

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 SANTHOSH KUMAR	Last name KOMPELLI	Your social security number 345-21-1095
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. 1212 WOODBRIDGE CROSSING DRIVE		Apt. no.	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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. CHESTERFIELD	State MO	ZIP code 63005	
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

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

Attach Sch. B if 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 Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	92,963.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	-6,760.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	86,203.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c		300.	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11		85,903.	
	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		73,503.		

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	11,966.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,966.
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	11,966.
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	11,966.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,411.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,411.
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	55.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	55.
33	Add lines 25d, 26, and 32. These are your total payments	33	13,466.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,500.																				
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,500.																				
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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	
Note: 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶										
<i>[Signature]</i>		SOFTWARE ENGINEER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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.) ▶										
<i>[Signature]</i>			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Phone no.	Email address												

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	04/07/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name ▶	Firm's address ▶		Phone no.	Firm's EIN ▶
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	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
SANTHOSH KUMAR KOMPELLI

Your social security number
345-21-1095

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	-6,760.
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	-6,760.

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 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

SANTHOSH KUMAR KOPPELLI

Your social security number

345-21-1095

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	IN				
B					
C					
1b	Type of Property (from list below)	2 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.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

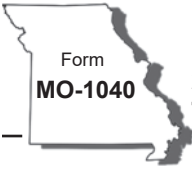
Type of Property:

- 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		550.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,680.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		950.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,690.		
15	Supplies	15		1,520.		
16	Taxes	16				
17	Utilities.	17		1,470.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		7,310.		
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		-6,760.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,760.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		550.		
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		7,310.		
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	(6,760.)		
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				-6,760.

For Paperwork Reduction Act Notice, see the separate instructions.

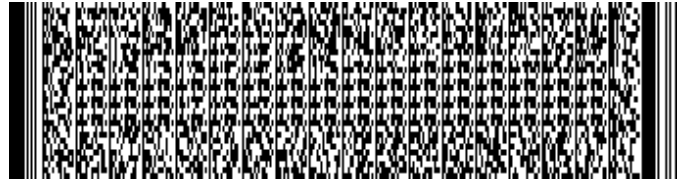
Schedule E (Form 1040) 2020



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.)

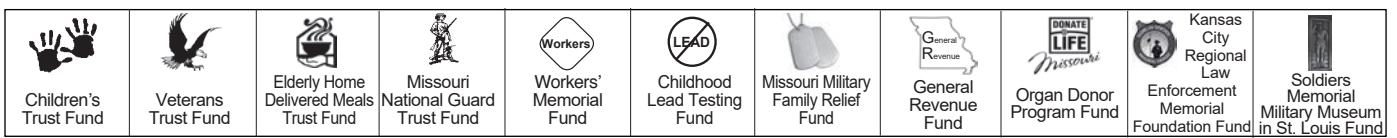
Address

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 (see worksheet on page 7 of the instructions)	1Y	85903 .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	85903 .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	85903 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	85903 .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	11966 .00
10. Other tax from federal return	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	11966 .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	1795 .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 style="width: 60px;" type="text"/>	B. <input style="width: 60px;" type="text"/>	21	<input style="width: 100px;" type="text"/>	.00	
22. Total deductions - Add Lines 8 and 13 through 21				22	14195	.00
23. Subtotal - Subtract Line 22 from Line 6				23	71708	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	71708	.00	24S	<input style="width: 100px;" type="text"/>	.00
25. Enterprise zone or rural empowerment zone income modification	25Y	<input style="width: 100px;" type="text"/>	.00	25S	<input style="width: 100px;" type="text"/>	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	71708	.00	26S	<input style="width: 100px;" type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)	27Y	3688	.00	27S	<input style="width: 100px;" type="text"/>	.00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	148	.00	28S	<input style="width: 100px;" 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 style="width: 100px;" type="text"/>	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	3540	.00	30S	<input style="width: 100px;" 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 style="width: 100px;" type="text"/>	.00	31S	<input style="width: 100px;" type="text"/>	.00
32. Subtotal - Add Lines 30 and 31	32Y	3540	.00	32S	<input style="width: 100px;" type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S				33	3540	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	3970	.00			
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input style="width: 100px;" type="text"/>	.00			
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	36	<input style="width: 100px;" type="text"/>	.00			
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input style="width: 100px;" type="text"/>	.00			
38. Amount paid with Missouri extension of time to file (Form MO-60)	38	<input style="width: 100px;" type="text"/>	.00			
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input style="width: 100px;" type="text"/>	.00			
40. Property tax credit - Attach Form MO-PTS	40	<input style="width: 100px;" type="text"/>	.00			
41. Total payments and credits - Add Lines 34 through 40	41	3970	.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

Amended Return

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 45 430 . 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 . 00 47m. Additional Fund Code . 00

Refund

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 49 430 . 00

a. Routing Number [] c. [] Checking [] Savings
b. Account Number []



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	2172081266		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	04	07	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





2020 Form M1, Individual Income Tax

SANTHOSH KUMAR KOMPELLI 345211095 06181994
 Your First Name and Initial Your Last Name Your Social Security Number (SSN) Your Date of Birth

If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth
1212 WOODBRIDGE CROS CHESTERFIELD MO 63005 MO 63005
 Current Home Address City State ZIP Code

Check if Address is:
 New Foreign

2020 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
 Spouse SSN _____

Dependents (see instructions):

Dependent 1 First Name _____ Dependent 1 Last Name _____ Dependent 1 SSN _____ Dependent 1 Relationship to You _____
 Dependent 2 First Name _____ Dependent 2 Last Name _____ Dependent 2 SSN _____ Dependent 2 Relationship to You _____
 Dependent 3 First Name _____ Dependent 3 Last Name _____ Dependent 3 SSN _____ Dependent 3 Relationship to You _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Your Code _____ Spouse's Code _____
 Republican—11 Independence—13 Green—15 Legal Marijuana Now—17
 Democratic/Farmer-Labor—12 Grassroots/Legalize Cannabis—14 Libertarian—16 General Campaign Fund—99

From Your Federal Return (see instructions)

92963 0 0 73503
 A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1	<u>85903</u>
2	Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M)	2	<u>300</u>
3	Add lines 1 and 2	3	<u>86203</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4	<u>12400</u>
5	Exemptions (determine from instructions)	5	_____
6	State income tax refund from line 1 of federal Schedule 1	6	_____
7	Other subtractions from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M)	7	_____
8	Total subtractions. Add lines 4 through 7	8	<u>12400</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>73803</u>
10	Tax from the table in the Form M1 instructions	10	<u>4631</u>
11	Alternative minimum tax (enclose Schedule M1MT)	11	_____



12 Add lines 10 and 11 12 4631

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (*enclose Schedule M1NR*) 13 195

13a ■ 3639 13b ■ 86503

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (*check appropriate boxes*)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 195

16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (*enclose Schedule M1C*) 16 ■ _____

17 Subtract line 16 from line 15 (*if result is zero or less, leave blank*) 17 195

18 Nongame Wildlife Fund contribution (*see instructions*)
This will reduce your refund or increase the amount you owe 18 ■ _____

19 Add lines 17 and 18 19 195

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (*do not send*) 20 ■ 193

21 Minnesota estimated tax and extension payments made for 2020 21 ■ _____

22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (*see instructions; enclose Schedule M1REF*) 22 ■ _____

23 Total payments. Add lines 20 through 22 23 193

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (*see instructions*).
For direct deposit, complete line 25 24 ■ _____

25 Direct deposit of your refund (*you must use an account not associated with a foreign bank*):
 Checking Savings _____
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (*see instructions*) 26 ■ 2

27 Penalty amount from Schedule M15 (*see instructions*). Also subtract this amount from line 24 or add it to line 26 (*enclose Schedule M15*) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2021 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature _____
2172081266
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY) _____
KOMPELLISANTHOSHKUMAR9@GMAIL.COM
Email Address

04072021
Date (MM/DD/YYYY)

SYAM@GTAXFILE.COM
Preparer's Email Address

P02082703
PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.