

FreeTaxUSA[®]

2023 Income Tax Return

Kansas Return

Thank you for using
FreeTaxUSA.com to prepare your
2023 income tax return.

You can view the status of your tax return by
signing in to your account at www.freetaxusa.com.

2024 tax preparation on FreeTaxUSA.com will be
available starting in January of 2025.

We look forward to preparing your 2024 tax return.



RAVEN RAJANI 7857604178 RAJA 511703485
583 ROAD 24 JF 343
LONGTON KS 67352

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. 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.



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1. Federal adjusted gross income	62206	23. Refundable portion of earned income tax credit	
2. Modifications		24. Refundable portion of tax credits	
3. Kansas adjusted gross income	62206	25. Payments remitted with original return	
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	12754	26. Credit for tax paid on the K-120S	
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	
6. Total deductions	15004	28. Total refundable credits	
7. Taxable income	47202	29. Underpayment	2233
8. Tax	2233	30. Interest	
9. Nonresident percentage		31. Penalty	
10. Nonresident tax		32. Estimated tax penalty	
11. KS tax on lump sum distributions		33. AMOUNT YOU OWE	2233
12. TOTAL INCOME TAX	2233	34. Overpayment	
13. Credit for taxes paid to other states		35. CREDIT FORWARD	
14. Credit for child and dependent care expenses		36. Chickadee Checkoff	
15. Other credits		37. Senior Citizens Meals On Wheels Contribution Program	
16. Subtotal	2233	38. Breast Cancer Research Fund	
17. Earned Income Credit		39. Military Emergency Relief Fund	
18. Food Sales Tax Credit		40. Kansas Hometown Heroes Fund	
19. Total Tax Balance	2233	41. Kansas Creative Arts Industry Fund	
20. KS income tax withheld from W-2, 1099 or K-19		42. Local School District Contribution Fund. School District Number	
21. Estimated tax paid		43. Kansas Historic Site Contribution Fund. Historic Site Number	
22. Amount paid with Kansas extension		44. REFUND	

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 10/15/2024 Spouse Signature (Required) _____ Date _____

Preparer Signature (Required) _____ Preparer PTIN, EIN or SSN (Required) _____
Phone Number _____



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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) 1020
- 2. Enter your adjusted gross income amount from Form 1040 or 1040-SR, line 11. 62206
- 3. Multiply line 2 by 7.5% (0.075). 4665
- 4. **Total medical and dental expenses allowed.** (Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.)

Taxes You Paid
(I.R.C. § 164(a))

- 5. State and local real estate taxes. (See instructions) 2728
- 6. State and local personal property taxes.
- 7. **Total taxes you paid.** (Add lines 5 and 6.) 2728

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.
- 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. 5099
- 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.) 5099

Gifts to Charity
(I.R.C. § 170)

- 10. Gifts by cash or check. (See instructions if you made any gift of \$250 or more.) 4927
- 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.) 4927

**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.) 12754

IMPORTANT: You must enclose all supportive documentation where indicated in the instructions

Tamper Verification

To check if this file has been modified after being signed, please go to:

<https://www.encyro.com/esign/verify>

Upload the file. The result will indicate if the file contents have been tampered with.

File 2 of 2: RR 2023 Kansas State Income Tax Return - E-Filed 10.14.24.pdf

Signed By

Signer: Raven Rajani (raven@integrativetherapyservices.org)

Identity Check: Email Authentication

Signature Type: Mouse or hand drawn

Time Zone: UTC-05:00, America/Chicago (Central Daylight Time)

Event Log

Oct 15, 2024, 2:45:19 PM - Email notification delivered to Raven Rajani (raven@integrativetherapyservices.org).

Oct 15, 2024, 2:45:19 PM - Email notification sent to Raven Rajani (raven@integrativetherapyservices.org).

Oct 15, 2024, 2:48:31 PM - Raven Rajani (raven@integrativetherapyservices.org) opened the email notification (estimated), from 66.249.80.236.

Oct 15, 2024, 2:48:50 PM - Raven Rajani (raven@integrativetherapyservices.org) viewed the document(s), from 67.213.20.65.

Oct 15, 2024, 2:51:30 PM - Raven Rajani (raven@integrativetherapyservices.org) electronically signed or completed the document(s), from 67.213.20.65.

END OF LOG