

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial NEHA	Last name GANDHE	Your social security number 753-42-7739
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 11968 CHARTER HOUSE LANE		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. SAINT LOUIS	State MO	
Foreign country name	Foreign province/state/county	
Foreign postal code		

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	89,930.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	-27.
	8	Other income from Schedule 1, line 9		8	-5,900.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	84,003.
	10	Adjustments to income:			
	a	From Schedule 1, line 22	10a		
	b	Charitable contributions if you take the standard deduction. See instructions	10b		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶		10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	84,003.
	12	Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14	Add lines 12 and 13		14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	71,603.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	11,548.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,548.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,548.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	11,548.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,873.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,873.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	750.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	750.
33	Add lines 25d, 26, and 32. These are your total payments	33	13,623.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,075.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,075.
b	Routing number <u>0 2 6 0 0 9 5 9 3</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>4 8 8 0 5 0 3 2 8 6 7 1</u>		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>		
Phone no.	Email address		
<input type="text"/>	<input type="text"/>		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/06/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/>	Firm's address <input type="checkbox"/>		Phone no.	
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	
Firm's EIN <input type="checkbox"/>				
			30-1017196	

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NEHA GANDHE

Your social security number
753-42-7739

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,900.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,900.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return
NEHA GANDHE

Your social security number
753-42-7739

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	674.	701.		-27.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -27.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-27.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(27.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

SCHEDULE E
(Form 1040)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return
NEHA GANDHE

Your social security number
753-42-7739

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**
B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)
A	11-18-1089, VASAVI COLONY SAROORNAGAR HYDERABAD, TELANAGANA IN 500035
B	
C	

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	540.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	940.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,000.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,200.		
15 Supplies	15	1,300.		
16 Taxes	16			
17 Utilities	17	2,000.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,440.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-5,900.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,900.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		540.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		6,440.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(5,900.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-5,900.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

2020 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

Jan. 1 - Dec. 31, 2020 or fiscal year ending _____, 20

CHECK BOX IF AMENDED RETURN

Software ID

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● NEHA	MI ●	Last name ● GANDHE	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● 753-42-7739
	Spouse's legal first name ●	MI ●	Last name ●	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ●
	Mailing address (number and street, P.O. box or rural route) ● 11968 CHARTER HOUSE LANE				<input type="checkbox"/> Check if address is outside U.S.
	City ● SAINT LOUIS	State or province ● MO	ZIP ● 63146	Foreign country name	

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN ● **NONRESIDENT:** List state of residence: MISSOURI ● **PART YEAR RESIDENT:** Dates lived in AR: From: To:

FLILING STATUS
Check Only One Box

1. ● <input checked="" type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020)	4. ● <input type="checkbox"/> Married filing separately on the same return
2. ● <input type="checkbox"/> Married filing joint (even if only one had income)	5. ● <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
3. ● <input type="checkbox"/> Head of household (see instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. ● <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (see instructions) _____

● Check here if you want a tax booklet mailed to you next year. ● Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS

7A. Yourself ● 65 or over ● 65 Special ● Blind ● Deaf ● Head of household/qualifying widow(er)
 Spouse ● 65 or over ● 65 Special ● Blind ● Deaf
(Filing status 3 only) (Filing status 6 only)

Multiply number of boxes checked 7A X \$29 = 29.00

Dependents (Do not list yourself or spouse)

First name	Last name	Dependent's social security number	Dependent's relationship to you
1.			
2.			
3.			

7B. Multiply number of **DEPENDENTS** from above 7B ● X \$29 = 00

7C. Multiply number of qualifying individuals from **AR1000RC5** (see instructions) 7C ● X \$500 = 00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 29.00

ID

DL# / State ID _____	Your state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____
DL# / State ID _____	Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

DIRECT DEPOSIT

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ●

Routing Number 1 **Account Number 1** ● Checking or ● Savings **Direct deposit 1 Amt**

● 0 2 6 0 0 9 5 9 3 ● 4 8 8 0 5 0 3 2 8 6 7 1 ● 96.00

Routing Number 2 **Account Number 2** ● Checking or ● Savings **Direct deposit 2 Amt**

● ● ● 00

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

● We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE

Primary's signature	Date	Telephone (470) 318-8922	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spouse's signature	Date	Telephone	

PAID PREPARER

Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN/ID number 03/06/2021 ● 301017196	For Department Use Only A ●
Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	
E-mail SYAM@GTAXFILE.COM	Telephone (678) 965-9522	

Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
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Primary SSN 753-42-7739

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
ROUND ALL AMOUNTS TO WHOLE DOLLARS					
INCOME Attach W-2(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	89,930.00		13,400.00	
	9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>				
	10. Interest income: (If over \$1,500, Attach AR4)				
	11. Dividend income: (If over \$1,500, Attach AR4)				
	12. Alimony and separate maintenance received:				
	13. Business or professional income: (Attach federal Schedule C)				
	14. Capital gains/(losses) from stocks, bonds, etc: (See instr. Attach federal Schedule D)	-27.00		0.00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)				
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs)				
	17. Military retirement: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution <input type="checkbox"/> Taxable amt <input type="checkbox"/> Less \$6,000				
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution <input type="checkbox"/> Taxable amt <input type="checkbox"/> Less \$6,000				
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	-5,900.00		0.00	
	20. Farm income: (Attach federal Schedule F)				
	21. Unemployment (Attach 1099-G)				
	22. Other income/depreciation differences: (Attach Form AR-01)				
	23. TOTAL INCOME: (Add lines 8 through 22)	84,003.00		13,400.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)				
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	84,003.00		13,400.00	
	TAX COMPUTATION				
	26. Select tax table: (Select only one)				
	27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions				
	<input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)				
<input type="checkbox"/> Itemized deductions (Attach AR3)	2,200.00				
28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	81,803.00				
29. TAX: (Enter tax from tax table)	4,055.00				
30. Combined tax: (Add amounts from line 29, columns A and B)			4,055.00		
31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)					
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)					
33. TOTAL TAX: (Add lines 30 through 32)			4,055.00		
TAX CREDITS					
34. Personal tax credit(s): (Enter total from line 7D)			29.00		
35. Child care credit: (20% of federal credit allowed; Attach federal Form 2441)					
36. Other credits: (Attach AR1000TC)					
37. TOTAL CREDITS: (Add lines 34 through 36)			29.00		
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)			4,026.00		
PRORATION					
38A. Enter the amount from line 25, Column C:			13,400.00		
38B. Enter the total amount from line 25, Columns A and B:			84,003.00		
38C. Divide line 38A by 38B: (See instructions)159518			
38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)			642.00		
PAYMENTS					
39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)			738.00		
40. Estimated tax paid or credit brought forward from 2019:					
41. Payment made with extension: (See instructions)					
42. AMENDED RETURNS ONLY - Previous payments: (See instructions)					
43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)					
44. TOTAL PAYMENTS: (Add lines 39 through 43)			738.00		
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)					
46. Adjusted total payments: (Subtract line 45 from line 44)			738.00		
REFUND OR TAX DUE					
47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference)			96.00		
48. Amount to be applied to 2021 estimated tax:					
49. Amount of Check-Off contributions: (Attach Schedule AR1000-CO)					
50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)			96.00		
51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A)					
52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/>					
52C. Add lines 51 and 52B: (See instructions)					
				TOTAL DUE 52C ●	

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS

Primary's legal name NEHA GANDHE	Primary's social security number 753-42-7739
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In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, if any, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

	Federal Schedule D	(A) Primary	(B) Spouse	(C) Arkansas Only
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1	00	00	00	00
2. Enter adjustment, if any, for depreciation differences in federal and state amounts.....2		00	00	00
3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3		00	00	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D.....4	-27.00	-27.00	00	0.00
5. Enter adjustment, if any, for depreciation differences in federal and state amounts.....5		00	00	00
6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6		-27.00	00	0.00
7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.).....7a		-27.00	00	0.00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b		-27.00	00	0.00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8		-27.00	00	0.00
9. Enter federal short-term capital gain, if any, reported on line 7, federal Schedule D.....9	00	00	00	00
10. Enter adjustment, if any, for depreciation differences in federal and state amounts.....10		00	00	00
11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11		00	00	00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. (Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.) Enter here. Filing status 1,2,3,5 and 6: Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		-27.00	00	0.00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● NEHA		Last Name ● GANDHE		Primary's Social Security Number ● 753-42-7739	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 11968 CHARTER HOUSE LANE				Telephone ● (470) 318-8922	
City SAINT LOUIS	State or Province MO	ZIP 63146	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	84,003.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2		00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	●	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	96.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.
- 6b. I do not want direct deposit of my refund or I am not receiving a refund.
- 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign

Here

Primary's Signature

Date

Spouse's Signature

Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

**ERO'S
Use
Only**

ERO'S Signature

03/06/2021

Date

Check
if paid
preparer

Check
if self-
employed

Your SSN or PTIN

GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
Firm's name and address FEIN

**Paid
Preparer's
Use Only**

Preparer's Signature

03/06/2021

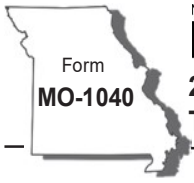
Date

Check
if self-
employed

P02082703

Preparer's SSN or PTIN

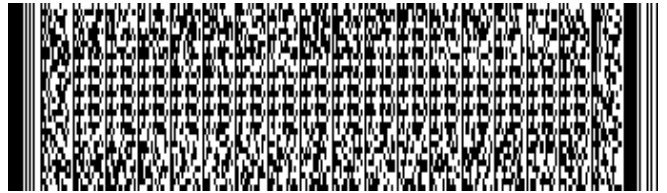
SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
Firm's name and address FEIN



MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2020

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).

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

1555

Department Use Only

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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

Name

Social Security Number	Deceased in 2020	Spouse's Social Security Number	Deceased in 2020
753 - 42 - 7739	<input type="checkbox"/>		<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
NEHA	<input type="checkbox"/>	GANDHE	<input type="checkbox"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
	<input type="checkbox"/>		<input type="checkbox"/>

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

Address

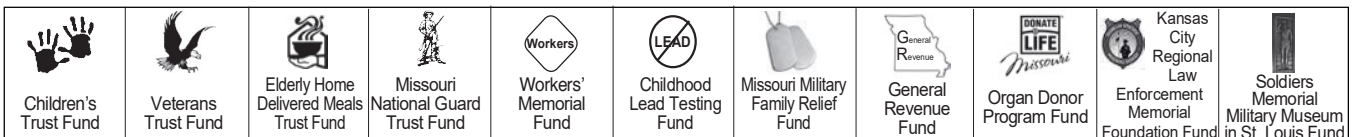
Present Address (Include Apartment Number or Rural Route)

11968 CHARTER HOUSE LANE

City, Town, or Post Office: SAINT LOUIS State: MO ZIP Code: 63146 -

County of Residence: STCO

You may contribute to any one or all of the trust funds on Line 47. 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	84003	.00	1S		.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2	3Y	84003	.00	3S		.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	84003	.00	5S		.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	84003	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S		%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8		.00
9. Tax from federal return	9	11548	.00
10. Other tax from federal return	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	11548	.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	15.00	%

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%

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	1732	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6.	14	12400	.00
15. Long-term care insurance deduction	15		.00
16. Health care sharing ministry deduction	16		.00
17. Active Duty Military income deduction	17		.00
18. Inactive Duty Military income deduction	18		.00
19. Bring jobs home deduction	19		.00
20. Transportation facilities deduction	20		.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21			22	14132	.00
23. Subtotal - Subtract Line 22 from Line 6			23	69871	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	69871	.00	24S	.00
25. Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>	.00	25S	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	69871	.00	26S	<input type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)	27Y	3588	.00	27S	<input type="text"/>	.00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	574	.00	28S	<input type="text"/>	.00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	100	%	29S	<input type="text"/>	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	3014	.00	30S	<input type="text"/>	.00
31. Other taxes - Select box and attach federal form indicated.						
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	31Y	<input type="text"/>	.00	31S	<input type="text"/>	.00
32. Subtotal - Add Lines 30 and 31	32Y	3014	.00	32S	<input type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S	33	<input type="text"/>	3014	.00		

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	<input type="text"/>	3422	.00		
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input type="text"/>	<input type="text"/>	.00		
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	36	<input type="text"/>	<input type="text"/>	.00		
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input type="text"/>	<input type="text"/>	.00		
38. Amount paid with Missouri extension of time to file (Form MO-60)	38	<input type="text"/>	<input type="text"/>	.00		
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input type="text"/>	<input type="text"/>	.00		
40. Property tax credit - Attach Form MO-PTS	40	<input type="text"/>	<input type="text"/>	.00		
41. Total payments and credits - Add Lines 34 through 40	41	<input type="text"/>	3422	.00		



Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return 42 . 00
43. Overpayment as shown (or adjusted) on original return 43 . 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)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43. Enter on Line 44. 44 . 00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT 45 408 . 00

46. Amount of Line 45 to be applied to your 2021 estimated tax 46 . 00

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

47a. Children's Trust Fund .00 47b. Veterans Trust Fund .00 47c. Elderly Home Delivered Meals Trust Fund .00 47d. Missouri National Guard Trust Fund .00
47e. Workers' Memorial Fund .00 47f. Childhood Lead Testing Fund .00 47g. Missouri Military Family Relief Fund .00 47h. General Revenue Fund .00
47i. Organ Donor Program Fund .00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 47k. Soldiers Memorial Military Museum in St. Louis Fund .00
47l. Additional Fund Code . Additional Fund Amount .00 47m. Additional Fund Code . Additional Fund Amount .00

Total Donation - Add amounts from Boxes 47a through 47m and enter here 47 . 00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632. 48 . 00

49. REFUND - Subtract Lines 46, 47, and 48 from Line 45 and enter here 49 408 . 00

a. Routing Number 026009593 c. [X] Checking [] Savings
b. Account Number 488050328671



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference. Amount of UNDERPAYMENT 50 . 00

51. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here . . . 51 . 00

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

52. AMOUNT DUE - Add Lines 50 and 51. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 52 . 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.

Signature

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

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

E-mail Address Daytime Telephone SYAM@GTAXFILE.COM 4703188922

Preparer's Signature Date (MM/DD/YY) SYAM PRIYA RAM SAGAR GUPTA TALLAM 03 06 21

Preparer's FEIN, SSN, or PTIN Preparer's Telephone 30-1017196 6789659522

Preparer's Address State ZIP Code 2530 PEBBLE CREEK LN CUMMING GA 30041

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

Department Use Only

A FA E10 DE F [] . []

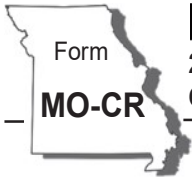
(Revised 12-2020)

Mail To: Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329

Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200 Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov





MISSOURI DEPARTMENT OF
REVENUE
 2020 Credit for Income Taxes Paid To
 Other States or Political Subdivisions

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

Name	Social Security Number
<input type="text" value="NEHA GANDHE"/>	<input type="text" value="753"/> - <input type="text" value="42"/> - <input type="text" value="7739"/>

Spouse's Name	Spouse's Social Security Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	<input type="text" value="84003"/> . <input type="text" value="00"/>	1S	<input type="text"/> . <input type="text"/>
2. Claimant's Missouri income tax (Form MO-1040, Line 27Y and 27S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____	2Y	<input type="text" value="3588"/> . <input type="text" value="00"/>	2S	<input type="text"/> . <input type="text"/>
		State of: <input type="text" value="AR"/>		State of: <input type="text"/>
3. Wages and commissions	3Y	<input type="text" value="13400"/> . <input type="text" value="00"/>	3S	<input type="text"/> . <input type="text"/>
4. Other income (Describe nature _____)	4Y	<input type="text" value="0"/> . <input type="text" value="00"/>	4S	<input type="text"/> . <input type="text"/>
5. Total - Add Lines 3 and 4	5Y	<input type="text" value="13400"/> . <input type="text" value="00"/>	5S	<input type="text"/> . <input type="text"/>
6. Less, related adjustments (Federal Form 1040 or 1040-SR, Line 10c)	6Y	<input type="text"/> . <input type="text"/>	6S	<input type="text"/> . <input type="text"/>
7. Net amounts - Subtract Line 6 from Line 5	7Y	<input type="text" value="13400"/> . <input type="text" value="00"/>	7S	<input type="text" value="0"/> . <input type="text"/>
8. Percentage of your income taxed - Divide Line 7 by Line 1	8Y	<input type="text" value="16."/> %	8S	<input type="text" value="0."/> %
9. Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	<input type="text" value="574"/> . <input type="text" value="00"/>	9S	<input type="text"/> . <input type="text"/>
10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.	10Y	<input type="text" value="642"/> . <input type="text" value="00"/>	10S	<input type="text" value="0"/> . <input type="text"/>
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 28Y or Line 28S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11Y	<input type="text" value="574"/> . <input type="text" value="00"/>	11S	<input type="text" value="0"/> . <input type="text"/>