



MISSOURI DEPARTMENT OF REVENUE

REV 02/08/24 PRO

2023 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name		
RAJIV P MANOHARAN		
Spouse's Name		
DHANYA UDAYACHANDRAN		
Street Address		
13204 W 137TH PL		
City	State	ZIP Code
OVERLAND PARK	K S	6 6 2 2 1
Full payment of taxes must be submitted by April 15, 2024 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.		
1555 (12-2023)		

Social Security Number 043 - 15 - 9219

Name Control MANO

Spouse's Social Security Number 872 - 01 - 5660

Spouse's Name Control UDAY

Amount of Payment (U.S. funds only) \$ 9.00

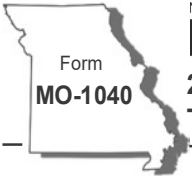


23347011555

Department Use Only

Department Use Only

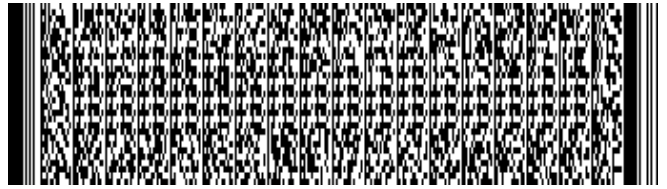
055 555 000000 0431592191 130114151 8720156607 23 000000900 1



MISSOURI DEPARTMENT OF  
**REVENUE**  
2023 Individual Income  
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2023

Print in BLACK ink only and DO NOT STAPLE.



Amended Return  Composite Return (For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

Department of Social Services Application of Eligibility form attached.  Federal return attached.

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

Vendor Code

Department Use Only

1555

Filing Status

Single  Claimed as a Dependent  Married Filing Combined  Married Filing Separately  Head of Household  Qualifying Widow(er)

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse

Yourself  Spouse  | Yourself  Spouse  | Yourself  Spouse  | Yourself  Spouse  | Yourself  Spouse

Deceased in 2023 | Deceased in 2023

Social Security Number: 043 - 15 - 9219 | Spouse's Social Security Number: 872 - 01 - 5660

First Name: RAJIV | M.I.: P | Last Name: MANOHARAN | Suffix:

Spouse's First Name: DHANYA | M.I.:  | Spouse's Last Name: UDAYACHANDRAN | Suffix:

In Care Of Name (Attorney, Executor, Personal Representative, etc.):

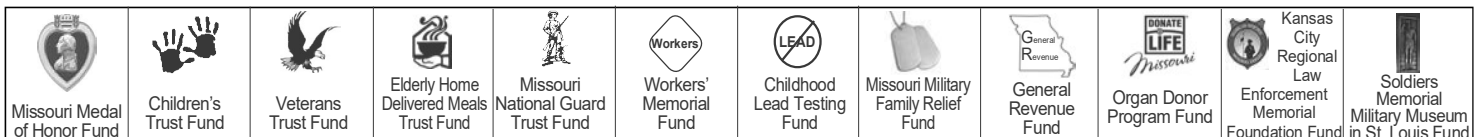
Present Address (Include Apartment Number or Rural Route)

13204 W 137TH PL

City, Town, or Post Office: OVERLAND PARK | State: KS | ZIP Code: 66221 -

County of Residence: NONR

You may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	114954	00	1S	0	00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		00	2S		00
3. Total income - Add Lines 1 and 2. . . . .	3Y	114954	00	3S	0	00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y		00	4S		00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .	5Y	114954	00	5S	0	00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	114954	00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100	%	7S	0	%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) . . . . .	8		00
9. Tax from federal return . . . . .	9	6033	00
10. Other tax from federal return. . . . .	10		00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	6033	00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . .	12	5.00	%

Missouri Adjusted Gross Income Range, Line 6:	Federal Tax Percentage:
\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%



23322021555


13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .	13	302	00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$13,850      • Head of Household-\$20,800 • Married Filing Combined or Qualifying Widow(er)-\$27,700 . . . . .	14	27700	00
15. Additional Exemption for Head of Household and Qualifying Widow(er) . . . . .	15		00
16. Long-term care insurance deduction . . . . .	16		00
17. Health care sharing ministry deduction. . . . .	17		00
18. Active Duty Military income deduction . . . . .	18		00
19. Inactive Duty Military income deduction . . . . .	19		00
20. Bring jobs home deduction . . . . .	20		00
21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21 . . . . .	21		00

21A. Sold \$	00	21B. Rented/ Leased \$	00	21C. Crop- Share \$	00
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Deductions Continued

22. First time home buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	22	<input type="text"/>	<input type="text"/>	.00
23. Long term dignity savings account deduction . . . . .					23	<input type="text"/>	<input type="text"/>	.00
24. Foster parent tax deduction . . . . .					24	<input type="text"/>	<input type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24 . . . . .					25	28002	<input type="text"/>	.00
26. Subtotal - Subtract Line 25 from Line 6 . . . . .					26	86952	<input type="text"/>	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	86952	<input type="text"/>	.00	27S	0	<input type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input type="text"/>	<input type="text"/>	.00	28S	<input type="text"/>	<input type="text"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27. . . . .	29Y	86952	<input type="text"/>	.00	29S	0	<input type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions). . . . .	30Y	4120	<input type="text"/>	.00	30S	0	<input type="text"/>	.00
31. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input type="text"/>	<input type="text"/>	.00	31S	<input type="text"/>	<input type="text"/>	.00
32. Missouri income percentage - Enter 100% if not completing <b>Form MO-NRI</b> . Attach Form MO-NRI and federal return if applicable.	32Y	100	%		32S	100	%	
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	4120	<input type="text"/>		33S	0	<input type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.	 23322031555							
<input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )								
<input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<input type="text"/>	<input type="text"/>	.00	34S	<input type="text"/>	<input type="text"/>	.00
35. Subtotal - Add Lines 33 and 34 . . . . .	35Y	4120	<input type="text"/>	.00	35S	0	<input type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S. . . . .					36	4120	<input type="text"/>	.00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	4111	<input type="text"/>	.00				
38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023 . . . . .	38	<input type="text"/>	<input type="text"/>	.00				
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input type="text"/>	<input type="text"/>	.00				
40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>	<input type="text"/>	.00				
41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>	<input type="text"/>	.00				
42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>	<input type="text"/>	.00				
43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>	<input type="text"/>	.00				
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return). . . . .	44	<input type="text"/>	<input type="text"/>	.00				
45. Total payments and credits - Add Lines 37 through 44. . . . .	45	4111	<input type="text"/>	.00				

Skip Lines 46 through 48 if you are not filing an amended return.

46. Amount paid on original return . . . . . 46   .00

47. Overpayment as shown (or adjusted) on original return . . . . . 47   .00

**Indicate Reason for Amending**

A. Federal audit . . . . . Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback . . . . . Enter year of loss (YY)

C. Investment tax credit carryback . . . . . Enter year of credit (YY)

D. Correction other than A, B, or C . . . . . Enter date of federal amended return, if filed. (MM/DD/YY)

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47.  
 Enter on Line 48. . . . . 48   .00

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference.  
 Amount of OVERPAYMENT . . . . . 49   .00

50. Amount of Line 49 to be applied to your 2024 estimated tax . . . . . 50   .00

51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

51a. Children's Trust Fund   .00    51b. Veterans Trust Fund   .00    51c. Elderly Home Delivered Meals Trust Fund   .00    51d. Missouri National Guard Trust Fund   .00

51e. Workers' Memorial Fund   .00    51f. Childhood Lead Testing Fund   .00    51g. Missouri Military Family Relief Fund   .00    51h. General Revenue Fund   .00

51i. Organ Donor Program Fund   .00    51j. Kansas City Regional Law Enforcement Memorial Foundation Fund   .00    51k. Soldiers Memorial Military Museum in St. Louis Fund   .00    51l. Missouri Medal of Honor Fund   .00

51m. Additional Fund Code  Additional Fund Amount   .00    51n. Additional Fund Code  Additional Fund Amount   .00

Total Donation - Add amounts from Boxes 51a through 51n and enter here . . . . . 51   .00

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 52   .00

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here . . . . . 53   .00

Amended Return

Refund



Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference. Amount of UNDERPAYMENT . . . . . 54 9 .00

55. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here . . . 55 .00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

56. AMOUNT DUE - Add Lines 54 and 55. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 56 9 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo., a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of Section 135.805, RSMo, and the penalty provisions of Section 135.810, RSMo.

Signature

Signature Date (MM/DD/YY) [ ] [ ] [ ]

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY) [ ] [ ] [ ]

E-mail Address Daytime Telephone 8607704703

Preparer's Signature Date (MM/DD/YY) SYAM PRIYA RAM SAGAR GUPTA 04 06 24

Preparer's FEIN, SSN, or PTIN Preparer's Telephone 84-3171965 6789659522

Preparer's Address State ZIP Code 245 ROONEY CT E BRUNSWICK NJ 08816

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .  Yes  No



23322051555

Department Use Only

A  FA  E10  DE  F [ ] [ ]

Mail to: Balance Due: Missouri Department of Revenue P.O. Box 3370 Jefferson City, MO 65105-3370 Phone: (573) 751-7200

Refund or No Amount Due: Missouri Department of Revenue P.O. Box 3222 Jefferson City, MO 65105-3222 Phone: (573) 751-3505

Fax: (573) 522-1762 Email: incometaxprocessing@dor.mo.gov Submission of Individual Income Tax Returns Email: income@dor.mo.gov Inquiry and correspondence

Form MO-1040 (Revised 12-2023)

Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



IN REV 02/08/24 PRO MO-1040 Page 5



**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

043 - 15 - 9219

Name

MANOHARAN, RAJIV P

Address

13204 W 137TH PL

City, State, ZIP Code

OVERLAND PARK KS 66221

1. Nonresident of Missouri  
State of residence during 2023 KANSAS

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2023.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

872 - 01 - 5660

Spouse's Name

UDAYACHANDRAN, DHANYA

Address

13204 W 137TH PL

City, State, ZIP Code

OVERLAND PARK KS 66221

1. Nonresident of Missouri  
State of residence during 2023 KANSAS

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2023.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record  
I did not at any time during the tax year 2023 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

Non-Missouri Home of Record  
I resided in Missouri during 2023 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record  
I did not at any time during the tax year 2023 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

Non-Missouri Home of Record  
I resided in Missouri during 2023 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

**Worksheet for Missouri Source Income**

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc. ....	1z	A	114954 .00	A	.00
B. Taxable interest income. ....	2b	B	.00	B	.00
C. Dividend income. ....	3b	C	.00	C	.00
D. State and local income tax refunds (from schedule 1, part 1) ....	1	D	.00	D	.00
E. Alimony received (from schedule 1, part 1) ....	2a	E	.00	E	.00
F. Business income or (loss) (from schedule 1, part 1) ....	3	F	.00	F	0 .00
G. Capital gain or (loss) ....	7	G	.00	G	.00
H. Other gains or (losses) (from schedule 1, part 1) ....	4	H	.00	H	.00
I. Taxable IRA distributions. ....	4b	I	.00	I	.00
J. Taxable pensions and annuities. ....	5b	J	.00	J	.00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....	5	K	.00	K	.00
L. Farm income or (loss) (from schedule 1, part 1) ....	6	L	.00	L	.00
M. Unemployment compensation (from schedule 1, part 1) ....	7	M	.00	M	.00
N. Taxable social security benefits. ....	6b	N	.00	N	.00
O. Other income (from schedule 1, part 1) ....	9	O	.00	O	.00
P. Total - Add Lines A through O. ....		P	114954 .00	P	0 .00
Q. Minus: federal adjustments to income. ....	10	Q	.00	Q	.00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....	11	R	114954 .00	R	0 .00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) ....		S	.00	S	.00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) ....		T	.00	T	.00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1. ....		U	.00	U	.00

**Missouri Income Percentage**

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)	
1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....	1Y	114954 .00	1S	0 .00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....	2Y	114954 .00	2S	0 .00
3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S. ....	3Y	100 %	3S	%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)		
RAJIV P MANOHARAN	04	05	2024
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)		
DHANYA UDAYACHANDRAN	04	05	2024

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](https://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](https://veteranbenefits.mo.gov/state-benefits/).



# 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

RAJIV P MANOHARAN  
DHANYA UDAYACHANDRAN  
13204 W 137TH PL  
OVERLAND PARK KS 66221  
Daytime Phone Number: 8607704703

MANO UDAY  
043159219  
872015660

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 \$

336.00

112223MAN0043159219UDAY872015660



RAJIV P MANOHARAN 8607704703 MANO 043159219  
 DHANYA UDAYACHANDRAN  
 13204 W 137TH PL JO 229 UDAY 872015660  
 OVERLAND PARK KS 66221

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: 4 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)

4 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
AKSHARA RAJIV	10202016	DAUGHTER	670923963
ADHVIKA RAJIV	01272021	DAUGHTER	638736233

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.



RAJIV

P MANOHARAN

MANO

043159219

1. Federal adjusted gross income	114954	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	114954	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	11722	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	9000	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	20722	28. Total refundable credits	0
7. Taxable income	94232	29. Underpayment	336
8. Tax	4456	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	336
12. TOTAL INCOME TAX	4456	34. Overpayment	0
13. Credit for taxes paid to other states	4120	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	336	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	336	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) RAJIV P MANOHARAN Date 4/5/2024 Spouse Signature (Required) DHANYA UDAYACHANDRAN Date 4/5/2024

Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN or SSN (Required) P02082703



RAJIV P MANOHARAN MANO 043159219  
DHANYA UDAYACHANDRAN UDAY 872015660

Check this field if you claimed itemized deductions on your federal return.

**Medical and  
Dental Expenses**  
(I.R.C. § 213)

- 1. Medical and dental expenses. (See instructions)
- 2. Enter your adjusted gross income amount from Form 1040 or 1040-SR, line 11. 114954
- 3. Multiply line 2 by 7.5% (0.075). 8622
- 4. **Total medical and dental expenses allowed.** (Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.) 0

**Taxes You Paid**  
(I.R.C. § 164(a))

- 5. State and local real estate taxes. (See instructions) 5057
- 6. State and local personal property taxes.
- 7. **Total taxes you paid.** (Add lines 5 and 6.) 5057

**Interest You Paid**  
(I.R.C. § 163(h))

- 8. Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this field.
- 8a. Home mortgage interest and points reported to you on Form 1098. 6665
- 8b. Home mortgage interest NOT reported to you on Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying no., and address.
- 8c. Points NOT reported to you on Form 1098. (See instructions for special rules.)
- 8d. RESERVED
- 9. **Total interest you paid.** (Add lines 8a. - 8d.) 6665

**Gifts to Charity**  
(I.R.C. § 170)

- 10. Gifts by cash or check. (See instructions if you made any gift of \$250 or more.)
- 11. Gifts made other than by cash or check. (See instructions, if you made any gift of \$250 or more.)
- 12. Carryover from prior year.
- 13. **Total gifts to charity.** (Add lines 10 - 12.)

**Total Kansas  
Itemized Deductions**

- 14. **Total Kansas Itemized Deductions.** (Add lines 4, 7, 9, and 13. Enter result here and on line 4, form K-40.) 11722

