182524DARA777821461XXXX0000000000

# 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

SANDEEP DARA

DARA

1944 W 137TH TER APT 74  
OVERLAND PARK KS 66224

777821461

Daytime Phone Number: 8166062985

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 \$

1070.00

112223DARA777821461XXXX00000000



SANDEEP DARA 8166062985 DARA 777821461

1944 W 137TH TER APT 74 ST 452  
OVERLAND PARK KS 66224

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  
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. 0





SANDEEP

DARA

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777821461

1. Federal adjusted gross income	32260	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	32260	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	0
7. Taxable income	26510	29. Underpayment	1070
8. Tax	1070	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	1070
12. TOTAL INCOME TAX	1070	34. Overpayment	0
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	1070	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	1070	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	0	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	0

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

