

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |                                       |
|--|---------------------------------------|
| Taxpayer's name<br>DEDEEPIYA SREE PAVAN JAGARAPU | Social security number<br>621-99-8940 |
| Spouse's name                                    | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |   |         |
|---|---|---|---------|
| 1 | Adjusted gross income   | 1 | 68,939. |
| 2 | Total tax   | 2 | 8,226.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 9,228.  |
| 4 | Amount you want refunded to you                               | 4 | 2,802.  |
| 5 | Amount you owe  | 5 |         |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 8 | 9 | 4 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

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: DEDEEPPYA SREE PAVAN
Last name: JAGARAPU
Your social security number: 621-99-8940
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 5625 W 134TH PL
Apt. no.: 2011
City, town, or post office: OVERLAND PARK
State: KS
ZIP code: 66209
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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation.

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  | 8,226.  |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 8,226.  |
| 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  | 8,226.  |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.      |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 8,226.  |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 9,228.  |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 9,228.  |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |         |
| 27 | Earned income credit (EIC) <b>NO</b>  | 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  | 1,800.  |
| 31 | Amount from Schedule 3, line 13   | 31  |         |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  | 1,800.  |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 11,028. |

Refund

|     |   |     |        |
|-----|---|-----|--------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 2,802. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,802. |
| b   | Routing number 022000046  |     |        |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |        |
| d   | Account number 9867864713   |     |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

Amount You Owe

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> 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

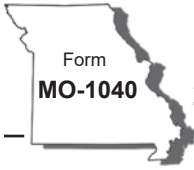
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |               |                                      |   |
|---|---------------|--------------------------------------|---|
| Your signature  | Date          | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no.   | Email address |                                      |   |

Paid Preparer Use Only

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/25/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522<br>Firm's EIN 30-1017196   |

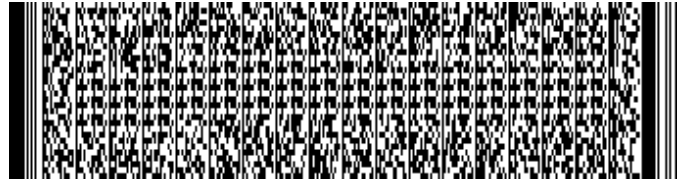
• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.



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**

|      |  |  |  |
|------|--|--|--|
| 1555 |  |  |  |
|------|--|--|--|

**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 |
| 621 - 99 - 8940        |                  |                                 |                  |
| First Name             | M.I.             | Last Name                       | Suffix           |
| DEDEEPIYA SREE PAVAN   |                  | JAGARAPU                        |                  |
| 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)

5625 W 134TH PL APT 2011

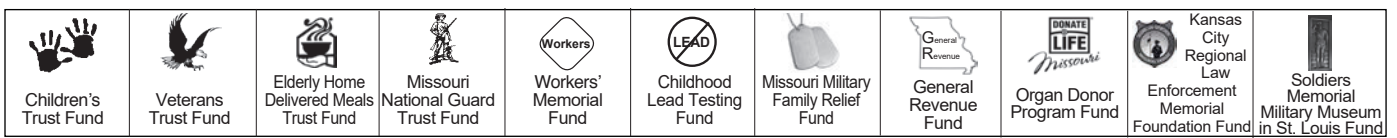
City, Town, or Post Office    State    ZIP Code

OVERLAND PARK    KS    66209 -

County of Residence

NONR

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<br>(see worksheet on page 7 of the instructions) . . . . . | 1Y           | 68939 .00 | 1S         | .00 |
| 2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .   | 2Y           | .00       | 2S         | .00 |
| 3. Total income - Add Lines 1 and 2 . . . . .   | 3Y           | 68939 .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           | 68939 .00 | 5S         | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .                                       | 6            | 68939 .00 |            |     |
| 7. Income percentages - Divide columns 5Y and 5S by total on<br>Line 6. (Must equal 100%) . . . . .             | 7Y           | 100 %     | 7S         | %   |

Exemptions and Deductions

|   |    |          |
|---|----|----------|
| 8. Pension, Social Security, Social Security Disability, and Military exemption (from Form<br>MO-A, Part 3, Section E) . . . . .                                    | 8  | .00      |
| 9. Tax from federal return . . . . .  | 9  | 8226 .00 |
| 10. Other tax from federal return . . . . .   | 10 | .00      |
| 11. Total tax from federal return. Do not enter federal income tax withheld. . . . .  | 11 | 8226 .00 |
| 12. Federal tax percentage – Enter the percentage based on your<br>Missouri Adjusted Gross Income, Line 6. Use the chart below to<br>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<br>amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .  | 13 | 1234 .00  |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)<br>• Single or Married Filing Separate-\$12,400      • Head of Household-\$18,650<br>• Married Filing Combined or Qualifying Widow(er)-\$24,800<br>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 type="text"/> | B. <input type="text"/> | 21  | <input type="text"/> | .00 |
| 22. Total deductions - Add Lines 8 and 13 through 21                   |                         |                         | 22  | 13634                | .00 |
| 23. Subtotal - Subtract Line 22 from Line 6                            |                         |                         | 23  | 55305                | .00 |
| 24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S | 24Y                     | 55305                   | .00 | 24S                  | .00 |
| 25. Enterprise zone or rural empowerment zone income modification      | 25Y                     | <input type="text"/>    | .00 | 25S                  | .00 |

Tax

|   |     |                      |     |      |     |
|---|-----|----------------------|-----|------|-----|
| 26. Taxable income - Subtract Line 25 from Line 24  | 26Y | 55305                | .00 | 26S  | .00 |
| 27. Tax (see tax chart on page 22 of the instructions)  | 27Y | 2802                 | .00 | 27S  | .00 |
| 28. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s)   | 28Y | <input type="text"/> | .00 | 28S  | .00 |
| 29. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% | 29Y | 100                  | %   | 29S  | %   |
| 30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29   | 30Y | 2802                 | .00 | 30S  | .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 type="text"/> | .00 | 31S  | .00 |
| 32. Subtotal - Add Lines 30 and 31  | 32Y | 2802                 | .00 | 32S  | .00 |
| 33. Total Tax - Add Lines 32Y and 32S   |     |                      | 33  | 2802 | .00 |

Payments and Credits

|   |    |                      |     |
|---|----|----------------------|-----|
| 34. MISSOURI tax withheld - Attach Forms W-2 and 1099   | 34 | 2864                 | .00 |
| 35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020  | 35 | <input type="text"/> | .00 |
| 36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> | 36 | <input type="text"/> | .00 |
| 37. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b>   | 37 | <input type="text"/> | .00 |
| 38. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> )   | 38 | <input type="text"/> | .00 |
| 39. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC  | 39 | <input type="text"/> | .00 |
| 40. Property tax credit - Attach <b>Form MO-PTS</b>   | 40 | <input type="text"/> | .00 |
| 41. Total payments and credits - Add Lines 34 through 40  | 41 | 2864                 | .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

- 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 [ ] 62 [ ] . 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 [ ] Additional Fund Amount [ ] . 00 47m. Additional Fund Code [ ] Additional Fund Amount [ ] . 00

Total Donation - Add amounts from Boxes 47a through 47m and enter here . . . . . 47 [ ] . 00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) 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 [ ] 62 [ ] . 00

a. Routing Number [ 022000046 ] c. [ X ] Checking [ ] Savings
b. Account Number [ 9867864713 ]



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                                       | 6077688573           |          |     |
| Preparer's Signature                                    | Date (MM/DD/YY)      |          |     |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM                       | 03                   | 25       | 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](mailto:income@dor.mo.gov)







**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

621 - 99 - 8940

Name

JAGARAPU, DEDEEPIYA SREE PAVAN

Address

5625 W 134TH PL APT 2011

City, State, ZIP Code

OVERLAND PARK KS 66209

1. Nonresident of Missouri  
State of residence during 2020 KANSAS

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

1. Nonresident of Missouri  
State of residence during 2020 \_\_\_\_\_

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 29 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record  
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record  
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

**Worksheet for Missouri Source Income**

Part B

| Adjusted Gross Income Computations   | Federal Form 1040 or Federal Form 1040-SR Line No. | Yourself or One Income Filer |          | Spouse (On A Combined Return) |    |
|--|--|------------------------------|----------|-------------------------------|----|
|  |  | Missouri Sources             |          | Missouri Sources              |    |
| A. Wages, salaries, tips, etc. ....  | 1  | A                            | 68939.00 | A                             | 00 |
| B. Taxable interest income. ....   | 2b   | B                            | 00       | B                             | 00 |
| C. Dividend income ....  | 3b   | C                            | 00       | C                             | 00 |
| D. State and local income tax refunds (from schedule 1, part 1) ....   | 1  | D                            | 00       | D                             | 00 |
| E. Alimony received (from schedule 1, part 1) ....   | 2a   | E                            | 00       | E                             | 00 |
| F. Business income or (loss) (from schedule 1, part 1) ....  | 3  | F                            | 00       | F                             | 00 |
| G. Capital gain or (loss) ....   | 7  | G                            | 00       | G                             | 00 |
| H. Other gains or (losses) (from schedule 1, part 1) ....  | 4  | H                            | 00       | H                             | 00 |
| I. Taxable IRA distributions ....  | 4b   | I                            | 00       | I                             | 00 |
| J. Taxable pensions and annuities ....   | 5b   | J                            | 00       | J                             | 00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....                                       | 5  | K                            | 00       | K                             | 00 |
| L. Farm income or (loss) (from schedule 1, part 1) ....  | 6  | L                            | 00       | L                             | 00 |
| M. Unemployment compensation (from schedule 1, part 1) ....  | 7  | M                            | 00       | M                             | 00 |
| N. Taxable social security benefits ....   | 6b   | N                            | 00       | N                             | 00 |
| O. Other income (from schedule 1, part 1) ....   | 8  | O                            | 00       | O                             | 00 |
| P. Total - Add Lines A through O ....  |  | P                            | 68939.00 | P                             | 00 |
| Q. Less: federal adjustments to income ....  | 10c  | Q                            | 00       | Q                             | 00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....                       | 11   | R                            | 68939.00 | R                             | 00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) ....      |  | S                            | 00       | S                             | 00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) .... |  | T                            | 00       | T                             | 00 |
| U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1. ....             |  | U                            | 00       | U                             | 00 |

**Missouri Income Percentage**

Part C

|   | Yourself or One Income Filer |          | Spouse (On A Combined Return) |      |
|---|------------------------------|----------|-------------------------------|------|
| 1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....   | 1Y                           | 68939.00 | 1S                            | 00   |
| 2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....  | 2Y                           | 68939.00 | 2S                            | 00   |
| 3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 29Y and 29S .... | 3Y                           | 100 %    | 3S                            | 00 % |

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

|   |                      |
|---|----------------------|
| Signature   | Date (MM/DD/YY)      |
| <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"/> |

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: DEDEEPPYA SREE PAVAN
Last name: JAGARAPU
Your social security number: 621-99-8940
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 5625 W 134TH PL
Apt. no.: 2011
City, town, or post office: OVERLAND PARK
State: KS
ZIP code: 66209
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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 68,939. Adjusted gross income: 68,939. Standard deduction: 12,400. Taxable income: 56,539.

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

|           |  |            |         |
|-----------|--|------------|---------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b>  | 8,226.  |
| <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b> | Add lines 16 and 17  | <b>18</b>  | 8,226.  |
| <b>19</b> | Child tax credit or credit for other dependents  | <b>19</b>  |         |
| <b>20</b> | Amount from Schedule 3, line 7   | <b>20</b>  |         |
| <b>21</b> | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 8,226.  |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10   | <b>23</b>  | 0.      |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 8,226.  |
| <b>25</b> | Federal income tax withheld from:  |            |         |
| <b>a</b>  | Form(s) W-2  | <b>25a</b> | 9,228.  |
| <b>b</b>  | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>  | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>  | Add lines 25a through 25c  | <b>25d</b> | 9,228.  |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return  | <b>26</b>  |         |
| <b>27</b> | Earned income credit (EIC) <b>NO</b>   | <b>27</b>  |         |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812  | <b>28</b>  |         |
| <b>29</b> | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b> | Recovery rebate credit. See instructions   | <b>30</b>  | 1,800.  |
| <b>31</b> | Amount from Schedule 3, line 13  | <b>31</b>  |         |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  | 1,800.  |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 11,028. |

**Refund**

|            |   |            |        |
|------------|---|------------|--------|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                | <b>34</b>  | 2,802. |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>     | <b>35a</b> | 2,802. |
| <b>b</b>   | Routing number 022000046 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
| <b>d</b>   | Account number 9867864713   |            |        |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | <b>36</b>  |        |

**Amount You Owe**

For details on how to pay, see instructions.

|           |  |           |  |
|-----------|--|-----------|--|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | <b>37</b> |  |
| <b>38</b> | Estimated tax penalty (see instructions)                             | <b>38</b> |  |

**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<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no.   | Email address |                                      |   |

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/25/2021 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

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



DEDEEPPYA SRE      JAGARAPU      6077688573      JAGA      621998940

5625 W 134TH PL APT 2011      JO      229  
OVERLAND PARK      KS 66209

Name or address has changed?      Taxpayer or (spouse if filing joint) died during this tax year      Taxpayer was engaged in commercial farming/fishing in 2020

**Amended Return:**      Amended affects Kansas only      Amended Federal tax return      Adjustment by the IRS

**Filing Status:**       Single      Married Filing Joint (Even if only one had income)      Married Filing Separate      Head of Household (Do not check if filing joint return)

**Residency Status:**       Resident      NonResident (Complete Sch S, Part B)      State of Legal Residence  
Part-Year Resident (Complete Sch S, Part B) From      To

**Exemptions:**      1      Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.      If filing status above is Head of Household, add one exemption.      1      **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**  
If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

**Dependent Name** - First, Middle and Last      **Date of Birth** - MMDDYYYY      **Relationship**      **SSN**

**Food Sales Tax Credit:** You must have been a Kansas resident for **ALL** of 2020. Complete this section to determine your qualifications and credit.  
If you did not mark A, B, and C, **STOP HERE;** you do not qualify for this credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2020?
- B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)?
- C. Were you (or spouse) totally and permanently disabled or blind **all** of 2020, regardless of age?
- D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 **STOP HERE,** you do not qualify for this credit.      0
- E. Number of exemptions claimed
- F. Number of dependents that are 18 years of age or older (born on or before January 1, 2003)
- G. Total qualifying exemptions (subtract line F from line E)
- H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.      0



DEDEEPYA SRE JAGARAPU JAGA 621998940

|   |        |   |     |
|---|--------|---|-----|
| 1. Federal adjusted gross income                      | 68939  | 23. Estimated tax paid  | 0   |
| 2. Modifications                                      | 0      | 24. Amount paid with Kansas extension                               | 0   |
| 3. Kansas adjusted gross income                       | 68939  | 25. Refundable portion of earned income tax credit                  | 0   |
| 4. Standard or itemized deductions                    | 3000   | 26. Refundable portion of tax credits                               | 0   |
| 5. Exemption allowance                                | 2250   | 27. Payments remitted with original return                          | 0   |
| 6. Total deductions                                   | 5250   | 28. Overpayment from original return                                | 0   |
| 7. Taxable income                                     | 63689  | 29. Total refundable credits  | 437 |
| 8. Tax  | 3172   | 30. Underpayment  | 0   |
| 9. Nonresident percentage                             | 0.0000 | 31. Interest  | 0   |
| 10. Nonresident tax                                   | 0      | 32. Penalty   | 0   |
| 11. KS tax on lump sum distributions                  | 0      | 33. Estimated tax penalty   | 0   |
| 12. TOTAL INCOME TAX                                  | 3172   | 34. AMOUNT YOU OWE  | 0   |
| 13. Credit for taxes paid to other states             | 2802   | 35. Overpayment   | 67  |
| 14. Credit for child and dependent care expenses      | 0      | 36. CREDIT FORWARD  | 0   |
| 15. Other credits                                     | 0      | 37. Chickadee Checkoff  | 0   |
| 16. Subtotal  | 370    | 38. Senior Citizens Meals On Wheels Contribution Program            | 0   |
| 17. Earned Income Credit                              | 0      | 39. Breast Cancer Research Fund                                     | 0   |
| 18. Food Sales Tax Credit                             | 0      | 40. Military Emergency Relief Fund                                  | 0   |
| 19. Tax balance after credits                         | 370    | 41. Kansas Hometown Heroes Fund                                     | 0   |
| 20. Use Tax Due (Out-of-State and Internet Purchases) | 0      | 42. Kansas Creative Arts Industry Fund                              | 0   |
| 21. Total Tax Balance                                 | 370    | 43. Local School District Contribution Fund. School District Number | 0   |
| 22. KS income tax withheld from W-2, 1099 or K-19     | 437    | 44. REFUND  | 67  |

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Signature SYAM PRIYA RAM SAGAR GUPTA Preparer PTIN, EIN or SSN \_\_\_\_\_  
Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Phone Number 6789659522 P02082703

**IMPORTANT:** 1) Form K-40 is a 2 PAGE FORM - BOTH PAGES REQUIRED. WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

DEDEEPPYA SRE

JAGARAPU

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621998940

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**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**  
**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

---

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

**A2. Contributions to all KPERs (Kansas Public Employee's Retirement Systems)**

A3. Kansas Expensing Recapture (enclose applicable schedules)

A4. Low income student scholarship contribution (enclose Schedule K-70)

A5. Other additions to FAGI (enclose list)

A6. Total additions to FAGI (add lines A1 through A5)

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A7. Social Security benefits

A8. KPERs lump sum distributions exempt from income tax

A9. Interest on U.S. Government obligations (reduced by related expenses)

A10. State or local income tax refund (if included in line 1 of Form K-40)

0

A11. Retirement benefits specifically exempt from Kansas Income Tax

A12. Military compensation of a nonresident servicemember (Non-Residents only)

A13. Contributions to Learning Quest or other states' qualified tuition program

A14. Armed forces recruitment, sign-up, or retention bonus

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

A17. Total subtractions from FAGI (add lines A7 through A16)

0

**NET MODIFICATIONS:**

A18. Net modifications to FAGI (subtract line A17 from line A6). Enter total here and on line 2, Form K-40.

0

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**PART C - KANSAS ITEMIZED DEDUCTIONS**

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C1. Medical and dental expenses from line 4 of federal Schedule A

C2. Real estate taxes from line 5b of federal Schedule A.

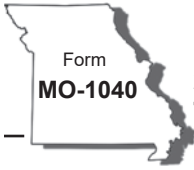
C3. Personal property taxes from line 5c of federal Schedule A.

C4. Qualified residence interest you paid and reported on federal Schedule A.

C5. Gifts to charity from line 14 of federal Schedule A.

C6. Kansas itemized deductions (add lines C1 through C5). Enter result here and line 4 of Form K-40.

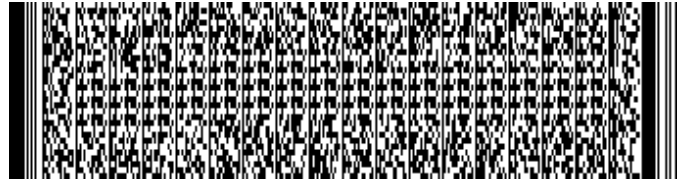




MISSOURI DEPARTMENT OF  
**REVENUE**  
2020 Individual Income  
Tax Return - Long Form

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.)

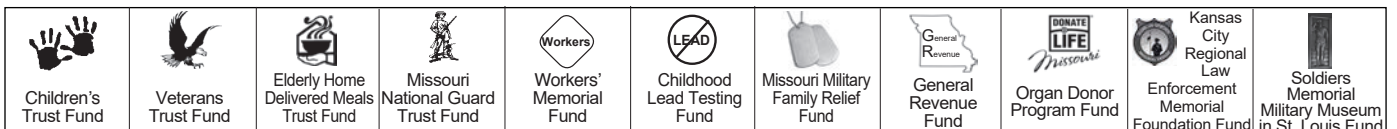
**Address**

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<br>(see worksheet on page 7 of the instructions) . . . . . | 1Y           | 68939 .00 | 1S         | .00 |
| 2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .   | 2Y           | .00       | 2S         | .00 |
| 3. Total income - Add Lines 1 and 2 . . . . .   | 3Y           | 68939 .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           | 68939 .00 | 5S         | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .                                       | 6            | 68939 .00 |            |     |
| 7. Income percentages - Divide columns 5Y and 5S by total on<br>Line 6. (Must equal 100%) . . . . .             | 7Y           | 100 %     | 7S         | %   |

Exemptions and Deductions

|   |    |          |
|---|----|----------|
| 8. Pension, Social Security, Social Security Disability, and Military exemption (from Form<br>MO-A, Part 3, Section E) . . . . .                                    | 8  | .00      |
| 9. Tax from federal return . . . . .  | 9  | 8226 .00 |
| 10. Other tax from federal return . . . . .   | 10 | .00      |
| 11. Total tax from federal return. Do not enter federal income tax withheld. . . . .  | 11 | 8226 .00 |
| 12. Federal tax percentage – Enter the percentage based on your<br>Missouri Adjusted Gross Income, Line 6. Use the chart below to<br>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<br>amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .  | 13 | 1234 .00  |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)<br>• Single or Married Filing Separate-\$12,400      • Head of Household-\$18,650<br>• Married Filing Combined or Qualifying Widow(er)-\$24,800<br>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 type="text"/> | B.  | <input type="text"/> | 21                   | <input type="text"/> | .00 |
| 22. Total deductions - Add Lines 8 and 13 through 21                   |     |                      |     |                      | 22                   | 13634                | .00 |
| 23. Subtotal - Subtract Line 22 from Line 6                            |     |                      |     |                      | 23                   | 55305                | .00 |
| 24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S | 24Y | 55305                | .00 | 24S                  | <input type="text"/> | <input type="text"/> | .00 |
| 25. Enterprise zone or rural empowerment zone income modification      | 25Y | <input type="text"/> | .00 | 25S                  | <input type="text"/> | <input type="text"/> | .00 |

Tax

|  |     |                      |     |     |                      |                      |     |
|--|-----|----------------------|-----|-----|----------------------|----------------------|-----|
| 26. Taxable income - Subtract Line 25 from Line 24   | 26Y | 55305                | .00 | 26S | <input type="text"/> | <input type="text"/> | .00 |
| 27. Tax (see tax chart on page 22 of the instructions)   | 27Y | 2802                 | .00 | 27S | <input type="text"/> | <input type="text"/> | .00 |
| 28. Resident credit - Attach <a href="#">Form MO-CR</a> and other states' income tax return(s)   | 28Y | <input type="text"/> | .00 | 28S | <input type="text"/> | <input type="text"/> | .00 |
| 29. Missouri income percentage - Enter 100% unless you are completing <a href="#">Form MO-NRI</a> . Attach Form MO-NRI and a copy of your federal return if less than 100% | 29Y | 100                  | %   | 29S | <input type="text"/> | <input type="text"/> | %   |
| 30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29  | 30Y | 2802                 | .00 | 30S | <input type="text"/> | <input 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 type="text"/> | .00 | 31S | <input type="text"/> | <input type="text"/> | .00 |
| 32. Subtotal - Add Lines 30 and 31   | 32Y | 2802                 | .00 | 32S | <input type="text"/> | <input type="text"/> | .00 |
| 33. Total Tax - Add Lines 32Y and 32S  |     |                      |     | 33  | 2802                 | <input type="text"/> | .00 |

Payments and Credits

|   |    |                      |                      |                      |     |
|---|----|----------------------|----------------------|----------------------|-----|
| 34. MISSOURI tax withheld - Attach Forms W-2 and 1099   | 34 | 2864                 | <input type="text"/> | <input type="text"/> | .00 |
| 35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020  | 35 | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <a href="#">MO-2NR</a> and <a href="#">MO-NRP</a> | 36 | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 37. Missouri tax payments for nonresident entertainers - Attach <a href="#">Form MO-2ENT</a>  | 37 | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 38. Amount paid with Missouri extension of time to file ( <a href="#">Form MO-60</a> )  | 38 | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 39. Miscellaneous tax credits (from <a href="#">Form MO-TC</a> , Line 13) - Attach Form MO-TC   | 39 | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 40. Property tax credit - Attach <a href="#">Form MO-PTS</a>  | 40 | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 41. Total payments and credits - Add Lines 34 through 40  | 41 | 2864                 | <input type="text"/> | <input type="text"/> | .00 |



**Skip Lines 42 through 44 if you are not filing an amended return.**

42. Amount paid on original return. . . . .   .

43. Overpayment as shown (or adjusted) on original return . . . . .   .

**Indicate Reason for Amending**

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. . . . .   .

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT . . . . .   .

46. Amount of Line 45 to be applied to your 2021 estimated tax . . . . .   .

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  .  47b. Veterans Trust Fund  .  47c. Elderly Home Delivered Meals Trust Fund  .  47d. Missouri National Guard Trust Fund  .

47e. Workers' Memorial Fund  .  47f. Childhood Lead Testing Fund  .  47g. Missouri Military Family Relief Fund  .  47h. General Revenue Fund  .

47i. Organ Donor Program Fund  .  47j. Kansas City Regional Law Enforcement Memorial Foundation Fund  .  47k. Soldiers Memorial Military Museum in St. Louis Fund  .

47l. Additional Fund Code  Additional Fund Amount  .  47m. Additional Fund Code  Additional Fund Amount  .

Total Donation - Add amounts from Boxes 47a through 47m and enter here . . . . .   .

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). . . . .   .

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here . . . . .   .

a. Routing Number  c.  Checking  Savings

b. Account Number

Amended Return

Refund



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                                       | 6077688573           |          |     |
| Preparer's Signature                                    | Date (MM/DD/YY)      |          |     |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM                       | 03                   | 25       | 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](mailto:income@dor.mo.gov)





**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

621 - 99 - 8940

Name

JAGARAPU, DEDEEPIYA SREE PAVAN

Address

5625 W 134TH PL APT 2011

City, State, ZIP Code

OVERLAND PARK KS 66209

1. Nonresident of Missouri  
State of residence during 2020 KANSAS

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

1. Nonresident of Missouri  
State of residence during 2020 \_\_\_\_\_

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 29 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record  
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record  
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

**Worksheet for Missouri Source Income**

Part B

| Adjusted Gross Income Computations   | Federal Form 1040 or Federal Form 1040-SR Line No. | Yourself or One Income Filer |          | Spouse (On A Combined Return) |    |
|--|--|------------------------------|----------|-------------------------------|----|
|  |  | Missouri Sources             |          | Missouri Sources              |    |
| A. Wages, salaries, tips, etc. ....  | 1  | A                            | 68939.00 | A                             | 00 |
| B. Taxable interest income. ....   | 2b   | B                            | 00       | B                             | 00 |
| C. Dividend income ....  | 3b   | C                            | 00       | C                             | 00 |
| D. State and local income tax refunds (from schedule 1, part 1) ....   | 1  | D                            | 00       | D                             | 00 |
| E. Alimony received (from schedule 1, part 1) ....   | 2a   | E                            | 00       | E                             | 00 |
| F. Business income or (loss) (from schedule 1, part 1) ....  | 3  | F                            | 00       | F                             | 00 |
| G. Capital gain or (loss) ....   | 7  | G                            | 00       | G                             | 00 |
| H. Other gains or (losses) (from schedule 1, part 1) ....  | 4  | H                            | 00       | H                             | 00 |
| I. Taxable IRA distributions ....  | 4b   | I                            | 00       | I                             | 00 |
| J. Taxable pensions and annuities ....   | 5b   | J                            | 00       | J                             | 00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....                                       | 5  | K                            | 00       | K                             | 00 |
| L. Farm income or (loss) (from schedule 1, part 1) ....  | 6  | L                            | 00       | L                             | 00 |
| M. Unemployment compensation (from schedule 1, part 1) ....  | 7  | M                            | 00       | M                             | 00 |
| N. Taxable social security benefits ....   | 6b   | N                            | 00       | N                             | 00 |
| O. Other income (from schedule 1, part 1) ....   | 8  | O                            | 00       | O                             | 00 |
| P. Total - Add Lines A through O ....  |  | P                            | 68939.00 | P                             | 00 |
| Q. Less: federal adjustments to income ....  | 10c  | Q                            | 00       | Q                             | 00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....                       | 11   | R                            | 68939.00 | R                             | 00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) ....      |  | S                            | 00       | S                             | 00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) .... |  | T                            | 00       | T                             | 00 |
| U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1. ....             |  | U                            | 00       | U                             | 00 |

**Missouri Income Percentage**

Part C

|   | Yourself or One Income Filer |          | Spouse (On A Combined Return) |      |
|---|------------------------------|----------|-------------------------------|------|
| 1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....   | 1Y                           | 68939.00 | 1S                            | 00   |
| 2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....  | 2Y                           | 68939.00 | 2S                            | 00   |
| 3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 29Y and 29S .... | 3Y                           | 100 %    | 3S                            | 00 % |

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

|   |                      |
|---|----------------------|
| Signature   | Date (MM/DD/YY)      |
| <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"/> |