

Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from your 2017 federal return (see worksheet on page 7 of the instructions)	1Y	17008	.00	1S
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S
3. Total income - Add Lines 1 and 2.	3Y	17008	.00	3S
4. Total subtractions (from Form MO-A, Part 1, Line 17)	4Y		.00	4S
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	17008	.00	5S
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	17008	.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. Select your filing status box below. Enter the appropriate exemption amount on Line 9 9 2100 .00

<input checked="" type="checkbox"/> A. Single - \$2,100 (see Box B before selecting.)	<input type="checkbox"/> E. Married Filing Separate (spouse NOT filing) - \$4,200
<input type="checkbox"/> B. Claimed as a Dependent on Another Person's Federal Tax Return - \$0.00	<input type="checkbox"/> F. Head of Household - \$3,500
<input type="checkbox"/> C. Married Filing Combined (joint federal) - \$4,200	<input type="checkbox"/> G. Qualifying Widow(er) with Dependent Child - \$3,500
<input type="checkbox"/> D. Married Filing Separate - \$2,100	

10. Additional personal exemption (see instructions on page 7) 10 500 .00

11. Tax from federal return - **Do not enter federal income tax withheld** (see instructions on page 7 and 8) 11 663 .00

12. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2) 12 .00

13. Total tax from federal return - Add Lines 11 and 12 13 663 .00

14. Federal tax deduction - Enter the amount from Line 13, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers 14 663 .00

15. Missouri standard deduction or itemized deductions.

- Single or Married Filing Separate - \$6,350
- Head of Household - \$9,350
- Married Filing Combined or Qualifying Widow(er) - \$12,700

If age 65 or older, blind, claimed as a dependent, see page 8. If itemizing, see Form MO-A, Part 2. 15 6350 .00

16. Number of dependents (from Federal Form 1040 or 1040A, Line 6c). **Do not include yourself or spouse.** X \$1,200 = 16 .00

Select box if claiming a stillborn child (see instructions on page 8).

17. Number of dependents on Line 16 who are 65 years of age or older and do not receive Medicaid or state funding. **Do not include yourself or spouse** X \$1,000 = 17 .00



Exemptions and Deductions (cont.)

18. Long-term care insurance deduction	18		.00
19. Health care sharing ministry deduction	19		.00
20. Military income deduction	20		.00
21. Bring jobs home deduction	21		.00
22. Transportation facilities deduction	22		.00

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

23. Total deductions - Add Lines 8, 9, 10, and 14 through 22.	23	9613	.00
24. Subtotal - Subtract Line 23 from Line 6.	24	7395	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S	25Y	7395	.00
26. Enterprise zone or rural empowerment zone income modification	26Y		.00

Tax

27. Taxable income - Subtract Line 26 from Line 25.	27Y	7395	.00	27S		.00
28. Tax (see tax chart on page 20 of the instructions).	28Y	227	.00	28S		.00
29. Resident credit - Attach Form MO-CR and other states' income tax return(s).	29Y		.00	29S		.00
30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	30Y	100	%	30S		%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30	31Y	227	.00	31S		.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		.00	32S		.00
33. Subtotal - Add Lines 31 and 32	33Y	227	.00	33S		.00
34. Total Tax - Add Lines 33Y and 33S.	34	227	.00			

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.	35	738	.00
36. 2017 Missouri estimated tax payments - Include overpayment from 2016 applied to 2017	36		.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	37		.00



Payments and Credits

38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	38		.00
39. Amount paid with Missouri extension of time to file (Form MO-60).	39		.00
40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	40		.00
41. Property tax credit - Attach Form MO-PTS	41		.00
42. Total payments and credits - Add Lines 35 through 41	42	738	.00

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

Amended Return

- 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 Line 43 to Line 42 or subtract Line 44 from Line 42.	45		.00
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46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT	46	511	.00
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47. Amount of Line 46 to be applied to your 2018 estimated tax	47		.00
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48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

- | | | |
|--|--|---|
| 48a. Children's Trust Fund <input type="text"/> .00 | 48b. Veterans Trust Fund <input type="text"/> .00 | 48c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00 |
| 48d. Missouri National Guard Trust Fund <input type="text"/> .00 | 48e. Workers' Memorial Fund <input type="text"/> .00 | 48f. Childhood Lead Testing Fund <input type="text"/> .00 |
| 48g. Missouri Military Family Relief Fund <input type="text"/> .00 | 48h. General Revenue Fund <input type="text"/> .00 | 48i. Organ Donor Program Fund <input type="text"/> .00 |
| 48j. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00 | 48k. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00 | |

Total Donation - Add amounts from Boxes 48a through 48k and enter here.	48		.00
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49. Amount of Line 46 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632	49		.00
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Refund (cont.)

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50
 If you would like your refund deposited directly into your checking or savings account, complete boxes a, b, and c below.

a. Routing Number c. Checking Savings

b. Account Number

Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT (see the instructions for Line 52) 51

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

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. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on an 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

Preparer's Signature Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN Preparer's Telephone

Preparer's Address State ZIP Code

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Department Use Only

A FA E10 DE F

(Revised 12-2017)

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

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

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





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

Social Security Number

791 - 37 - 0739

Name

MUPPALLA, VENKATESWARA RAO

Address

16510 LACROSS LN

City, State, ZIP Code

CHESTERFIELD MO 63005

1. Nonresident of Missouri
State of residence during 2017 MICHIGAN

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2017.

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 2017 _____

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2017.

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 2017 tax year 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 2017 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 2017 tax year 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 2017 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 1040A, Line No.	Federal Form 1040, Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)			
			Missouri Sources		Missouri Sources			
A. Wages, salaries, tips, etc.	7	7	A	18308.	00	A		00
B. Taxable interest income.	8a	8a	B		00	B		00
C. Dividend income	9a	9a	C		00	C		00
D. State and local income tax refunds	NONE	10	D		00	D		00
E. Alimony received	NONE	11	E		00	E		00
F. Business income or (loss)	NONE	12	F		00	F		00
G. Capital gain or (loss)	10	13	G		00	G		00
H. Other gains or (losses).	NONE	14	H		00	H		00
I. Taxable IRA distributions.	11b	15b	I		00	I		00
J. Taxable pensions and annuities	12b	16b	J		00	J		00
K. Rents, royalties, partnerships, S corporations, etc.	NONE	17	K		00	K		00
L. Farm income or (loss)	NONE	18	L		00	L		00
M. Unemployment compensation	13	19	M		00	M		00
N. Taxable social security benefits.	14b	20b	N		00	N		00
O. Other income	NONE	21	O		00	O		00
P. Total - Add Lines A through O	15	22	P	18308.	00	P		00
Q. Less: federal adjustments to income	20	36	Q		00	Q		00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1	21	37	R	18308.	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, minus 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. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y 18308. 00	1S
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 17008. 00	2S
3. Missouri Income Percentage - 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

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief 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)

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



For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

Your first name and initial: **VENKATESWARA RAO** Last name: **MUPPALLA** Your social security number: **791-37-0739**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **16510 lacross ln** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Chesterfield MO 63005**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.)
 If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

Boxes checked on 6a and 6b **1**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶

No. of children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above **1**

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	18,308.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	18,308.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	1,300.
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,300.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	17,008.

38	Amount from line 37 (adjusted gross income)	38	17,008.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	10,658.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	6,608.
Head of household, \$9,350	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	663.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	663.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	663.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	663.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	2,393.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) <input type="checkbox"/> NO	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	2,393.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,730.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1,730.
Direct deposit? See instructions.	b Routing number 0 8 1 0 0 0 0 3 2 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 5 5 0 0 8 2 3 4 2 8 0		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/18/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name GLOBAL TAXES LLC	Firm's EIN 30-1017196	Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678)965-9729	