

**IRS e-file Signature Authorization**

OMB No. 1545-0074

▶ 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 RAVIKANTH BABU GOLLAPALLI	Social security number 771-04-7533
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	61,408.
2	Total tax	2	6,576.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,223.
4	Amount you want refunded to you	4	2,647.
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 Triumph Consultancy Services LLC to enter or generate my PIN 

4	7	5	3	3
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 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 

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 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	4	1	0	6	0	1	2	3	4
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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: RAVIKANTH BABU
Last name: GOLLAPALLI
Your social security number: 771-04-7533
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 15471 ELK RIDGE LANE
Apt. no.: 8
City, town, or post office: Chesterfield
State: MO
ZIP code: 63017
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 columns 1-15. Includes rows for Wages, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Adjustments to income (10a-10c), Standard deduction or itemized deductions, Qualified business income deduction, and Taxable income.

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	6,576.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,576.
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	6,576.
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	6,576.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,223.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,223.
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	
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	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	9,223.

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	2,647.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,647.
b	Routing number 031176110		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 36117829368		
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	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	Preparer's signature	Date	PTIN	Check if:
NANDYALA VENKATA MANIKANTA	NANDYALA VENKATA MANIKANTA	04/07/2021	P02383012	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
Triumph Consultancy Services LLC	12645 Hearthstone Way Alpharetta, Georgia 30009			85-1550945
Firm's EIN				

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



RAVIKANTH BA GOLLAPALLI 7085064530 GOLL 771047533

15471 ELK RIDGE LANE APT 8  
CHESTERFIELD MO 63017

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) MO State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012020 To 03312020

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



RAVIKANTH BA GOLLAPALLI

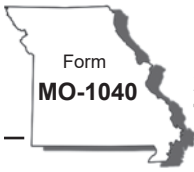
GOLL 771047533

1. Federal adjusted gross income	61408	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	61408	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	56158	29. Total refundable credits	541
8. Tax	2744	30. Underpayment	0
9. Nonresident percentage	19.6766	31. Interest	0
10. Nonresident tax	540	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	540	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	1
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	540	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	540	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	540	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	541	44. REFUND	1

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 NANDYALA VENKATA MANIKANTA Preparer PTIN, EIN or SSN \_\_\_\_\_  
 Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Phone Number \_\_\_\_\_ **P02383012**

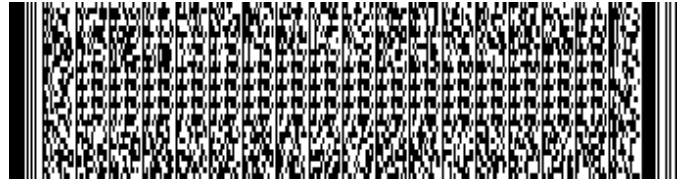
**IMPORTANT:** 1) Form K-40 is a 2 PAGE FORM - BOTH PAGES REQUIRED. WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax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



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)

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**Vendor Code**

**Department Use Only**

1555			
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**Filing Status**

Single     Claimed as a Dependent     Married Filing Combined     Married Filing Separately     Head of Household     Qualifying Widow(er)

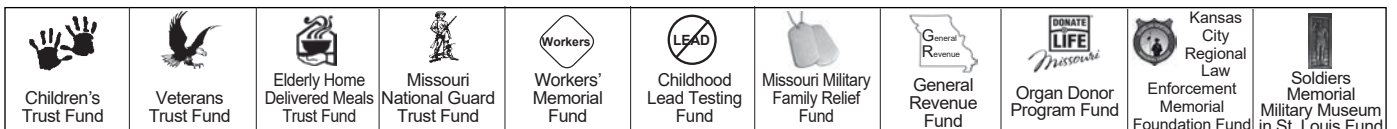
Age 62 through 64    Age 65 or Older    Blind    100% Disabled    Non-Obligated Spouse

Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse

<b>Name</b>	Social Security Number	Deceased in 2020	Spouse's Social Security Number	Deceased in 2020
	771 - 04 - 7533			
	First Name	M.I.	Last Name	Suffix
	RAVIKANTH BABU		GOLLAPALLI	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix	
In Care Of Name (Attorney, Executor, Personal Representative, etc.)				

<b>Address</b>	Present Address (Include Apartment Number or Rural Route)			
	15471 ELK RIDGE LANE APT 8			
	City, Town, or Post Office	State	ZIP Code	
	CHESTERFIELD	MO	63017 -	
County of Residence				
STCO				

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	61408 .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	61408 .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	61408 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	61408 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) . . . . .	8	.00
9. Tax from federal return . . . . .	9	6576 .00
10. Other tax from federal return . . . . .	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	6576 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . .	12	15.00 %

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .	13	986 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400      • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6. . . . .	14	12400 .00
15. Long-term care insurance deduction . . . . .	15	.00
16. Health care sharing ministry deduction . . . . .	16	.00
17. Active Duty Military income deduction . . . . .	17	.00
18. Inactive Duty Military income deduction . . . . .	18	.00
19. Bring jobs home deduction . . . . .	19	.00
20. Transportation facilities deduction . . . . .	20	.00

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



Deductions Continued

21. First Time Home Buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21					22	13386	.00
23. Subtotal - Subtract Line 22 from Line 6					23	48022	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	48022	.00	24S	<input type="text"/>	.00	
25. Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>	.00	25S	<input type="text"/>	.00	

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	48022	.00	26S	<input type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)	27Y	2409	.00	27S	<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"/>	.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"/>	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	2409	.00	30S	<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"/>	.00
32. Subtotal - Add Lines 30 and 31	32Y	2409	.00	32S	<input type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S				33	2409	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	2602	.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 <a href="#">MO-2NR</a> and <a href="#">MO-NRP</a>	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach <a href="#">Form MO-2ENT</a>	37	<input type="text"/>	.00
38. Amount paid with Missouri extension of time to file ( <a href="#">Form MO-60</a> )	38	<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"/>	.00
40. Property tax credit - Attach <a href="#">Form MO-PTS</a>	40	<input type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40	41	2602	.00





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

Amended Return

42. Amount paid on original return. . . . . 42 . 00
43. Overpayment as shown (or adjusted) on original return . . . . . 43 . 00

Indicate Reason for Amending

Enter date of IRS report (MM/DD/YY)
A. Federal audit. . . . .
Enter year of loss (YY)
B. Net Operating Loss carryback . . . . .
Enter year of credit (YY)
C. Investment tax credit carryback . . . . .
Enter date of federal amended return, if filed. (MM/DD/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 . 00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT . . . . . 45 193 . 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 . . . . . 49 193 . 00

a. Routing Number 031176110
b. Account Number 36117829368
c. [X] Checking [ ] Savings



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		
VARMA@THEREFUNDGENIE.COM	[ ]		
Preparer's Signature	Date (MM/DD/YY)		
NANDYALA VENKATA MANIKANTA	04	07	21
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
85-1550945	[ ]		
Preparer's Address	State	ZIP Code	
12645 HEARTHSTONE WAY ALPHARETTA, GEORGIA	[ ]	30009	

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)

