

# 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 KEERTHANA ADUNOORI	Social security number 491-77-9865
Spouse's name MAHESH BABU PAMMI	Spouse's social security number 673-45-2299

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (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	121,791.
2 Total tax . . . . .	2	12,634.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	20,058.
4 Amount you want refunded to you . . . . .	4	7,424.
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 

7	9	8	6	5
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 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ 02/18/2022

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	2	2	9	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ P. Mahesh Babu Date ▶ 02/18/2022

### 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						
---	---	---	---	---	---	--	--	--	--	--	--

 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 [ ] Single [X] 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

Form fields for personal information: Your first name and middle initial (KEERTHANA), Last name (ADUNOORI), Your social security number (491-77-9865), Spouse's social security number (673-45-2299), Home address (16059 FONTANA ST), City (OVERLAND PARK), State (KS), ZIP code (660858488), Foreign country name, Foreign province/state/county, Foreign postal code.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and Taxable income calculation.

<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>	12,634.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	12,634.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<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>	12,634.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	12,634.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	20,058.
<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>	20,058.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from 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>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	20,058.
<b>Refund</b>	<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>	7,424.
	<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>	7,424.
Direct deposit? See instructions.	<b>b</b> Routing number 044000037 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 517362328		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

**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 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 SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (505) 210-1318 Email address Keerthana.ad17@gmail.com

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/19/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KEERTHANA ADUNOORI & MAHESH BABU PAMMI

Your social security number  
491-77-9865

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	-7,610.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-7,610.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .	▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount ▶ _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor KEERTHANA ADUNOORI		Social security number (SSN) 491-77-9865
<b>A</b> Principal business or profession, including product or service (see instructions) FOOD DELIVERY	<b>B</b> Enter code from instructions ▶ 7   2   2   3   0   0	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ▶ 16059 FONTANA ST, Apt. U 203 City, town or post office, state, and ZIP code OVERLAND PARK, KS 66085-8488		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2021, check here		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/>	<b>1</b>	40,978.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	40,978.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	40,978.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	40,978.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>	8,000.
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	13,160.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	18,150.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	2,700.
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	1,118.	<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	2,400.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	3,060.
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>				-7,610.
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					
			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		



### Additional information from your 2021 Federal Tax Return

**Schedule C (FOOD DELIVERY): Profit or Loss from Business**

**Ln 24b: 50% limit**

**Itemization Statement**

Description	Amount
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.
<b>Total</b>	<b>4,800.</b>

**Schedule C (FOOD DELIVERY): Profit or Loss from Business**

**Line 18**

**Itemization Statement**

Description	Amount
FIRST AID KIT	500.
DASHBOARD MOUNTS,CHARGERS	1,500.
IN CAR FOOD & DRINK ITEMS FOR PASSENGERS	1,000.
OFFICE EQUIPMENT COST	5,000.
<b>Total</b>	<b>8,000.</b>

**Schedule C (FOOD DELIVERY): Profit or Loss from Business**

**Line 20b**

**Itemization Statement**

Description	Amount
RENT (11M*1650 P.M)	18,150.
<b>Total</b>	<b>18,150.</b>

**Schedule C (FOOD DELIVERY): Profit or Loss from Business**

**Line 25**

**Itemization Statement**

Description	Amount
TELEPHONE EXPENSES(12M*125P.M)	1,500.
INTERNET EXPENSES(12M*130P.M)	1,560.
<b>Total</b>	<b>3,060.</b>



KEERTHANA	ADUNOORI	5052101318	ADUN	491779865
MAHESH BABU	PAMMI			
16059 FONTANA ST APT U 203		JO 229	PAMM	673452299
OVERLAND PARK	KS 66085-8488			

Name or address has changed?  Taxpayer or (spouse if filing joint) died during this tax year  Taxpayer was engaged in commercial farming/fishing in 2021

**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:** 2 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. 2 **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 2021. Complete this section to determine your qualifications and credit.

- |   |   |
|---|---|
| <p><b>A.</b> Had a dependent child who lived with you all year and was under the age of 18 all of 2021?</p> <p><b>B.</b> Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?</p> <p><b>C.</b> Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, <b>STOP HERE</b>, you do not qualify for this credit.</p> <p><b>D.</b> If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. <span style="float: right;">0</span><br/>If Line D is more than \$30,615 <b>STOP HERE</b>, you do not qualify for this credit.</p> | <p><b>E.</b> Number of exemptions claimed</p> <p><b>F.</b> Number of dependents that are 18 years of age or older (born on or before January 1, 2004)</p> <p><b>G.</b> Total qualifying exemptions (subtract line F from line E)</p> <p><b>H.</b> Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. <span style="float: right;">0</span></p> |
|---|---|

KEERTHANA

ADUNOORI

ADUN

491779865

1. Federal adjusted gross income	121791	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	121791	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	8000	26. Refundable portion of tax credits	0
5. Exemption allowance	4500	27. Payments remitted with original return	0
6. Total deductions	12500	28. Overpayment from original return. This figure is a subtraction.	0
7. Taxable income	109291	29. Total refundable credits	2644
8. Tax	5315	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	5315	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	3185	35. Overpayment	514
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	2130	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	2130	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	2130	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	2644	44. REFUND	514

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	_____	Spouse Signature (Required)	_____	Date	_____
Preparer Signature (Required)	<u>SYAM PRIYA RAM SAGAR GUPT</u>	Preparer Phone Number	<u>6789659522</u>	Preparer PTIN, EIN, or SSN (Required)	<u>P02082703</u>		

KEERTHANA	ADUNOORI	ADUN	491779865
MAHESH BABU	PAMMI	PAMM	673452299

**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)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

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

A6. Other additions to FAGI (enclose list)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Total additions to FAGI (add lines A1 - A6)

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

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A8. Social Security benefits

A16. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A9. KPERS lump sum distributions exempt from income tax

A17. Disallowed business interest deduction (I.R.C. § 163(J))

A10. Interest on U.S. Government obligations (reduced by related expenses)

A18. Disallowed business meal expenses (I.R.C. § 274)

A11. State or local income tax refund (if included in line 1 of Form K-40)

0

A19. Contributions to an ABLE savings account

A12. Retirement benefits specifically exempt from Kansas Income Tax

A20. Kansas Expensing Deduction (Enclose K-120EX)

A13. Military compensation of a nonresident servicemember (Non-Residents only)

A21. Other subtractions from FAGI (enclose list)

A14. Contributions to Learning Quest or other states' qualified tuition program

A22. Total subtractions from FAGI (add lines A8 through A21)

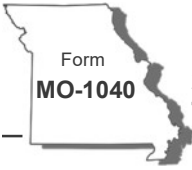
0

A15. Armed forces recruitment, sign-up, or retention bonus

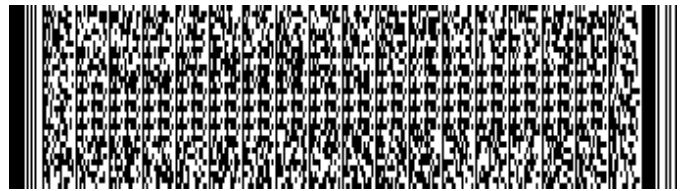
**NET MODIFICATIONS:**

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

0



MISSOURI DEPARTMENT OF  
**REVENUE**  
2021 Individual Income  
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2021

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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 2021    Spouse's Social Security Number    Deceased in 2021  
 491 -  77 -  9865         673 -  45 -  2299   

First Name    M.I.    Last Name    Suffix  
 KEERTHANA         ADUNOORI   

Spouse's First Name    M.I.    Spouse's Last Name    Suffix  
 MAHESH BABU         PAMMI   

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

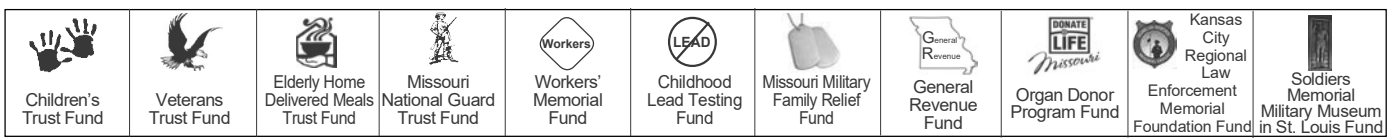
**Address**

Present Address (Include Apartment Number or Rural Route)  
 16059 FONTANA ST APT U 203

City, Town, or Post Office    State    ZIP Code  
 OVERLAND PARK     KS     66085 -  8488

County of Residence  
 NONR

You may contribute to any one or all of the trust funds on Line 48. 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	79079 .00	1S	42712 .00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7)	2Y		2S	
3. Total income - Add Lines 1 and 2	3Y	79079 .00	3S	42712 .00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		4S	
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	79079 .00	5S	42712 .00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	121791 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	65 %	7S	35 %

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8		.00
9. Tax from federal return	9	12634	.00
10. Other tax from federal return	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	12634	.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	5.00	%

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	632	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550      • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8	14	25100	.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. Long Term Dignity Savings Account Deduction.....					22	<input type="text"/>	.00
23. Total deductions - Add Lines 8 and 13 through 22.....					23	25732	.00
24. Subtotal - Subtract Line 23 from Line 6.....					24	96059	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.....	25Y	62438			25S	33621	.00
26. Enterprise zone or rural empowerment zone income modification.....	26Y	<input type="text"/>			26S	<input type="text"/>	.00

Tax

27. Taxable income - Subtract Line 26 from Line 25.....	27Y	62438			27S	33621	.00
28. Tax (see tax chart on page 26 of the instructions),.....	28Y	3185			28S	1629	.00
29. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s).....	29Y	<input type="text"/>			29S	<input type="text"/>	.00
30. 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%.....	30Y	100	%		30S	0	%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.....	31Y	3185			31S	0	.00
32. 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)	32Y	<input type="text"/>			32S	<input type="text"/>	.00
33. Subtotal - Add Lines 31 and 32.....	33Y	3185			33S	0	.00
34. Total Tax - Add Lines 33Y and 33S.....					34	3185	.00

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.....	35	3823				.00
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021.....	36	<input type="text"/>				.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> .....	37	<input type="text"/>				.00
38. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> .....	38	<input type="text"/>				.00
39. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ).....	39	<input type="text"/>				.00
40. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC.....	40	<input type="text"/>				.00
41. Property tax credit - Attach <b>Form MO-PTS</b> .....	41	<input type="text"/>				.00
42. Total payments and credits - Add Lines 35 through 41.....	42	3823				.00



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**Skip Lines 43 through 45 if you are not filing an amended return.**

43. Amount paid on original return. . . . . 43  . 00

44. Overpayment as shown (or adjusted) on original return . . . . . 44  . 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)

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44.  
 Enter on Line 45. . . . . 45  . 00

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference.  
 Amount of OVERPAYMENT . . . . . 46  . 00

47. Amount of Line 46 to be applied to your 2022 estimated tax . . . . . 47  . 00

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

48a. Children's Trust Fund  . 00    48b. Veterans Trust Fund  . 00    48c. Elderly Home Delivered Meals Trust Fund  . 00    48d. Missouri National Guard Trust Fund  . 00

48e. Workers' Memorial Fund  . 00    48f. Childhood Lead Testing Fund  . 00    48g. Missouri Military Family Relief Fund  . 00    48h. General Revenue Fund  . 00

48i. Organ Donor Program Fund  . 00    48j. Kansas City Regional Law Enforcement Memorial Foundation Fund  . 00    48k. Soldiers Memorial Military Museum in St. Louis Fund  . 00

48l. Additional Fund Code  Additional Fund Amount  . 00    48m. Additional Fund Code  Additional Fund Amount  . 00

Total Donation - Add amounts from Boxes 48a through 48m and enter here . . . . . 48  . 00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 49  . 00

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here . . . . . 50  . 00

Reserved



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.  
 Amount of UNDERPAYMENT . . . . . 51  . 00

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 52  . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.  
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 53  . 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	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="SYAM@GTAXFILE.COM"/>			Daytime Telephone	<input type="text" value="5052101318"/>		
Preparer's Signature	<input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/>			Date (MM/DD/YY)	<input type="text" value="02"/>	<input type="text" value="19"/>	<input type="text" value="22"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="30-1017196"/>			Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="2530 PEBBLE CREEK LN CUMMING"/>			State	<input type="text" value="GA"/>	ZIP Code	<input type="text" value="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



21322051555

**Department Use Only**

A  FA  E10  DE  F  .

Form MO-1040 (Revised 12-2021)

**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

**Fax:** (573) 522-1762  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)



**Phone:** (573) 751-7200

**Phone:** (573) 751-3505

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.





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

Social Security Number

491 - 77 - 9865

Name

ADUNOORI, KEERTHANA

Address

16059 FONTANA ST APT U 203

City, State, ZIP Code

OVERLAND PARK KS 66085-8488

1. Nonresident of Missouri  
State of residence during 2021 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 2021.

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

673 - 45 - 2299

Spouse's Name

PAMMI, MAHESH BABU

Address

16059 FONTANA ST APT U 203

City, State, ZIP Code

OVERLAND PARK KS 66085-8488

1. Nonresident of Missouri  
State of residence during 2021 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 2021.

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 30 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 2021 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 2021 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 2021 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 2021 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	86689 .00	A	0 .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	0 .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) . . . . .	9	O	.00	O	.00
P. Total - Add Lines A through O . . . . .		P	86689 .00	P	0 .00
Q. Less: federal adjustments to income . . . . .	10	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	86689 .00	R	0 .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	86689 .00	1S	0 .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	79079 .00	2S	42712 .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 30Y and 30S . . . . .	3Y	100 %	3S	0 %

Signature

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 \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Spouse's Signature (if filing combined, BOTH must sign) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).