Filing Status Single Married filing inty Married filing separately (MFS) Head of household (HOH) Qualifying window(er) (QW) Check only 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 midow(er) (QW) Your first name and middle initial Last name Your social security number SUDHEER HBOGADI 712-42-3408 From eathers (number and street), if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 331 BRIAR RIDGE RD Check here if you, or your Check here if you, or your 331 BRIAR RIDGE RD PA 170.25 box below will not chenge your is you tave a foreign address, also complete spaces below. State 21P code your is your is you ave a foreign address, also complete spaces below. Foreign country name Foreign portvince/state/county Foreign postal code your is you ave a separate return or you were a dual-status allen Dependents See instructions): (1) first name Last name (2) fieldionship (4) \$ if yualfies tor (see instructions): If more address Spouse itemizes on a separate return or you were a dual-status allen Check here 7 (2) fieldionship (4) \$ fi	E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use	Only∙	–Do not wr	ite or staple	in this space.
SUDHEER BHOGADI 712-42-3408 If joint return, spouse's first name and middle initial Last name Spouse's social security number 331 BRIAR RIDGE RD Apt. no. Presidential Election Campaign Check there if you, rey our spouse if filing jointly, want S3 City, town, or post office. If you have a foreign address, also complete spaces below. State 2P code ENOLA PA 170.25 Foreign country name Foreign province/state/country Foreign postal code Standard Someone can claim: You as a dependent You is pouse it mission a separate return or you ware a dual-status alian Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (9) First name Last name You Spouse: Was born before January 2, 1956 Is blind Credit for other damana 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (9) First name Last name Immore	Check only	lf yc	ou checked the MFS box, enter the n	ame of y						,		, ,	. , . ,
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 331 BFLAR RIDGE RD Check here if you, or your spouse if filing jointly, want 35 to go to this fund. Checking a box below will not change Check here if you, or your spouse if filing jointly, want 35 to go to this fund. Checking a box below will not change Foreign country name Foreign province/state/country Foreign post office. If you have a foreign address, also complete spaces below. PA 17025 At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You province/state/country Yes No Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Standard Someone can claim: (1) First name Last name You as a dependent You Chid tax credit Ceel to rehe dependent If more (1) First name Last name number 1 95, 874. 2b Attach Sa b Tax-exempt interest 2a b Tax-exempt interest 2b 2b 5b 5b 5b <td>SUDHEER</td> <td></td> <td></td> <td>BHOG</td> <td>ADI</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>712-4</td> <td>12-340</td> <td>8</td>	SUDHEER			BHOG	ADI						712-4	12-340	8
331 ERIAR RIDGE RD Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. PA 17.025 box below will not change a box below will a box below will not change a box below will a box belo	If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse's	s social se	curity number
Cluy, Unit, Or both officer, In your have a longing address, also complete spaces below. State 24° door to go to this fund, Checking a box below with not change your tax or refund. ENOLIA Foreign country name Foreign province/state/county Foreign postal code You Spouse your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness Your and tax and the control of the dependents Age/Blindness You: Were born before January 2, 1956 Is blind Check and the control of the dependents If more (i) First name Last name (i) Standard Check and the control of the dependents, and check Image: Check and the control of the dependents, and check Image: Check and the control of the dependents, and check Image: Check and the control of the dependents, and check Image: Check and the control of the dependents, and check Image: Check and the control of the dependents, and check Image: Check and the control of the dependents, and check Image: Check and the control of the dependents, and check Image: Check and the control of the depen				instructio	ons.			A	Apt. no.		Check h	ere if you,	, or your
ENCLA PA 17025 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent You postal code Yes No Standard Someone can claim: You as a dependent You resource as a dependent Yes No Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (f) First name Last name (g) Social security (g) Relationship (h) I' I qualifies for (see instructions): if more (1) First name Last name Immober Immob	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode		•		
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If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents see instructions and check	Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	(4) 🖌	if qu	ualifies for	(see instru	uctions):
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and check here here 1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest 2a a Qualified dividends 4a b b b b a Qualified dividends 4a b b b b cap:al gain or (loss). Attach Schedule D if required. If not required, check here b capital gain or (loss). Attach Schedule D if required. If not required, check here b capital gain or (loss). Attach Schedule D if required. If not required, check here capital gain or (loss). Attach Schedule D if required. If not required, check here b capital gain or (loss). Attach Schedule D if required. If not required, check here capital gain or (loss). Attach Schedule D if required. If not required, check here b capital gain or (loss). Attach Schedule D if required. If not required, check here capital gain or (loss). Attach Schedule D if required. If not required, check here f standard Deduction for- stall addition stall addition <td>•</td> <td></td>	•												
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Deduction for- 7 • Single or Married filing separately, \$12,400 7 • Other income from Schedule 1, line 9 - • Married filing separately, \$12,400 9 • Married filing jointly or Qualifying widow(er), \$24,800 9 • Married filing jointly or Qualifying widow(er), \$24,800 10 • Charitable contributions if you take the standard deduction. See instructions thousehold, \$18,650 10a • Head of household, \$18,650 11 • Head of household, \$14 you checked any box under Standard Deduction, see instructions. 12 • I2 12 • Add lines 12 and 13 . • I3 14 • Add lines 12 and 13 14 • Add lines 12 and 13 14 • I2 7		5a	Pensions and annuities	5a		b 1	Faxable amoun	t			. 5b		
 Single or Married filing separately, \$12,400 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income In 90,124. Married filing jointy or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing 10 Married filing 2 Married filing 2		6a	Social security benefits	6a		b ٦	Faxable amoun	t			. 6b		
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see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deducti	ion. Atta	ach Form 8995 o	r Form 8	3995-A				. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14											
		´ 15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ente	er-0				. 15		

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972]	3			16	12,890.
	17	Amount from Schedule 2, lin	ie3							17	
	18	Add lines 16 and 17								18	12,890.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	ie7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	12,890.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	12,890.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	13	,305.		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c	:			
	d	Add lines 25a through 25c								25d	13,305.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ι				26	
qualifying child,	27	Earned income credit (EIC)			N	٩ö	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin					31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refund		redits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T								33	13,305.
Defend	34	If line 33 is more than line 24								34	415.
Refund	35a	Amount of line 34 you want	,				,	•		35a	415.
Direct deposit?	►b	Routing number 1 1 1				pe: 🗡	_		Savings		
See instructions.	►d	Account number 7 5 9							earnige		
	36	Amount of line 34 you want a					36	T'			
Amount	37	Subtract line 33 from line 24							. 🕨	37	
You Owe	0,	Note: Schedule H and Sch		-							
For details on		2020. See Schedule 3, line 1			•	sent an	or the	laxes you	owe ioi		
how to pay, see instructions.	38	Estimated tax penalty (see in	-				38				
Third Party		you want to allow another									
Designee	ins	structions						🗌 Yes. Co	omplete	below.	× No
3	De	signee's		Phone				Pers	onal iden	tification	
	nai	me 🕨		no. 🕨				num	oer (PIN)		
Sign		der penalties of perjury, I declare t									
Here		ief, they are true, correct, and com	plete. Declaration of				ased or	n all informatio			, ,
	Yo	ur signature		Date	Your occ	cupation					nt you an Identity IN, enter it here
Joint return?					SOFT	WARE	ENGT	NEER		e inst.) ►	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date		s occupa			If th	ne IRS se	nt your spouse an
Keep a copy for		,	5						lde	ntity Prot	ection PIN, enter it here
your records.									(se	e inst.) 🕨	
		one no. (903)456-905		Email address	SUDHE	ERBOBE	8Y.43@	@GMAIL.CO			1
Paid	Pre	eparer's name	Preparer's signat				Date	•	PTIN		Check if:
Preparer	SYAM		SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	1 09/	15/2021	P0208	32703	Self-employed
Use Only		m's name ► GLOBAL TAX							Pho	one no. ((678)965-9522
	Fir	m's address ► 2530 Pebbl	le Creek I	n Cumming	g GA 3	30041			Firr	n's EIN 🕨	► <u>30-1017196</u>
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	۸A	RE	V 07/28/21 PRC)		Form 1040 (2020)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

soc	ial security number
	Attachment Sequence No. 01
	2020

Department of the Treasury	► Attacl
Internal Revenue Service	► Go to <i>www.irs.gov/F</i>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

SUDHEER BHOGADI

Your social securit
712-42-3408

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2 a	
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	-5,750.
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	E 7E0
Par	line 8	3	-5,750.
10		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		
С	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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO		e 1 (Form 1040) 2020

SCHEDULE	Е
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

I	(From rental real estate, royalties, partnerships, S corporations, estates, trusts,	REMICs,	etc
---	---	---------	-----

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Income: 3

Go to	www.irs.ad	v/ScheduleE	for	instructions	an

Form 1	040)	-			ppromonic								
	0-101	(From	rental r		alties, partners		-				iCs, etc.)	20	020
	ent of the Treasury				ch to Form 1040	,	- /	,				Attach	ment
	evenue Service (99)		►G	o to www.irs.g	ov/ScheduleE f	or inst	ructions	and th	e latest	information.			nce No. 13
. ,	shown on return										Your socia		
	EER BHOGAD										712-4		
Part					Estate and Ro	-		•			÷ .		
				-	an individual, rep								
	l you make any						. ,						′es 🔀 No
B If "	Yes," did you o											. 🗌 Y	′es 🗌 No
1a					city, state, ZI		e)						
Α	PATANCHER	U HYDI	ERABA	D TELANGA	NA IN 502	319							
В													
С													
1b	Type of Prop		2 F	or each rental	real estate pro	perty li	sted			Rental	Personal		QJV
	(from list be	low)	a n	pove, report tr ersonal use da	ne number of fa ays. Check the requirements t	air renta OJV b	ai and ox only _r		L	Days	Days	\$	
Α	3		if	you meet the	requirements t	o file a	sa	Α		365		0	
В			q	ualified joint ve	enture. See ins	tructio	ns.	В					
С								С					
	of Property:												
-	le Family Resid				-Term Rental				7 Self-				
	i-Family Reside	ence	4 C	Commercial		6 Ro	yalties		8 Othe	r (describe)	1		
ncom					Properties:			Α		B			С
3	Rents received					3			650.				
4	Royalties recei	ived .				4							
Expen													
5	Advertising .					5							
6	Auto and trave	-				6							
7	Cleaning and r					7		1,	200.				
8	Commissions.					8							
9	Insurance					9							
10	Legal and othe	er profes	ssional	fees		10							
11	Management f	ees .				11							
12	Mortgage inter	est paic	d to ba	nks, etc. (see	instructions)	12							
13	Other interest.					13							
14	Repairs					14		1,	500.				
15	Supplies					15		1,	500.				
16	Taxes					16							

Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7	1,200.			
8	Commissions	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest	13				
14	Repairs	14	1,500.			
15	Supplies	15	1,500.			
16	Taxes	16				
17	Utilities	17	2,200.			
18	Depreciation expense or depletion	18				
19	Other (list)	19				
20	Total expenses. Add lines 5 through 19	20	6,400.			
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	-5,750.			
22	Deductible rental real estate loss after limitation, if any,					
	on Form 8582 (see instructions)	22)	()
23a	Total of all amounts reported on line 3 for all rental proper	rties		-	50.	
b	Total of all amounts reported on line 4 for all royalty prope					
С	Total of all amounts reported on line 12 for all properties					
d	Total of all amounts reported on line 18 for all properties					
е	Total of all amounts reported on line 20 for all properties			6,4	00.	
24	Income. Add positive amounts shown on line 21. Do not				24	
25	Losses. Add royalty losses from line 21 and rental real estate	losse	s from line 22. Enter to	tal losses here .	25	(5,750.)
26	Total rental real estate and royalty income or (loss).					
	here. If Parts II, III, IV, and line 40 on page 2 do not a					
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	nount	in the total on line 4	1 on page 2 .	26	-5,750.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

_L	Form 10-1040 For Calendar Year January 1 - December 31, 2020 t in BLACK ink only and DO NOT STAPLE.		
	Amended Return Composite Return (For use by S corporations or Partnership Federal Extension - Select this box if you have an approved federal		y Federal Extension (Form 4868).
	ng a fiscal year return enter the beginning and ending dates here. Il Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)	Vendor Code	Department Use Only
Filing Status	X Single Claimed as a Married Filing Dependent Combined	0	Head of Qualifying Household Widow(er)
	Age 62 through 64 Age 65 or Older Blind urself Spouse Yourself Spouse		Spouse Yourself Spouse
Name	Deceased Social Security Number in 2020 712 42 3408 First Name M.I. Last Name SUDHEER BHOGAD Spouse's First Name M.I. Spouse's First Name M.I. In Care Of Name (Attorney, Executor, Personal Representative, etc.)		Deceased ber in 2020 Suffix Suffix
Address	Present Address (Include Apartment Number or Rural Route) 331 BRIAR RIDGE RD City, Town, or Post Office ENOLA County of Residence STCO	State PA	ZIP Code 17025 -

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.





				Yourself (Y)	Spouse (S)		
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	90124.00	18		00
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y	. 00	28		00
me	3.	Total income - Add Lines 1 and 2	3Y	90124.00	3S		00
Income	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	90124.00	5S].	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%)	З 7Y		0124 _{.00}		%
	8.	Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)			8].	00
	9.	Tax from federal return		9 12890	00		
	10.	Other tax from federal return.		10	00		
	11.	Total tax from federal return. Do not enter federal income tax with	neld.	11 12890.	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	%		
Jeductions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta. \$25,000 or less 33 \$25,001 to \$50,000 29 \$50,001 to \$100,000 15 \$100,001 to \$125,000 5 \$125,001 or more 0	5% 5% 5% 5%	centage:			
-	13.	Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co			13 1934		00
0	14.	Missouri standard deduction or itemized deductions. (If itemizin • Single or Married Filing Separate-\$12,400 • Head of Hou • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see pa	sehol	d-\$18,650	14 12400		00
	15.	Long-term care insurance deduction	-		15].	00
		Health care sharing ministry deduction			16		00
		Active Duty Military income deduction			17		00
		Inactive Duty Military income deduction			18		00
		Bring jobs home deduction			19		00
		Transportation facilities deduction			20		00
		A. Port Cargo Expansion B. International Trade Fa			tivities		

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I



21. First Time Home Buyers deduction. A B. 21. 0.0 22. Total deductions - Add Lines 8 and 13 through 21. 22. 14.33.4 0.0 22. Total deductions - Add Lines 8 and 13 through 21. 22. 14.33.4 0.0 23. Subtotal - Subtract Line 22 from Line 6 23. 75.79.0 00 24.5 0.00 23. Subtotal - Subtract Line 25 from Line 6 23. 75.79.0 00 24.5 0.00 24. Taxable income - Subtract Line 25 from Line 24. 26.Y 75.79.0 0.00 26.5 0.00 27. Tax (see tax chart on page 22 of the instructions). 27.7 39.08 00 27.5 0.00 28. Missouri income parentage - Enter 100% unless you are completing Form MO-NRI Attach Form MO-NRI and a copy of your federal return if less than 100% 20.41 10.00 % 20.5 % 30. Balance - Subtract Line 26 from Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on Line 27. OR multiply Line 27 by percentage on											
25. Enterprise zone or rural empowerment zone income modification. 25Y .00 25S .00 26. Taxable income - Subtract Line 25 from Line 24. .26Y 75790 .00 26S .00 27. Tax (see tax chart on page 22 of the instructions). .27Y .390.8 .00 27S .00 28. Resident credit - Attach Form MO-CR and other states' income tax return(s). .27Y .390.8 .00 28S .00 29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI Attach Form MO-NRI and a copy of your federal return if less than 100% .29Y 1.00 % 28S .00 30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29 .30Y 390.8 .00 30S .00 31. Other taxes - Select box and attach federal form indicated.	ns Continued	21.	First Time Home Buyers deduction. A.	В.			21		. 00		
25. Enterprise zone or rural empowerment zone income modification. 25Y .00 25S .00 26. Taxable income - Subtract Line 25 from Line 24. .26Y 75790 .00 26S .00 27. Tax (see tax chart on page 22 of the instructions). .27Y .390.8 .00 27S .00 28. Resident credit - Attach Form MO-CR and other states' income tax return(s). .27Y .390.8 .00 28S .00 29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI Attach Form MO-NRI and a copy of your federal return if less than 100% .29Y 1.00 % 28S .00 30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29 .30Y 390.8 .00 30S .00 31. Other taxes - Select box and attach federal form indicated.		22.	Total deductions - Add Lines 8 and 13 through 21				22	14334	. 00		
25. Enterprise zone or rural empowerment zone income modification. 25Y .00 25S .00 26. Taxable income - Subtract Line 25 from Line 24. .26Y 75790 .00 26S .00 27. Tax (see tax chart on page 22 of the instructions). .27Y .390.8 .00 27S .00 28. Resident credit - Attach Form MO-CR and other states' income tax return(s). .27Y .390.8 .00 28S .00 29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI Attach Form MO-NRI and a copy of your federal return if less than 100% .29Y 1.00 % 28S .00 30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29 .30Y 390.8 .00 30S .00 31. Other taxes - Select box and attach federal form indicated.		23	Subtotal - Subtract Line 22 from Line 6				23	75790	00		
25. Enterprise zone or rural empowerment zone income modification. 25Y .00 25S .00 26. Taxable income - Subtract Line 25 from Line 24. .26Y 75790 .00 26S .00 27. Tax (see tax chart on page 22 of the instructions). .27Y .390.8 .00 27S .00 28. Resident credit - Attach Form MO-CR and other states' income tax return(s). .27Y .390.8 .00 28S .00 29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI Attach Form MO-NRI and a copy of your federal return if less than 100% .29Y 1.00 % 28S .00 30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29 .30Y 390.8 .00 30S .00 31. Other taxes - Select box and attach federal form indicated.	luctio		Multiply Line 23 by appropriate percentages (%) on								
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26. Taxable income - Subtract Line 25 from Line 24											
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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%		28.		28Y		00	28S		. 00		
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30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29		29.	completing Form MO-NRI. Attach Form MO-NRI and a		100	0/			0/		
30. Balance - Subtract Line 26 non Line 29	X		copy of your federal return if less than 100%	29Y	100	70	295		70		
31. Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) 32. Subtotal - Add Lines 30 and 31 33. Total Tax - Add Lines 32Y and 32S 34. MISSOURI tax withheld - Attach Forms W-2 and 1099. 35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms 37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT 38. Amount paid with Missouri extension of time to file (Form MO-50). 38. Amount paid with Missouri extension of time to file (Form MO-50). 39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC	Ë	30.		307	3908	00	305				
Image: Substant and Second			multiply Line 27 by percentage on Line 29	001		00	000				
Recapture of low income housing credit (Form 8611) 31Y .00 31S .00 32. Subtotal - Add Lines 30 and 31 .00 32Y 3908 .00 32S .00 33. Total Tax - Add Lines 32Y and 32S .00 .00 .00 .00 .00 .00 34. MISSOURI tax withheld - Attach Forms W-2 and 1099 .00 .00 .00 .00 35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 .00 .00 36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms .00 .00 37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT .00 .00 38. Amount paid with Missouri extension of time to file (Form MO-60) .00 .00 39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC .00 .00		31.	. Other taxes - Select box and attach federal form indicated.								
Subtotal - Add Lines 30 and 31			Lump sum distribution (Form 4972)								
32. Sublear - Add Lines 30 and 31			Recapture of low income housing credit (Form 8611)	31Y		00	31S		. 00		
33. Total Tax - Add Lines 32Y and 32S 33 3908 00 34. MISSOURI tax withheld - Attach Forms W-2 and 1099 34 4327 00 35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 35 00 36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms 36 00 37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT 37 00 38. Amount paid with Missouri extension of time to file (Form MO-60) 38 00 39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC 39 00		32.	Subtotal - Add Lines 30 and 31	32Y	3908	00	32S		00		
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35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020		33.	Iotal Tax - Add Lines 32Y and 32S				33		00		
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020											
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms 36. 00 37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT 37 37 00 38. Amount paid with Missouri extension of time to file (Form MO-60). 38 38 00 39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC 39 00		34.	MISSOURI tax withheld - Attach Forms W-2 and 1099				34	4327	. 00		
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms 36. 00 37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT 37 37 00 38. Amount paid with Missouri extension of time to file (Form MO-60). 38 38 00 39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC 39 00							0.5				
39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC	ţ	35.	. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 [35]								
39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC	Credi	36.		36		00					
39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC	Payments and (
39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC		37.	Missouri tax payments for nonresident entertainers - Attach		37						
		38.	Amount paid with Missouri extension of time to file (Form MO		38						
40 Broporty tax credit Attach Form MO BTS		39.	. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC						. 00		
		40.	Property tax credit - Attach Form MO-PTS						. 00		
41. Total payments and credits - Add Lines 34 through 40							41	4327	00		



	Sk	kip Lines 42 through 44 if you are not filing an amended return.	
	42.	Amount paid on original return	42
	43.	Overpayment as shown (or adjusted) on original return	43 . 00
		Indicate Reason for Amending Enter date of IRS report (MM/DD/YY)	
Amended Return		A. Federal audit Enter year of loss (YY)	
Amend		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/YY)
		D. Correction other than A, B, or C	
	44.	Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43. Enter on Line 44	44
	45.	If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT	419.00
	46.	Amount of Line 45 to be applied to your 2021 estimated tax	46
	47.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional	trust fund codes.
	47a	Children's . 00 47b. Trust Fund . 00 47b. Trust Fund . 00 47c. Trust Fund . 00 47c. Trust Fund . 00 4	Missouri National Guard 7d. Trust Fund
	476	Kansas City Soldiers	7h. Revenue Fund
Refund	47i	Organ Donor i. Program Fund	
Ä	471	Additional Additional Additional Fund Fund Amount . 00 47m. Code Amount . 00	
		Total Donation - Add amounts from Boxes 47a through 47m and enter here	47
	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
	49.	REFUND - Subtract Lines 46, 47, and 48 from Line 45 and enter here	49 419 00
		a. Routing Number 111000614 c. 🗙	Checking Savings
		b. Account Number 759977395	



Mai	il 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 (Balanc Phone (Refund Fax: (573) 522- E-mail: income	l or No Amou 1762	751-7200 nt Due): (573) 7	evised 12-2020) 751-3505
	A	🗌 FA 🗌 E10	DE F				
			Department Use Only				
	or an Did y an In	norize the Director of Revenue or dele ay member of the preparer's firm ou pay a tax return preparer to comple ternal Revenue Service preparer tax in arer's name, address, and phone num	ete your return, but the preparer failed dentification number? If you marked y	l to sign the retu yes, please inse	irn or provide		× No
		30 PEBBLE CREEK LN CU		hmonto with the	GA	30041	
	Prepa	irer's Address			State	ZIP Code	
	30-	-1017196			678965	9522	
	Prepa	rrer's FEIN, SSN, or PTIN			Preparer's Te	lephone	
Si	SYA	AM PRIYA RAM SAGAR GU	PTA TALLAM		09	15	21
Signature		irer's Signature			Date (MM/DD		
Ire	SYA	AM@GTAXFILE.COM			903456		
	L E-mai	il Address			Daytime Telep	bhone	
	Spous	e o orginalare (ir ming complited, DOTH Mi	ပဝး ခုမျို				
		se's Signature (If filing combined, BOTH mi	uet sign)		Date (MM/DD		
	Signa	ture]	Date (MM/DD	//YY)	
	of my the D based impos unaut aliens		and complete. By signing or entering n re as required under <u>Section 143.561</u> , he has knowledge. As provided in <u>Ch</u> frivolous return. I also declare und	ny name in the "S RSMo. Declaration apter 143, RSI er penalties of	Signature" fiel tion of prepar <u>Mo.</u> , a penal perjury tha , credit, or ab	d(s) below, I ar er (other than t ty of up to \$50 t I employ no atement if I er	m providing axpayer) is 00 shall be o illegal or
	e	you pay by check, you authorize the lectronically. Any returned check may	be presented again electronically .				. 00
-	52. A	Select this box if you are a farm MOUNT DUE - Add Lines 50 and 51	ner exempt from the underpayment o	f estimated tax	penalty.		
Amount Due	51. U	Inderpayment of estimated tax penalt	y - Attach <u>Form MO-2210</u> . Enter per	alty amount he	re 51		. 00
		mount of UNDERPAYMENT			50		. 00
	50. If	Line 33 is larger than Line 41 or Line	e 44, enter the difference.				

REV 04/20/21 PRO