

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: KIRAN K
Last name: SUGALI
Your social security number: 039-23-9055
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): C/O: PALTHYA SURESH, 15739 GREYTHORNE DR
Apt. no.: 107
City, town, or post office: CHARLOTTE
State: NC
ZIP code: 28277
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) if qualifies for (Child tax credit, Credit for other dependents). Includes a 'Dependents' section header.

Main income table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 13,601. Adjusted gross income is 13,601. Standard deduction is 12,400. Taxable income is 1,201.

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	121.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	121.
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	121.
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	121.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,879.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,879.
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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	1,879.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,758.																				
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,758.																				
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></tr></table>	X	X	X	X	X	X	X	X	X	X	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings										
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

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.)
<input type="text"/>	<input type="text"/>	DATA ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	01/13/2021	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

Tax History Report

▶ Keep for your records

2020

Name(s) Shown on Return

KIRAN K SUGALI

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status					Single
Total income					13,601.
Adjustments to income					
Adjusted gross income					13,601.
Tax expense					522.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction					
Taxable income					1,201.
Tax					121.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					1,879.
Form 2210 penalty . . .					
Amount owed					
Applied to next year's estimated tax . .					
Refund					1,758.
Effective tax rate % . .					0.89
**Tax bracket %					10.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (KIRAN K SUGALI) and Social Security Number (039-23-9055)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkboxes (one checked 'X')

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 39055 Spouse's PIN (5 numbers) Date 01/11/2021

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

Taxpayer:
 Last name SUGALI
 First name KIRAN
 Middle initial K Suffix
 Social security no. 039-23-9055
 Occupation DATA ENGINEER
 Date of birth 05/10/1993 (mm/dd/yyyy)
 Age as of 1-1-2021 27
 Date of death
 Legally blind
 E-mail address KIRAN.HANNU@GMAIL.COM
 Work phone (214)972-5736 Ext
 Cell phone
 Home phone
 Fax number

Spouse:
 Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2021
 Date of death
 Legally blind
 E-mail address
 Work phone Ext
 Cell phone
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (214)972-5736
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:
 Address C/O:PALTHYA SURESH,15739 GREYTHORNE DR Apt no. 107
 City CHARLOTTE State NC ZIP code 28277
Foreign Address: Check this box to use foreign address . . .
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/country Foreign postal code
 Foreign phone
 APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4** Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number
- 5** Qualifying widow(er)
 - Year spouse died 2018 2019
 - Enter the qualifying person's name:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2020 Code	Not qual credit other dep Not qual for child tax credit Or non U.S.***
						Lived with taxpyr in U.S.	Educ Tuition and Fees		

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2020

▶ See tax help for more information on identity verification

Name(s) Shown on Return KIRAN K SUGALI	Social Security Number 039-23-9055
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Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below **or** select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer
 Spouse

Note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

- Taxpayer
 Spouse

Note: Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state _____
 License number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
 License number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

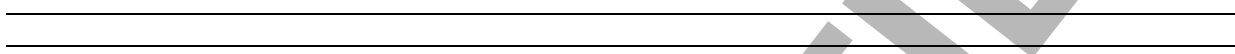
- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)



DO NOT FILE

Electronic Filing Information Worksheet
 ▶ Keep for your records

2020

Name(s) Shown on Return
 KIRAN K SUGALI

Social Security Number
 039-23-9055

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client ▶ _____

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. ▶ 587278
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

ERO Name <u>GLOBAL TAXES LLC</u>	ERO Electronic Filers Identification Number (EFIN) <u>587278</u>
ERO Address <u>2530 Pebble Creek Ln</u>	ERO Employer Identification Number <u>30-1017196</u>
City <u>Cumming</u>	State <u>GA</u>
ZIP Code <u>30041</u>	ERO Social Security Number or PTIN _____
Country _____	

Paid Preparer Information

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number or PTIN <u>P02082703</u>
Name <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Employer Identification Number <u>30-1017196</u>
Address <u>2530 Pebble Creek Ln</u>	Phone Number <u>(678)965-9522</u>
City <u>Cumming</u>	Fax Number _____
State <u>GA</u>	ZIP Code <u>30041</u>
Country _____	E-mail Address <u>SYAM@GTAXFILE.COM</u>

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed ▶
 IRS-prepared ▶
 Prepared by taxpayer or other non-paid preparer ▶

Amended Returns

- Check this box to file another **federal** amended return electronically
- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
- Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *	
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	Michigan
<input type="checkbox"/>	New York
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Wisconsin

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

Other combat zone deployment date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser).	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc.	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information)	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method.	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities.	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return
KIRAN K SUGALI

Social Security Number
039-23-9055

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
ITRENDING SOLUTIONS LLC		13,601.	1,879.	13,601.	522.
Totals		13,601.	1,879.	13,601.	522.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	13,601.		13,601.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	1,879.		1,879.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	13,601.		13,601.
17	Total state tax withheld	522.		522.
19	Total local tax withheld.			

Name as shown on return
KIRAN K SUGALI

Social Security Number
039-23-9055

Employer EIN 47-2671687
Employer Name ITRENDING SOLUTIONS LLC
Name (continued) .
Street Address or P. O. Box 7815 N DALE MABRY HIGHWAY SUITE 207
City TAMPA State FL ZIP 33614
Foreign Province/County
Foreign Postal Code
Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year
Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 13,601. 2 Federal income tax withheld 1,879.
3 Social security wages 4 Social sec tax withheld
5 Medicare wages and tips 6 Medicare tax withheld
7 Social security tips 8 Allocated tips

13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for codes A, M, P, R, W, G and a checkbox for 'Employer is not a state or local government'.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax. Values: MO, 23400587, 13,601., 522.

I confirm that the state withholding identification number(s) are accurate

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 9
10 Dependent care benefits (Check if employer furnished care at work) 10
Dependent care benefits — Amount forfeited from flexible spending account . .
11 Distributions from Section 457 and other nonqualified plans (See help,
if EIC, Child Care, Child Tax Credit, or IRAs.) 11

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

KIRAN K SUGALI

039-23-9055 Page 2

Employer Name ITRENDING SOLUTIONS LLC

Part I - Statutory employees

A [] Box 13a. Statutory employee
B [] Deducting expenses in connection with this income
C [] If deducting expenses, double-click to link to Schedule C C

Part II - Clergy, church employees, members of recognized religious sects

Clergy only:

D Enter your designated housing or parsonage allowance D
E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from SE tax and have an approved exemption Form 4361

Non-Clergy:

G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and have an approved Form 4029

Part III - Unreported Tip Income

H 1 [] Tips \$20 or more in a month which were not reported to employer H1
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported to employer H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV - Substitute Form W-2

1 a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V - Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI - Additional Information for Electronic Filing and Certain States (See Help)

13 c [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 039-23-9055
First name M.I. Last name Suff.
KIRAN K SUGALI
Address City St ZIP code
C/O:PALTHYA SURESH,15739 GREYTHORNE DR, Apt. 107 CHARLOTTE NC 28277
Foreign Province/County Foreign Postal Code
Foreign Country

Tax Payments Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return KIRAN K SUGALI	Social Security Number 039-23-9055
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Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2020					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2020 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	1,879.	522.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	1,879.	522.	
20 Total Tax Payments for 2020	1,879.	522.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2019 extensions				
22 2019 estimated tax paid after 12/31/2019				
23 Balance due paid with 2019 return				
24 Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return KIRAN K SUGALI	Social Security Number 039-23-9055
---	---------------------------------------

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	13,601.		13,601.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	13,601.		13,601.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	13,601.		13,601.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	13,601.		13,601.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	13,601.		13,601.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	13,601.		13,601.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	13,601.		13,601.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	13,601.		13,601.

Federal Carryover Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return KIRAN K SUGALI	Social Security Number 039-23-9055
---	---------------------------------------

2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2019 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2019 State Taxes Due Information

(a) State	(e) Paid With Return

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2019 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2019	2020
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		522.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		13,601.
6	Tax liability for Form 2210 or Form 2210-F		121.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2019	2020
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2020
		b	2019
		c	2018
		d	2017
		e	2016
		f	2015
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2020
		b	2019
		c	2018
		d	2017
		e	2016
		f	2015

Tax Summary Report

2020

Name(s) Shown on Return

KIRAN K SUGALI

Filing status Single

Number of exemptions 1

Gross Income

Wages and salaries	13,601.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	13,601.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 13,601.

Itemized/Standard Deductions

Medical and dental	
Taxes	522.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	522.
Standard deduction	12,400.

Taxable Income 1,201.

Income tax	121.
Alternative minimum tax	
Total Taxes before Credits	121.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 121.

Withholding	1,879.
Estimated tax payments	
Other payments	
Total Payments	1,879.
Estimated tax penalty	
Refund applied to next year's estimated tax	

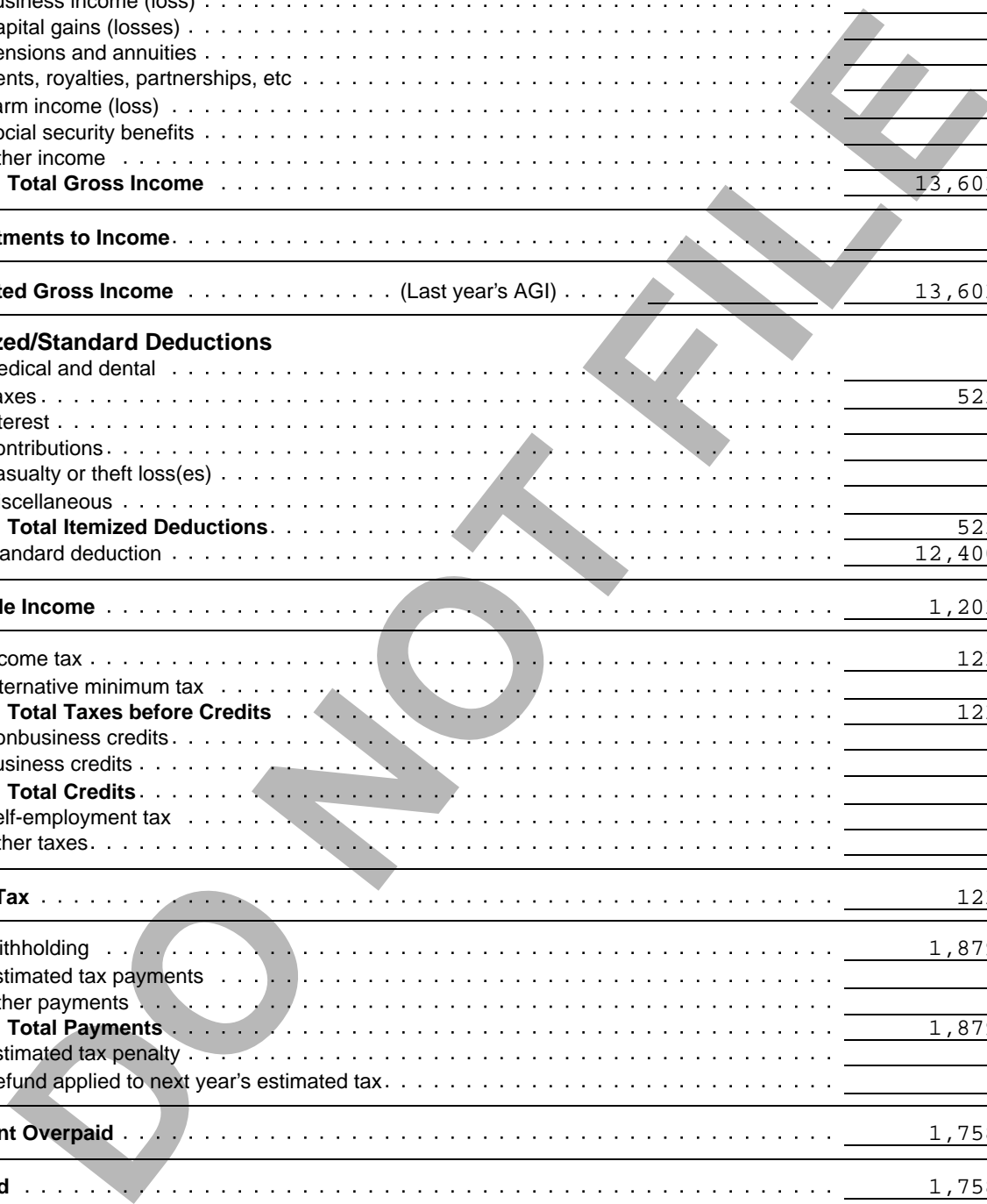
Amount Overpaid 1,758.

Refund 1,758.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	10.0 %
Effective tax rate	0.89 %



Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

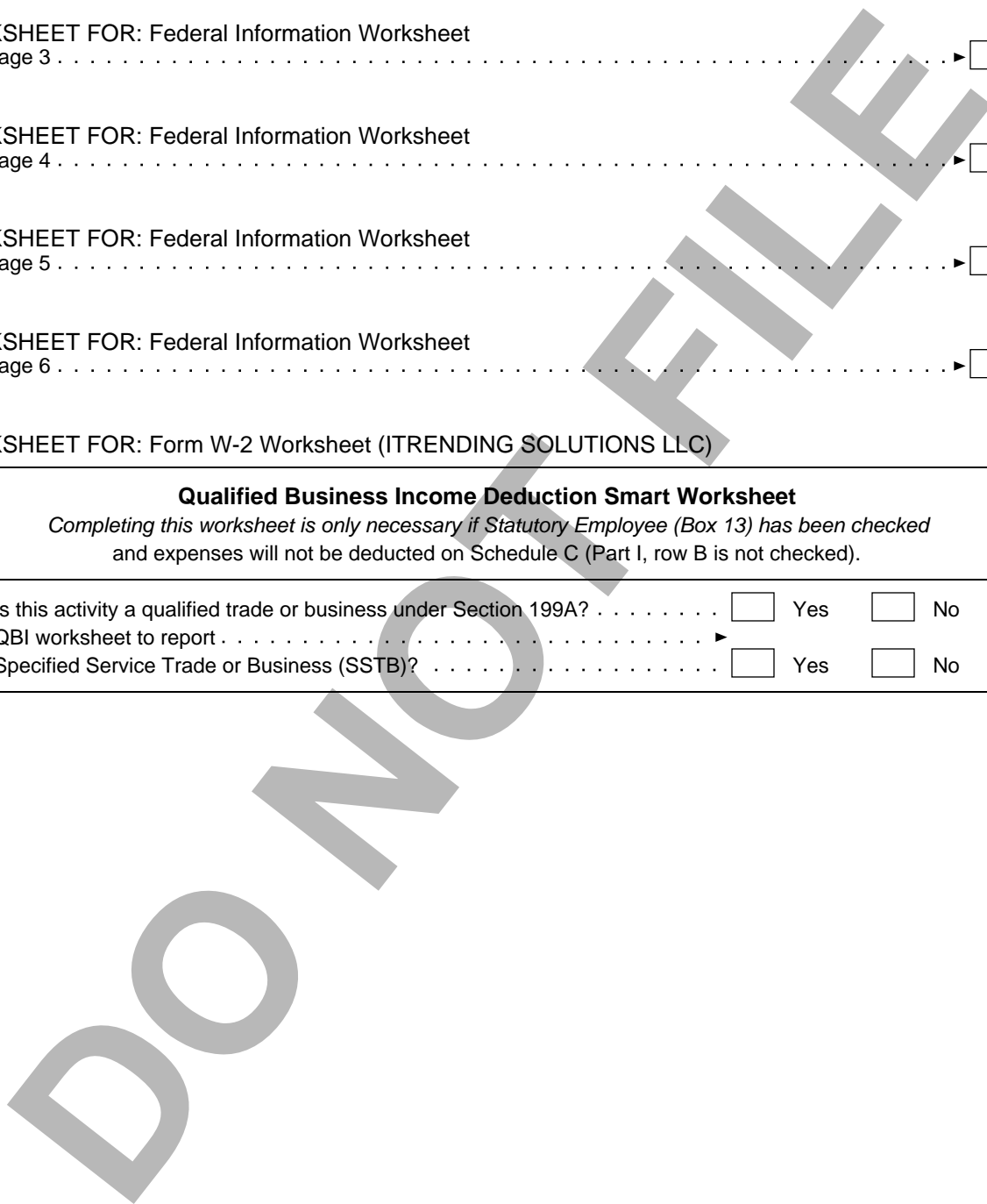
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

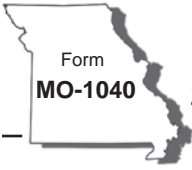
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

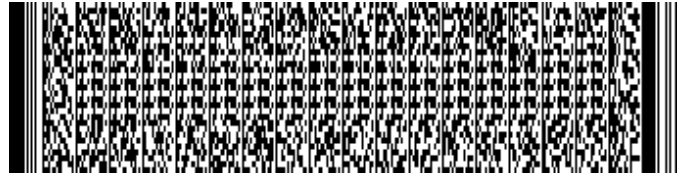
SMART WORKSHEET FOR: Form W-2 Worksheet (ITRENDING SOLUTIONS LLC)

Qualified Business Income Deduction Smart Worksheet	
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>	
A	Is this activity a qualified trade or business under Section 199A? <input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report <input type="checkbox"/>
C	Specified Service Trade or Business (SSTB)? <input type="checkbox"/> Yes <input type="checkbox"/> No





MISSOURI DEPARTMENT OF
REVENUE
2019 Individual Income
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2019

Print in BLACK ink only and DO NOT STAPLE.

Amended Return **Composite Return**
(For use by S corporations or Partnerships)

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 2019 Spouse's Social Security Number Deceased in 2019
 - - - -

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.)

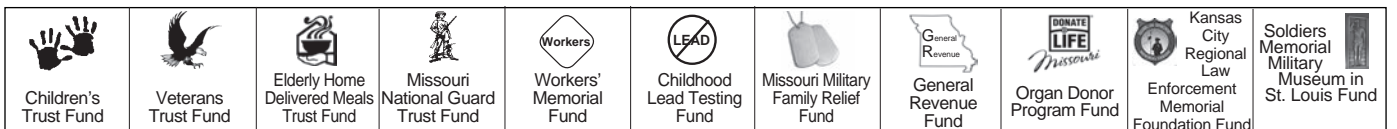
Address

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 46. See pages 10-11 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	13601 .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	13601 .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	13601 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	13601 .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	121 .00
10. Other tax from federal return.	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	121 .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 %

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	42 .00
14. Missouri standard deduction or itemized deductions. • Single or Married Filing Separate - \$12,200 • Head of Household - \$18,350 • Married Filing Combined or Qualifying Widow(er) - \$24,400 If age 65 or older, blind, or claimed as a dependent, see page 6. If itemizing, see Form MO-A, Part 2.	14	12400 .00
15. Long-term care insurance deduction	15	.00
16. Health care sharing ministry deduction.	16	.00
17. Military income deduction	17	.00
18. Bring jobs home deduction	18	.00
19. Transportation facilities deduction	19	.00

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



Deductions Continued

20. First Time Home Buyers deduction.	A. <input style="width: 60px;" type="text"/>	B. <input style="width: 60px;" type="text"/>	20	<input style="width: 60px;" type="text"/>	.00
21. Total deductions - Add Lines 8 and 13 through 20			21	12442	.00
22. Subtotal - Subtract Line 21 from Line 6			22	1159	.00
23. Multiply Line 22 by appropriate percentages (%) on Lines 7Y and 7S			23Y	1159	.00
			23S	<input style="width: 60px;" type="text"/>	.00
24. Enterprise zone or rural empowerment zone income modification			24Y	<input style="width: 60px;" type="text"/>	.00
			24S	<input style="width: 60px;" type="text"/>	.00

Tax

25. Taxable income - Subtract Line 24 from Line 23			25Y	1159	.00
			25S	<input style="width: 60px;" type="text"/>	.00
26. Tax (see tax chart on page 22 of the instructions).			26Y	18	.00
			26S	<input style="width: 60px;" type="text"/>	.00
27. Resident credit - Attach Form MO-CR and other states' income tax return(s).			27Y	<input style="width: 60px;" type="text"/>	.00
			27S	<input style="width: 60px;" type="text"/>	.00
28. 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%			28Y	100	%
			28S	<input style="width: 60px;" type="text"/>	%
29. Balance - Subtract Line 27 from Line 26; OR multiply Line 26 by percentage on Line 28			29Y	18	.00
			29S	<input style="width: 60px;" type="text"/>	.00
30. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
			30Y	<input style="width: 60px;" type="text"/>	.00
			30S	<input style="width: 60px;" type="text"/>	.00
31. Subtotal - Add Lines 29 and 30			31Y	18	.00
			31S	<input style="width: 60px;" type="text"/>	.00
32. Total Tax - Add Lines 31Y and 31S.			32	18	.00

Payments and Credits

33. MISSOURI tax withheld - Attach Forms W-2 and 1099.			33	522	.00
34. 2019 Missouri estimated tax payments - Include overpayment from 2018 applied to 2019			34	<input style="width: 60px;" type="text"/>	.00
35. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			35	<input style="width: 60px;" type="text"/>	.00
36. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			36	<input style="width: 60px;" type="text"/>	.00
37. Amount paid with Missouri extension of time to file (Form MO-60).			37	<input style="width: 60px;" type="text"/>	.00
38. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC			38	<input style="width: 60px;" type="text"/>	.00
39. Property tax credit - Attach Form MO-PTS			39	<input style="width: 60px;" type="text"/>	.00
40. Total payments and credits - Add Lines 33 through 39.			40	522	.00



Skip Lines 41 through 43 if you are not filing an amended return.

Amended Return

41. Amount paid on original return.	41		.00
42. Overpayment as shown (or adjusted) on original return	42		.00

Indicate Reason for Amending

<input type="checkbox"/> A. Federal audit.	Enter date of IRS report (MM/DD/YY)			
<input type="checkbox"/> B. Net Operating Loss carryback	Enter year of loss (YY)			
<input type="checkbox"/> C. Investment tax credit carryback	Enter year of credit (YY)			
<input type="checkbox"/> D. Correction other than A, B, or C.	Enter date of federal amended return, if filed. (MM/DD/YY)			

43. Amended return total payments and credits - Add Line 41 to Line 40 or subtract Line 42 from Line 40.	43		.00
--	----	--	-----

Refund

44. If Line 40, or if amended return, Line 43, is larger than Line 32, enter the difference. Amount of OVERPAYMENT	44	504	.00
--	----	-----	-----

45. Amount of Line 44 to be applied to your 2020 estimated tax	45		.00
--	----	--	-----

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

46a. Children's Trust Fund <input type="text"/> .00	46b. Veterans Trust Fund <input type="text"/> .00	46c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00	46d. Missouri National Guard Trust Fund <input type="text"/> .00
46e. Workers' Memorial Fund <input type="text"/> .00	46f. Childhood Lead Testing Fund <input type="text"/> .00	46g. Missouri Military Family Relief Fund <input type="text"/> .00	46h. General Revenue Fund <input type="text"/> .00
46i. Organ Donor Program Fund <input type="text"/> .00	46j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> .00	46k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> .00	
46l. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00	46m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00		

Total Donation - Add amounts from Boxes 46a through 46m and enter here	46		.00
--	----	--	-----

47. Amount of Line 44 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of Form 5632	47		.00
---	----	--	-----

48. REFUND - Subtract Lines 45, 46, and 47 from Line 44 and enter here	48	504	.00
---	----	-----	-----

a. Routing Number <input style="width: 100%;" type="text"/>	c. <input type="checkbox"/> Checking <input type="checkbox"/> Savings
b. Account Number <input style="width: 100%;" type="text"/>	



Amount Due

49. If Line 32 is larger than Line 40 or Line 43, enter the difference.
 Amount of UNDERPAYMENT (see the instructions for Line 49) 49 . 00
50. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 50 . 00
- Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
51. **AMOUNT DUE** - Add Lines 49 and 50.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 51 . 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)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone		
SYAM@GTAXFILE.COM	2149725736		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	01	13	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

Department Use Only

A FA E10 DE F .

(Revised 12-2019)

Mail To: Balance Due:
 Missouri Department of Revenue
 P.O. Box 3370
 Jefferson City, MO 65105-3370

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 3222
 Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov



Missouri Information Worksheet

2020

Keep for your records

Part I - Personal Information

Taxpayer

Last Name SUGALI
First Name KIRAN
Middle Initial K Suffix
Social Security No. 039-23-9055
Date of Birth 05/10/1993
Date of Death
E-mail address KIRAN.HANNU@GMAIL.COM
Work Phone Number (214) 972-5736 * [X]
In Care of Name
Address C/O: PALTHYA SURESH, 15739 GREYTHORNE DR Apt. 107
City CHARLOTTE State NC ZIP Code 28277
County Jackson Home Phone Number *
County Code JACK

Spouse

Last Name
First Name
Middle Initial Suffix
Social Security No.
Date of Birth
Date of Death
E-mail address
Work Phone Number *

* Check one of these boxes to print optional daytime phone number on Form MO-1040 page 2

Yes No
[] [] Address is the same as last year

Part II - Main Form

- [X] Missouri resident (Long Form) QuickZoom to Form MO-1040
[] Missouri part-year resident filing as a resident QuickZoom to Form MO-1040
[] Missouri part-year resident filing as a nonresident QuickZoom to Form MO-1040
[] Nonresident QuickZoom to Form MO-1040

Spouse Residency or Military Spouse Relief Act:

- [] Spouse has different residency than the taxpayer (See Tax Help)
[] Spouse qualifies under Military Spouse Residency Relief Act (See Tax Help)

For Part-Year Residents Only:

Taxpayer Missouri residency dates (use MM/DD/YYYY format) . From To
Spouse Missouri residency dates From To

Taxpayer City Forms

- [] QZ to >
[] QZ to >
[] QZ to >
[] QZ to >
[] QZ to >

Spouse City Forms

- [] QZ to >
[] QZ to >
[] QZ to >
[] QZ to >
[] QZ to >

- Form E-1 St. Louis Individual Earnings Tax return
Form E-1R St. Louis Individual Earnings Tax return
Form E-234 St. Louis Earnings Tax return
Form RD-108 Kansas City Profits Return Earnings Tax
Form RD-109 Kansas City Wage Earner Earnings Tax

Part III - Filing Status

- [X] 1 Single
[] 2 Married and filing a combined Missouri return
[] 3a Married filing separate return
[] 4 Head of household
[] 5 Qualifying widow(er) with dependent child
[] 6 Claimed as a dependent on another person's federal tax return

Part IV - Farmer Status

- [] At least 2/3 of your gross 2020 income is from farming
[] At least 2/3 of your gross 2020 income is from farming and you will file your 2020 return and pay the full amount of the tax due on or before March 1, 2021

Part V — Non-Obligated Spouse

Yourself Spouse Non-obligated spouse

Part VI — 100% Disabled

Yes No Taxpayer is 100% disabled
Yes No Spouse is 100% disabled

Part VII — Property Tax Credit

- 1 Taxpayer does not need to file a MO return (not enough income was earned) but wants to claim the property tax credit. QuickZoom to Form MO-PTC
2 Taxpayer needs to file a MO return and: 1) will file as single or married filing jointly; 2) will claim the property tax credit on the return. QuickZoom to Form MO-PTS
3 Taxpayer needs to file a return and will file the return jointly with a spouse, but they: 1) lived separately for the entire year; and 2) want to claim the property tax credit separately. QuickZoom to Form MO-PTC

Part VIII — Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Missouri Department of Revenue, as applicable by law.

X The state return will be filed electronically

Yes No Do you want to use the Federal PIN?

Date return was EFiled
Date return was accepted by the state
Enter the date Form MO-1040V was given to client

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Part IX — Direct Deposit Information

Yes No Elect direct deposit of state tax refund?
* See Tax Help for refund expectation.

Bank Information:

If you selected Direct Deposit, fill out the information below:

Name of Financial Institution (optional)
Account type Checking Savings
Routing number
Account number

Identity Theft and Refund Fraud

Generally, the time frame for issuing refunds depends on when the return is filed and the incoming volumes. For returns filed in January with no problems noted, refunds can sometimes be issued within a week. However, refunds from returns filed in April can sometimes take 8 weeks, even if there is no problem with the return as the state manages its cash resources to meet all of its obligations. The timing of refunds is also affected by the Department's measures to prevent identity theft and refund fraud. Refunds will only be issued when the Department has taken reasonable steps to ensure that the individuals claiming the refunds are not using stolen identities.

Missouri website for additional information: https://dor.mo.gov/personal/individual/identity_theft.php

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part X — Paid Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 01

Yes No

Authorize Director of Revenue to discuss return with preparer?

Part XI — Extension Status

Federal extension has been filed

Yes No

Missouri tax return due date extended?

Extended due date . . . _____

QuickZoom to Form MO-60 ▶

QuickZoom to Form MO-1040 ▶

DO NOT FILE

Tax Payments Worksheet

2020

▶ Keep for your records

Name KIRAN K SUGALI	Social Security Number 039-23-9055
------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year		
7	Amount paid with current year extension		
8	Total tax payments		

Income Taxes Withheld for the Current Year

		Taxpayer		Spouse
		522.		
9	State withholding on Forms W-2	522.		
10	State withholding on Forms W-2G			
11	State withholding on Forms 1099-R			
12 a	State withholding on Forms 1099-MISC			
b	State withholding on Forms 1099-NEC			
c	State withholding on Forms 1099-G			
d	State withholding on Forms 1099-K			
13	Other state tax withholding			
14	Total income tax withheld	522.		
15	Date return will be filed and balance paid		15	

STATE REQUIRED INFORMATION

State Required Information

The Missouri Department of Revenue requires the following information be presented to all taxpayers:

Refund Status: Generally, the time frame for issuing refunds depends on when the return is filed and the incoming volumes. For returns filed in January with no problems noted, refunds can sometimes be issued within a week. However, refunds from returns filed in April can sometimes take 8 weeks, even if there is no problem with the return as the state manages its cash resources to meet all of its obligations. The timing of refunds is also affected by the Department's measures to prevent identity theft and refund fraud. Refunds will only be issued when the Department has taken reasonable steps to ensure that the individuals claiming the refunds are not using stolen identities.

Tax Due Expectations: The due date for 2019 Missouri Individual Income Taxes is April 15, 2020. Payment for tax due can be made by debit/credit card, as a debit from a bank account, or by paper check. To ensure receipt and allow for tracking of a payment, the Department encourages tax due be paid online at <https://dor.mo.gov/personal/payonline.php>.

Payments can also be made over the phone by calling 888-929-0513. If paying by paper check, payment should be mailed to the address indicated on the return or payment voucher.

Taxpayer Identity and Security: For information go to: https://dor.mo.gov/personal/individual/identity_theft.php

Smart Worksheets from your 2020 Missouri Tax Return

SMART WORKSHEET FOR: Form MO-1040: Missouri Resident (Long Form)

Missouri Income Tax Withheld for Nonresidents Smart Worksheet	
A	Missouri income tax withheld from the Tax Payments Worksheet 522.
Nonresident partners or S corporation shareholders:	
B	Missouri tax withholding from Form(s) MO-2NR (entered on the federal Tax Payments Worksheet and included on line A)
Nonresident entertainers:	
C	Missouri tax withholding from Form MO-2ENT (entered on the federal Tax Payments Worksheet and included on line A)
Note: Make sure that the amounts on line B and/or line C are reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.	
D	Missouri income tax withheld for line 31. Subtract lines B and C from line A 522.

