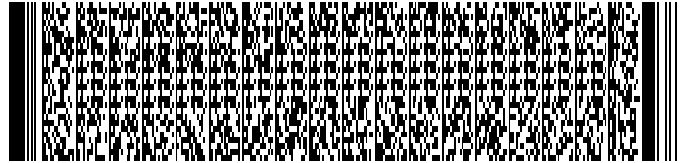


Missouri Department of Revenue  
**2017 Individual Income  
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2017



Print in BLACK ink only and DO NOT STAPLE.

Select Here for **Amended** Return

Select Here for **Composite** Return  
 (For use by S corporations or Partnerships)

Vendor Code

Department Use Only

1555

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)

Select the appropriate boxes that apply, as of December 31, 2017.

**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:  789 -  33 -  3492

Deceased in 2017:

Spouse's Social Security Number:  -  -

Deceased in 2017:

First Name:  SAIKIRAN M.I.:  Last Name:  GANDHAM Suffix:

Spouse's First Name:  M.I.:  Spouse's Last Name:  Suffix:

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

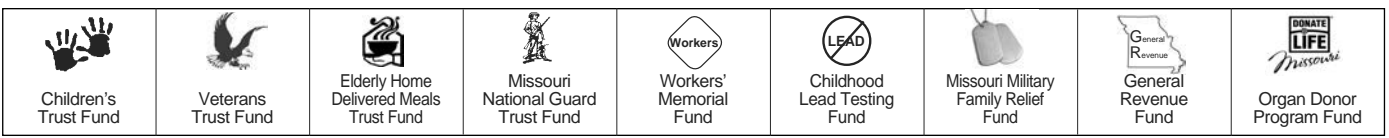
**Address**

Present Address (Include Apartment Number or Rural Route):  SPALDING FOREST CT APT 6123

City, Town, or Post Office:  ATLANTA State:  GA ZIP Code:  30328 -

County of Residence:  CARR

You may contribute to any one or all of the trust funds on Line 48. See pages 10-11 of the instructions for more trust fund information.



REV 12/20/17 PRO

IN



\*17322011555\*

**For Privacy Notice, see Instructions.**

Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from your 2017 federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	6865	.00	1S
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		.00	2S
3. Total income - Add Lines 1 and 2. . . . .	3Y	6865	.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	6865	.00	5S
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	6865	.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 ( <b>see Box B before selecting.</b> )	<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 0 .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 0 .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 0 .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	8950	.00
24. Subtotal - Subtract Line 23 from Line 6. . . . .	24	0	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	25Y	0	.00
	25S		.00
26. Enterprise zone or rural empowerment zone income modification . . . . .	26Y		.00
	26S		.00

Tax

27. Taxable income - Subtract Line 26 from Line 25. . . . .	27Y	0	.00	27S		.00
28. Tax (see tax chart on page 20 of the instructions). . . . .	28Y	0	.00	28S		.00
29. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	29Y		.00	29S		.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	31	%	30S		%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30 . . . . .	31Y	0	.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	0	.00	33S		.00
34. Total Tax - Add Lines 33Y and 33S. . . . .	34	0	.00			

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	35	3	.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 ( <b>Form MO-60</b> ). . . . .	39		.00
40. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	40		.00
41. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	41		.00
42. Total payments and credits - Add Lines 35 through 41 . . . . .	42	3	.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
--	----	--	-----

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT . . . . .	46	3	.00
--	----	---	-----

47. Amount of Line 46 to be applied to your 2018 estimated tax . . . . .	47		.00
--	----	--	-----

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
---	----	--	-----

49. Amount of Line 46 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of <b>Form 5632</b> . . . . .	49		.00
---	----	--	-----



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](mailto:income@dor.mo.gov)





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

Social Security Number

789 - 33 - 3492

Name

GANDHAM, SAIKIRAN

Address

SPALDING FOREST CT APT 6123

City, State, ZIP Code

ATLANTA GA 30328

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: 01/01/2017 Date To: 10/28/2017

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

Date From: 10/29/2017 Date To: 12/31/2017

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	2105.	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	2105.	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	2105.	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

	1Y	2Y	3Y	%	1S	2S	3S	%
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) . . . . .	2105.							
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). . . . .	6865.							
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 . . . . .	31			%				%

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)

