

Filing Status [X] 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: RAJESH
Last name: EVURI
Your social security number: 086-25-8017
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. 11141 WESTRUN DRIVE
Apt. no.:
City, town, or post office. If you have a foreign address, also complete spaces below. BALLWIN
State: MO
ZIP code: 63021
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

|    |   |     |         |
|----|---|-----|---------|
| 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  | 10,789. |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 10,789. |
| 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  | 10,789. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.      |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 10,789. |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 12,591. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 12,591. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |         |
| 27 | Earned income credit (EIC) <b>NO</b>  | 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  | 1,240.  |
| 31 | Amount from Schedule 3, line 13   | 31  |         |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  | 1,240.  |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 13,831. |

Refund

|     |   |     |        |
|-----|---|-----|--------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 3,042. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,042. |
| b   | Routing number 0 2 1 2 0 2 3 3 7  |     |        |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |        |
| d   | Account number 7 5 6 8 5 0 3 2 2  |     |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

Amount You Owe

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. |  |    |  |
| 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<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (929) 990-5415 Email address EVURIRAJESH@GMAIL.COM

Paid Preparer Use Only

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>09/14/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN   |   |                    |                   | 30-1017196  |

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

**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](http://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  
RAJESH EVURI

Your social security number  
086-25-8017

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -6,000. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____<br>_____   | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -6,000. |

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

RAJESH EVURI

086-25-8017

**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

|           |   |  |                         |                          |                          |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                         |                          |                          |
| <b>A</b>  | KAKUMANU GUNTUR ANDHRA PRADESH IN 522112                          |  |                         |                          |                          |
| <b>B</b>  |   |  |                         |                          |                          |
| <b>C</b>  |   |  |                         |                          |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 3   |  | <b>A</b> 365            | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>                |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>                |                          | <input type="checkbox"/> |

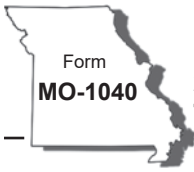
**Type of Property:**

- 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)

| <b>Income:</b>   |   | <b>Properties:</b> |   | <b>A</b> | <b>B</b> | <b>C</b> |
|------------------|---|--------------------|---|----------|----------|----------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>           |   | 650.     |          |          |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>           |   |          |          |          |
| <b>Expenses:</b> |   |                    |   |          |          |          |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>           |   | 200.     |          |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>           |   | 450.     |          |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>           |   |          |          |          |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>           |   |          |          |          |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>           |   |          |          |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>          |   |          |          |          |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>          |   |          |          |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>          |   |          |          |          |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>          |   | 5,500.   |          |          |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>          |   | 200.     |          |          |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>          |   | 300.     |          |          |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>          |   |          |          |          |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>          |   |          |          |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>          |   |          |          |          |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>          |   |          |          |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>          |   | 6,650.   |          |          |
| <b>21</b>        | 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 <b>Form 6198</b> . . . . .  | <b>21</b>          |   | -6,000.  |          |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>          | ( | -6,000.) | (        | )        |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>         |   | 650.     |          |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>         |   |          |          |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>         |   |          |          |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>         |   |          |          |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>         |   | 6,650.   |          |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>          |   |          |          |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>          | ( | 6,000.)  |          |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b>          |   | -6,000.  |          |          |

For Paperwork Reduction Act Notice, see the separate instructions.

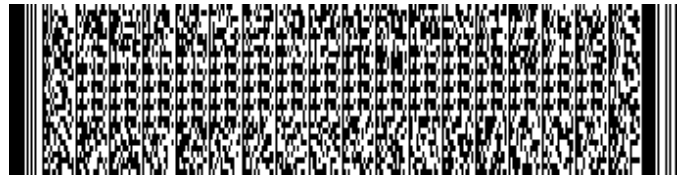
Schedule E (Form 1040) 2020



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**    **Department Use Only**  
   

**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  
 -  -          -  -    

First Name    M.I.    Last Name    Suffix  
           

Spouse's First Name    M.I.    Spouse's Last Name    Suffix  
           

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

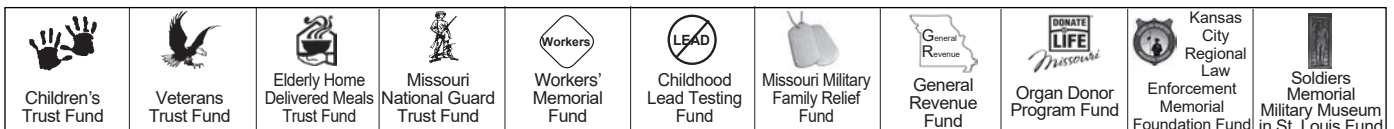
**Address**

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office    State    ZIP Code  
         -

County of Residence

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<br>(see worksheet on page 7 of the instructions) . . . . . | 1Y           | 80590 .00 | 1S         | .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           | 80590 .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           | 80590 .00 | 5S         | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .                                       | 6            | 80590 .00 |            |     |
| 7. Income percentages - Divide columns 5Y and 5S by total on<br>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  | 10789 .00 |
| 10. Other tax from federal return . . . . .   | 10 | .00       |
| 11. Total tax from federal return. Do not enter federal income tax withheld. . . . .  | 11 | 10789 .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 | 1618 .00  |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)<br>• Single or Married Filing Separate-\$12,400      • Head of Household-\$18,650<br>• Married Filing Combined or Qualifying Widow(er)-\$24,800<br>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  | 14018                | .00 |
| 23. Subtotal - Subtract Line 22 from Line 6                            |                         |                         | 23  | 66572                | .00 |
| 24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S | 24Y                     | 66572                   | .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 | 66572                | .00 | 26S | .00 |
| 27. Tax (see tax chart on page 22 of the instructions)  | 27Y | 3410                 | .00 | 27S | .00 |
| 28. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s)   | 28Y | <input type="text"/> | .00 | 28S | .00 |
| 29. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% | 29Y | 100                  | %   | 29S | %   |
| 30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29   | 30Y | 3410                 | .00 | 30S | .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 | .00 |
| 32. Subtotal - Add Lines 30 and 31  | 32Y | 3410                 | .00 | 32S | .00 |
| 33. Total Tax - Add Lines 32Y and 32S   | 33  | 3410                 | .00 |     |     |

Payments and Credits

|   |    |                      |     |  |  |
|---|----|----------------------|-----|--|--|
| 34. MISSOURI tax withheld - Attach Forms W-2 and 1099   | 34 | 3824                 | .00 |  |  |
| 35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020  | 35 | <input type="text"/> | .00 |  |  |
| 36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> | 36 | <input type="text"/> | .00 |  |  |
| 37. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b>   | 37 | <input type="text"/> | .00 |  |  |
| 38. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> )   | 38 | <input type="text"/> | .00 |  |  |
| 39. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC  | 39 | <input type="text"/> | .00 |  |  |
| 40. Property tax credit - Attach <b>Form MO-PTS</b>   | 40 | <input type="text"/> | .00 |  |  |
| 41. Total payments and credits - Add Lines 34 through 40  | 41 | 3824                 | .00 |  |  |







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)      |          |     |
| [ ]   | [ ]                  | [ ]      | [ ] |
| Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY)      |          |     |
| [ ]   | [ ]                  | [ ]      | [ ] |
| E-mail Address  | Daytime Telephone    |          |     |
| SYAM@GTAXFILE.COM                                       | [ ]                  |          |     |
| Preparer's Signature                                    | Date (MM/DD/YY)      |          |     |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM                       | 09                   | 14       | 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](mailto:income@dor.mo.gov)

