

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).							
	T Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)	dor Code		Department Use (	Only		
Filing Status	X Single Claimed as a Married Filing Married Filing Dependent Combined Separately	•		ad of Qualif usehold Widov			
	Age 62 through 64   Age 65 or Older   Blind   Yourself   Spouse   Spouse   Yourself   Spouse   Spouse   Yourself   Spouse   Spouse   Yourself   Spouse   Spo	100%	Disab Spo		ted Spouse		
Name	Social Security Number    Social Security Number	Security N	Jumber	r ]=	Deceased in 2020  Suffix  Suffix		
Address	Present Address (Include Apartment Number or Rural Route)  3700 BLOCK DRIVE, IRVING APT 221  City, Town, or Post Office  IRVING  County of Residence  DALL	State TX		ZIP Code 75038 -			

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.























REV 04/20/21 PRO



IN

	,			Yourself (Y)	Spouse (S)	
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	4268 . 00	15	. 00
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y	. 00	28	. 00
Income	3.	Total income - Add Lines 1 and 2	3Y	4268 . 00	38	. 00
	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	. 00	48	. 00
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	4268 00	58	. 00
		Total Missouri adjusted gross income - Add columns 5Y and 5S Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	4268 . 00 7s	%
	8.	Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)			8	. 00
	9.	Tax from federal return		9 0 .	00	
	10.	Other tax from federal return		10	00	
	11.	Total tax from federal return. Do not enter federal income tax with	neld.	[11] 0].	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 35.00	%	
nd Deductions	13.	Missouri Adjusted Gross Income Range, Line 6:       Federal Ta:         \$25,000 or less       36         \$25,001 to \$50,000       26         \$50,001 to \$100,000       15         \$100,001 to \$125,000       5         \$125,001 or more       0         Federal income tax deduction – Multiply Line 11 by the percental	5% 5% 5% % %			
tions al		amount not to exceed \$5,000 for an individual or \$10,000 for co	-		13 0	. 00
Exemb	14.	Missouri standard deduction or itemized deductions. (If itemizing Single or Married Filing Separate-\$12,400 • Head of Hour • Married Filing Combined or Qualifying Widow(er)-\$24,800  Note: If age 65 or older, blind, or claimed as a dependent, see page 1.5.	sehol	d-\$18,650	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 Fac	cility	C. Qualified Trade Ad	ctivities	

þe	21.	First Time Home Buyers deduction. A.	B.			21		.[	00
<b>Deductions Continued</b>	22.	Total deductions - Add Lines 8 and 13 through 21				22	12400	.[	00
		Subtotal - Subtract Line 22 from Line 6				23	0		00
ductic		Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S			00 0	248		Γ	00
De	25.	Enterprise zone or rural empowerment zone income	25Y		00	258		Γ	00
		modification	201			200		٠. ا	<u>JU</u>
			201					Γ	
	26.	Taxable income - Subtract Line 25 from Line 24	26Y			26S		. L	00
	27.	Tax (see tax chart on page 22 of the instructions)	27Y	(	00	278		. [	00
	28.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y		. 00	28S		. [	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	10	<b>%</b>	298		9	6
Тах	30.	Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	(	00.	308		. [	00
	31.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (Form 4972)							
		Recapture of low income housing credit (Form 8611)	31Y		00	31S		. [	00
	32.	Subtotal - Add Lines 30 and 31	32Y	(	00.	32S		. [	00
	33.	Total Tax - Add Lines 32Y and 32S				. 33	0	. [	00
	34.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 34	0	.[	00
	35.	2020 Missouri estimated tax payments - Include overpayment from	om 2019	applied to 2020		. 35		. [	00
Payments and Credits	36.								00
nts an	37.	7. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT						.[	00
ayme	38.	Amount paid with Missouri extension of time to file (Form MO	. 38		.[	00			
_	39.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	39			00			
	40.	Property tax credit - Attach Form MO-PTS							00
	41.	Total payments and credits - Add Lines 34 through 40				41	0		00

	SK	KIP Lines 42 through 44 if you are not filing an amended return.		
Amended Return	42.	. Amount paid on original return	42 . 0	0
	43.	Overpayment as shown (or adjusted) on original return	43	0
		Indicate Reason for Amending  Enter date of IRS report (MM/DD/YY)		
		A. Federal audit		
		B. Net Operating Loss carryback Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed. (M	1M/DD/YY)	
		D. Correction other than A, B, or C		
	44.	. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.  Enter on Line 44	44	0
	45.	If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.  Amount of OVERPAYMENT	45	00
			46	0
	47.	. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trus	Missouri	1
	47	Children's Veterans Delivered Meals	National Guard . Trust Fund	
	47	Soldiers Kansas City Mamorial	General	
Refund	47	Organ Donor Enforcement Museum in Museum in		
ጁ	47	Additional Fund Fund Amount . 00 47m. Code Additional Fund Amount . 00		
		Total Donation - Add amounts from Boxes 47a through 47m and enter here	47	0
	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 . 0	0
	49.	. <b>REFUND</b> - Subtract Lines 46, 47, and 48 from Line 45 and enter here	49	0
		a. Routing Number  b. Account Number	Checking Savings	

	50. If Line 33 is larger than Line 41 or Line 44, enter the difference.  Amount of UNDERPAYMENT	50		0.	00
Amount Due	51. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount her	re 51			00
mom	Select this box if you are a farmer exempt from the underpayment of estimated tax	penalty.			
∢	52. <b>AMOUNT DUE</b> - 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		0.	00
	Under penalties of perjury, I declare that I have examined this return, including accompanying sche of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "S the Department of Revenue with my signature as required under <a href="Section 143.561">Section 143.561</a> , RSMo. Declarated based on all information of which he or she has knowledge. As provided in <a href="Chapter 143">Chapter 143</a> , RSI imposed on any individual who files a frivolous return. I also declare under penalties of unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, aliens.	Signature" fiel tion of prepar <u>Mo.</u> , a penal perjury tha	d(s) below, I ar er (other than to ty of up to \$50 t I employ no	n provi axpaye 00 sha illega	iding er) is all be al or
	Signature	Date (MM/DD	/YY)		
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD	/YY)		
	E-mail Address	Daytime Telep	ohone		
ture	SYAM@GTAXFILE.COM	857928	1476		
Signature	Preparer's Signature	Date (MM/DD	/YY)		
S	SYAM PRIYA RAM SAGAR GUPTA TALLAM	07	24	21	
	Preparer's FEIN, SSN, or PTIN	Preparer's Te	lephone		
	30-1017196	678965	9522		
	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 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 retu an Internal Revenue Service preparer tax identification number? If you marked yes, please inse preparer's name, address, and phone number in the applicable sections of the signature block a	rt the	. Yes		No
	Department Use Only				
	Department Use Only				
	A				
Mai	il To: Balance Due: Refund or No Amount Due: Phone (Balance	, , ,	751-7200	evised 12	,

P.O. Box 329 Jefferson City, MO 65105-0329 Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500

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

