E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions see instructions see instructions and post under Standard Deduction, see instructions and post under Standard Deduction and post under Standard Deduction, see instructions and post under Standard Deduction and post under Standard D	Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the roon is a child but not your dependen	name of y											
If joint return, spouse's first name and middle initial Last name MAHTTHA Spouse's social security number MAHTTHA Spouse's social security number MAHTTHA Spouse's first name and middle initial PALVAT PALVAT PALVAT PALVAT OBERLIN CT City, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Check here if you, or your spouse SATINT LOUIS MO 63146 SATINT LOUIS SATINT LOUIS SATINT LOUIS MO 63146 SATINT LOUIS SATINT LOUIS MO 63146 SATINT LOUIS	Your first name	and mi	ddle initial	Last nar	me					١	Your social security number				
MAHITHA PALVAI Apt. no. Presidential Election Campaign and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign and STRIP LOUIS 2 Check here if you, or your spouse if filing jointly, want \$3 SAINT LOUIS SAINT LOUIS Presidential Election Campaign and STRIP LOUIS State ZIP code SAINT LOUIS SAINT LOUIS Presidential Election Campaign and SAINT LOUIS Presidential Election Campaign and SAINT LOUIS State ZIP code SAINT LOUIS SAINT LOUIS Presidential Election Campaign and SAINT LOUIS Presidential Election Campaign and SAINT LOUIS State ZIP code SAINT LOUIS SAINT LOUIS Saint SAINT LOUIS Presidential Election Campaign and SAINT LOUIS Saint SAINT LOUI	SANDEEP	KUMAI	R	PODD	PODDUTTURI 328-57-								-2739		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2 Check here if you, or your stort. (I) you have a foreign address, also complete spaces below. State ZiP code ZiP cod	If joint return, s	pouse's	first name and middle initial	Last nar	me					5	Spouse'	s social se	curity number		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code MO 63146 SAINT LOUIS Foreign province/state/county Foreign postal code You tax or return. Foreign province/state/county Foreign postal code You tax or return. Your spouse as a dependent Your spouse	MAHITHA			PALV	ΆΙ						978-90-3732				
City, town, or post office. If you have a foreign address, also complete spaces below. SAINT LOUIS Foreign country name Foreign province/state/country Foreign postal code Province/state/country Foreign postal code Province/state/country Foreign postal code Province/state/country Foreign postal code Province/state/country	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	F	reside	ntial Electi	ion Campaign		
SAINT LOUIS Foreign country name Foreign province/state/county Foreign province/state/sounty Fo	12471 O	BERL:	IN CT						2			•			
SAINT LOUIS	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIF	code						
Foreign country name	SAINT L	OUIS				M	0	6	3146						
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 Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You so as dependent Someone can claim: You so as dependent Someone can claim: You as a dependent Someone can claim: You so as dependent Someone can claim: You so sa dependent Someone can claim: You so shows In solid security 2, 1956	Foreign countr	y name		F	oreign province/stat	e/coun	ty	Foi	reign postal co				•		
Standard Deduction Someone can claim:												You	Spouse		
Age/Blindness You:	At any time du	uring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acqui	re any	financial i	nterest i	n any virtua	al curr	ency?	Yes	⊠ No		
Dependents (see instructions): If more than four dependents, see instructions and check here		_			•			ent							
Dependents (see instructions): If more than four dependents, see instructions and check here	Age/Blindnes	s You	☐ Were born before January 2 1	956 F	Are blind S	ทดแระ	. □ Wa	s horn h	efore Janua	arv 2	1956	□lsh	lind		
If more than four dependents, see instructions and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □															
than four dependents, see instructions and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	•	•	·			ity	' '		1						
dependents, see instructions see instruc		(1)	Last name						Orina ti		-	Orcait for or			
and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										=			 		
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Standard 2a Standard 3a Data 2a Standard 3a Data 2a Standard 3a Data 2a Standard 3a Data 3a		s ——								=			Ħ		
Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b										=			_		
Attach Sch. B if required. 2a Tax-exempt interest . 2a b Tax-b Taxable interest . 2b		. 1	Wages salaries tips etc Attach I	Form(s) \	N-2						1		78 684		
Sch. B if required. 3a Qualified dividends 3a b Ordinary dividends	Attach		1	1, ,		 Ь Т	avahla int	oraet			-		7070011		
RA distributions			. –												
5a Pensions and annuities . 5a b Taxable amount	required.						•								
Standard Deduction for—Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deductions of the separately separately wide wind any box under Standard Deduction, see instructions Deduction,			_												
To Capital gain or (loss). Attach Schedule D if required. If not required, check here Single or Married filing separately, \$12,400	Standard														
Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income If you checked any box under Standard Deduction, see instructions 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 78,684. 8	Deduction for—		· -		required If not re					 ▶ □	_	_			
separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income If you checked any box under Standard Deduction, see instructions Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 78,684. 9 78,684. 9 78,684. 9 78,684.	Single or Married filing		, ,		•	quirco	i, chock h								
Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions Standard Deduction, see instructions Income Standard Deduction, see instructions Income I	separately,		·								-	-	78.684		
jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deductions Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 12 and 13				ana o. i	riio io your totui ii								7070011		
widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions Add lines 10a and 10b. These are your total adjustments to income Subtract line 10c from line 9. This is your adjusted gross income It Standard deduction or itemized deductions (from Schedule A) Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 12 and 13	jointly or		•					10a							
bead of household, \$18,650 If you checked any box under Standard Deduction, \$24,800 Add lines 10a and 10b. These are your total adjustments to income Standard deduction or itemized deductions (from Schedule A) Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 12 and 13	widow(er),	_	•			 ee inst	ructions	-			\dashv				
household, \$18,650 If you checked any box under Standard Deductions Deduction, see instructions see instructions If you checked any box under Standard Deductions Deduction, see instructions In Subtract line 10c from line 9. This is your adjusted gross income In Subtract line 10c from line 9. This is your adjusted gross income In I			•					100		•	100				
If you checked any box under Standard Deduction, see instructions see instructions 14 Standard 13	household,			•	•						-		78.684		
any box under Standard Deduction, see instructions 14 Add lines 12 and 13				•	•						-	_			
Deduction, see instructions 14 Add lines 12 and 13	any box under				`	,	 3995-Δ						<u></u>		
see instructions I	Deduction,					51111							24 . 800		
13 Taxable Income. Subtract line 14 from line 11, if zero or less, enter -u	see instructions.	15		from line	e 11. If zero or les	 s. ente	 er-O-				15		53,884.		

Form 1040 (2020	0)									Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	6,070.
	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	6,070.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,070.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. •	24	6,070.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12	, 282		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	•						25d	12,282.
	26	2020 estimated tax payment							26	·
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. • If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		,		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27 through 31. The					edits	. •	32	
	33	Add lines 25d, 26, and 32. T	,							12,282.
	34	If line 33 is more than line 24							34	6,212.
Refund	35a	Amount of line 34 you want				•	-	· ·	, —	6,212.
Direct deposit?	⊳ b	Routing number 1 2 1				Check		Saving	-	0,212.
See instructions.	►d	Account number 3 2 5						aviily		
	36					36				
Amarint		Amount of line 34 you want a							27	
Amount You Owe	37	Subtract line 33 from line 24		-					37	
For details on		Note: Schedule H and Sch	·	•		of the t	axes you o	owe fo	r	
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				Yes. Co	man lat	a balassi	⊠ No
Designee				Phone		. •		•		NO INO
		signee's me ▶		no.				nai idei er (PIN)	ntification	
Sign	Un	der penalties of perjury, I declare t	hat I have examine			hedules a	ind statemen	ts. and	to the bes	st of my knowledge and
•		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If t	he IRS se	nt you an Identity
	k.									IN, enter it here
Joint return?	b -				SECURITY		IEER	`	ee inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an ection PIN, enter it here
your records.					HOME MAKE	R			ee inst.) >	Cotton in in in in incident
	———Ph	one no. (786)620-020	7	Email address	PODDUTURI1		MATI, COI	M		
-		eparer's name	Preparer's signat		LODDOTORII	Date		PTIN		Check if:
Paid					GIIDTA TAT.T.AN		.5/2021		82703	Self-employed
Preparer										(678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041				m's EIN	
Co to warm in -				Cammill		55:	07/00/01 55 3	[1:11	III S LIIN	Form 1040 (2020
GO TO WWW.Irs.go	JV/FOR	n1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form 1040 (2020)



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ SANDEEPKUMAR PODDUTTURI f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name MAHITHA PALVAI (see instructions) 1b First name Middle name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 12471 OBERLIN CT Apt 2 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 63146 SAINT LOUIS USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 06/14/1994 Information ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: U5666126 Exp. date: 06/28/2030 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code



For Calendar Year January 1 - December 31, 2020

Print i	in BLACK ink only and DO NOT STAPLE.	
	Amended 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 4	868).
	g a fiscal year return enter the beginning and ending dates here. Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) To be partment Use Only 1555	ı
Filing Status	Single Claimed as a X Married Filing Married Filing Head of Qualifying Dependent Combined Separately Household Widow(ell	•
Yours	Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Self Spouse	Spouse ouse
Name	Social Security Number 328	Deceased in 2020 Suffix Suffix
Address	Present Address (Include Apartment Number or Rural Route) 12471 OBERLIN CT APT 2 City, Town, or Post Office State ZIP Code SAINT LOUIS MO 63146 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.



STCH























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	78684 . 00	18].[00					
Income	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y	. 00	28].[00					
	3.	Total income - Add Lines 1 and 2	3Y	78684 . 00	38].[00					
Ü	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	78684 . 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 %	8684] _. 00] c	%					
	8.	Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)			8].[00					
	9.	Tax from federal return		9 6070	00							
	10.	Other tax from federal return.		10	00							
	11.	Total tax from federal return. Do not enter federal income tax with	neld.	11 6070.	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										
		\$25,001 to \$50,0002	5%									
ous		\$50,001 to \$100,000										
eauctions		\$125,001 or more										
ilons and D	13.	Federal income tax deduction – Multiply Line 11 by the percent amount not to exceed \$5,000 for an individual or \$10,000 for co	-		13 911].[00					
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Married Filing Combined or Qualifying Widow(er)-\$24,800						7 [00					
	45	Note: If age 65 or older, blind, or claimed as a dependent, see pa			14 24800	- · · -] [00					
		Long-term care insurance deduction] [
	16.	Health care sharing ministry deduction			16] [00					
	17.	Active Duty Military income deduction			[17]	ا. ا ۱ ر	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 Fa	cility	C. Qualified Trade Ac	tivities							

þe	21.	First Time Home Buyers deduction. A.	В.			21		. [00			
Continued	22.	Total deductions - Add Lines 8 and 13 through 21				22	25711	. [00			
ns Co		Subtotal - Subtract Line 22 from Line 6				23	52973	[00			
Deductions		Multiply Line 23 by appropriate percentages (%) on		52973		248	0	Γ				
Dec	25.	Lines 7Y and 7S Enterprise zone or rural empowerment zone income		3271			0	Γ	00			
		modification	25Y		_ 00	258		. [00			
								_				
	26.	Taxable income - Subtract Line 25 from Line 24	26Y	52973	3 . 00	26S	0	. [00			
	27.	Tax (see tax chart on page 22 of the instructions)	27Y	2676	5 . 00	278	0	. [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										
Тах		completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	100) %	298	100	9	6			
	30.	Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	2676	5.00	308	0	. [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	2676	5.00	32S	0	. [00			
	33.	Total Tax - Add Lines 32Y and 32S				. 33	2676	. [00			
	34.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 34	3393	. [00			
						0.5		Г				
its	35.	. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020										
Payments and Credits	36.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP . 00										
ents a	37.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MC	<u>)-2ENT</u>		. 37		. [00			
Paym	38.	Amount paid with Missouri extension of time to file (Form MO-	<u>-60</u>)			. 38		. [00			
	39.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	h Form	MO-TC		. 39		. [00			
	40.	Property tax credit - Attach Form MO-PTS				. 40		. [00			
	41.	Total payments and credits - Add Lines 34 through 40				41	3393		00			

	Sk	kip 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			
_		Enter date of IRS report (MM/DD/YY)	1		
Amended Return		A. Federal audit			
		Enter year of loss (YY) B. Net Operating Loss carryback			
		Enter year of credit (YY)			
		C. Investment tax credit carryback Enter date of federal amended return.	if filed (MM/DD/VV)	
			, ii iiicu. (WIIWI/ B B/ 1 1)	
		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	. 00
	45.	. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT		45	717 00
		A THOUSE OF THE PARTY OF THE PA			
	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 add	ditional tru	ust fund codes.	
	47	7a. Trust Fund	00 470	Missouri National Guard d. Trust Fund	. 00
		Workers' Childhood Missouri			
	47	7e. Memorial Fund	00 471	General 1. Revenue Fund	. 00
Refund	47	Organ Donor Regional Law Enforcement Military Museum in	00		
Re	47	Additional Fund Fund Fund Amount . 00 47m. Code 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)		40	
		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	717 . 00
		a. Routing Number 121000358	c. X	Checking	Savings
		b. Account Number 325070168262	<u> </u>		Javillys
		Number L			

	50. If Line 33 is larger than Line 41 or Line		rence.		50			00		
	Amount of UNDERPAYMENT				50		[00		
t Due	51. Underpayment of estimated tax penal	ty - Attach Form MC	<u>0-2210</u> . Enter per	nalty amount he	ere 51			00		
Amount Due	Select this box if you are a farr	mer exempt from the	e underpayment c	of estimated tax	penalty.					
	52. AMOUNT DUE - Add Lines 50 and 51	l.								
	If you pay by check, you authorize the				52			00		
	electronically. Any returned check mag	y be presented agai	n electronically .				L'	00		
	Under penalties of perjury, I declare that I have of my knowledge and belief it is true, correct the Department of Revenue with my signature based on all information of which he or sl	, and complete. By si ure as required under	gning or entering n	ny name in the " RSMo. Declara	Signature" fie tion of prepar	ld(s) below, I a rer (other than	ım provid taxpayer	ling r) is		
	imposed on any individual who files a unauthorized aliens as defined under feder aliens.	ler penalties of	f perjury tha	nt I employ n	o illegal	l or				
	Signature				Date (MM/DE	D/YY)				
	Spouse's Signature (If filing combined, BOTH m	nust sign)			Date (MM/DD	D/YY)				
	E-mail Address	Daytime Telephone								
nre	SYAM@GTAXFILE.COM	786620	0207							
Signature	Preparer's Signature		Date (MM/DD/YY)							
Si	SYAM PRIYA RAM SAGAR GU	JPTA TALLAM			09	15	21			
	Preparer's FEIN, SSN, or PTIN	Preparer's Te	elephone							
	30-1017196				6789659522					
	Preparer's Address				State	ZIP Code				
	2530 PEBBLE CREEK LN CU	JMMING			GA	30041				
	I authorize the Director of Revenue or delor any member of the preparer's firm	-				Yes	×	No		
	Did you pay a tax return preparer to compl an Internal Revenue Service preparer tax preparer's name, address, and phone num	identification numbe	r? If you marked	yes, please inse	ert the		1	No		
		Departme	ent Use Only							
	A	DE	F							
	A L FA L E10		г							
N / - '	LTax Balanca Box	Defend of No. 1		DI (7.1		,	Revised 12-2	2020)		
ıvıaı	To: Balance Due: Missouri Department of Revenue	Refund or No An		Phone (Balance	, , ,		751_3504	5		

P.O. Box 329 Jefferson City, MO 65105-0329 P.O. Box 500 Jefferson City, MO 65105-0500

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

