

Composite Return



Print in BLACK ink only and DO NOT STAPLE.

Amended Return

	ng a fiscal year return enter the beginning and ending dates here. al Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)	Vendor Code	Department Use Only
Filing Status		ed Filing rately	Head of Qualifying Household Widower
	Age 62 through 64 Age 65 or Older Blind urself Spouse Spouse Spouse Spouse Spouse Spouse	100%	Disabled Non-Obligated Spouse Spouse Spouse Spouse
Name	Social Security Number Social Security Number In Care Of Name (Attorney, Executor, Personal Representative, etc.) Deceased In 2018 Spouse's	Social Security N	Deceased in 2018 Suffix Suffix
Address	Present Address (Include Apartment Number or Rural Route) 2581 CENTERGATE DR UNIT 106 City, Town, or Post Office MIRAMAR County of Residence NONR	State FL	ZIP Code 33025 -

You may contribute to any one or all of the trust funds on Line 44. See pages 10-11 of the instructions for more trust fund information.



















REV 01/05/19 PRO



IN

				Yourself (Y)		Spouse (S)							
псоте	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	69487 . 00	18		. [00					
	2.	Total additions (from Form MO-A , Part 1, Line 7)	2Y	. 00	28		.[00					
	3.	Total income - Add Lines 1 and 2	3Y	69487 . 00	38		. [00					
	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	. 00	48		.[00					
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	69487 . 00	5S		. [00					
		Total Missouri adjusted gross income - Add columns 5Y and 5S Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		9487 7S	. 00	9	6					
	8.	Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)		• •	8		.[00					
	9.	Tax from federal return - Do not enter federal income tax withheld (see instructions on page 7 and 8)		9 8584	00								
	10.	Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules)											
	11.	Total tax from federal return - Add Lines 9 and 10		8584	00								
	12.	Federal income tax deduction - Enter the amount from Line 11, individual filer or \$10,000 for combined filers (see instructions			12	5000	.[00					
a Deductions	13.	Missouri standard deduction or itemized deductions. • Single or Married Filing Separate - \$12,000 • Head of Household - \$18,000 • Married Filing Combined or Qualifying Widow(er) - \$24,000 If age 65 or older, blind, or claimed as a dependent, see pages 7 If itemizing, see Form MO-A, Part 2	and 8		13	12000	_[,	00					
ns and	14.	Long-term care insurance deduction			14		.[00					
emptio		Health care sharing ministry deduction			15		.[00					
Ĭ	16.	Military income deduction			16		.[00					
	17.	Bring jobs home deduction			17		.[00					
	18.	Transportation facilities deduction			18		.[00					
		A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities											
	19.	Total deductions - Add Lines 8 and 12 through 18			19	17000	. [00					
		Subtotal - Subtract Line 19 from Line 6	21Y	52487	218	52487	Γ	00					
	22.	Enterprise zone or rural empowerment zone income	22Y		228		Γ	00					

	23.	Taxable income - Subtract Line 22 from Line 21	23Y	52487	. 00	238		. 00
	24.	Tax (see tax chart on page 20 of the instructions)	24Y	2875	00	24S		. 00
	25.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	25Y		. 00	258		. 00
	26.	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%	26Y	6	%	26S		%
Тах	27.	Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26	27Y	173	00	278		. 00
	28.	Other taxes - Select box and attach federal form indicated.						
		Lump sum distribution (Form 4972)						
		Recapture of low income housing credit (Form 8611)	28Y		. 00	28S		. 00
	29.	Subtotal - Add Lines 27 and 28	29Y	173	. 00	298		. 00
	30.	Total Tax - Add Lines 29Y and 29S				30	173	. 00
	31.	MISSOURI tax withheld - Attach Forms W-2 and 1099				31	237	00
"	32.	2018 Missouri estimated tax payments - Include overpayment fro	m 2017	applied to 2018.		. 32		. 00
ments and Credits	33.	Missouri tax payments for nonresident partners or S corporatio MO-2NR and MO-NRP	. 33		. 00			
ents aı	34.	Missouri tax payments for nonresident entertainers - Attach Fo	. 34		. 00			
Paym	35.	Amount paid with Missouri extension of time to file (Form MO-	35		00			
	36.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attack	n Form I	MO-TC		. 36		00
	37.	Property tax credit - Attach Form MO-PTS				. 37		. 00
	38.	Total payments and credits - Add Lines 31 through 37				. 38	237	00

	Sk	ip Lines 39 through 41 if you are not filing an amended return.		
	39.	Amount paid on original return	39	00
	40.	Overpayment as shown (or adjusted) on original return	40	00
		Indicate Reason for Amending		
		Enter date of IRS report (MM/DD/YY)		
Amended Return		A. Federal audit.		
eq		Enter year of loss (YY)		
Amend		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		
	41.	Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40		
		from Line 38	41	00
	42.	If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference.		
		Amount of OVERPAYMENT	42 64.	00
	43.	Amount of Line 42 to be applied to your 2019 estimated tax	43	00
	44.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional tr	ust fund codes.	
		Children's 44a Trust Fund 00 44h Trust Fund 00 44c. Trust Fund	e eals 00	
		44a. Trust Fund		
		Missouri Childhood National Guard Workers' Lead		
		44d. Trust Fund 44e. Memorial Fund . 00 44f. Testing Fund	d . 00	
		Missouri Military Family OO OG OF OF OF OF OF OF OF OF		
Refund		Military Family 44g. Relief Fund General Revenue Fund Organ Dono 44i. Program Fund	or nd	
Re		Additional Additional Additional Additional		
		44j. Fund Amount . 00 44k. Fund Fund Amount . 00		
		Total Donation - Add amounts from Boxes 44a through 44k and enter here	44	00
	45.	Amount of Line 42 to be deposited into a Missouri 529 Education Savings Plan (MOST)		
		account. Enter amount from Line E of Form 5632	45	00
	46.	REFUND - Subtract Lines 43, 44, and 45 from Line 42 and enter here	46 64	00
		a Pouting		
		a. Routing Number 081000032 c. X	Checking Savings	
		h Account		
		b. Account Number 355007805461		

18322041555

	47. If Line 30 is larger than Line 38 or Line 41, enter the difference. Amount of UNDERPAYMENT (see the instructions for Line 48)	47					
Amount Due	48. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount h						
Amo	Select this box if you are a farmer exempt from the underpayment of estimated ta	x penalty.					
	49. AMOUNT DUE - Add Lines 47 and 48.						
	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically	49					
	Under penalties of perjury, I declare that I have examined this return, including accompanying so of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the the Department of Revenue with my signature as required under Section 143.561, RSMo. Declare based on all information of which he or she has knowledge. As provided in Chapter 143 , Reimposed on any individual who files a frivolous return. I also declare under penalties of unauthorized aliens as defined under federal law and that I am not eligible for any tax exemptionaliens.	"Signature" field(s) below, I am providing ration of preparer (other than taxpayer) is ISMO , a penalty of up to \$500 shall be of perjury that I employ no illegal or					
	Signature	Date (MM/DD/YY)					
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)					
<u>re</u>							
Signature	E-mail Address	Daytime Telephone					
Sić		8167398392					
	Preparer's Signature	Date (MM/DD/YY)					
	Preparer's FEIN, SSN, or PTIN	Preparer's Telephone					
	P02090332						
	Preparer's Address	State ZIP Code					
	2530 PEBBLE CREEK LN CUMMING	GA 30041					
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the or any member of the preparer's firm	ne preparer Yes X No					
	Department Use Only						
] A						

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

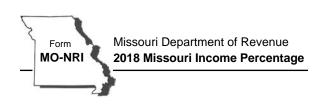
Phone (Balance Due): (573) 751-7200

Phone (Refund or No Amount Due): (573) 751-3505

Fax: (573) 751-2195 E-mail: <u>income@dor.mo.gov</u>



(Revised 12-2018)



Resident/Nonresident Status - Select your status in the appr	opriate box below.
Social Security Number	Spouse's Social Security Number
664 - 17 - 5968	
Name	Spouse's Name
SAMMITA, RAJESH	
Address	Address
2581 CENTERGATE DR UNIT 106	
City, State, ZIP Code	City, State, ZIP Code
MIRAMAR FL 33025	
X 1. Nonresident of Missouri	1. Nonresident of Missouri
State of residence during 2018 FLORIDA	State of residence during 2018
2. Part-Year Missouri Resident	2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2018.	Indicate the dates you were a Missouri Resident in 2018.
A. Date From: Date To:	A. Date From: Date To:
B. Indicate the other state of residence	B. Indicate the other state of residence
and dates you resided there	and dates you resided there
Date From: Date To:	Date From: Date To:
	the spouse of a military servicemember residing outside of Missouri solely
complete Form MO-NRI. You must report 100% on Line 26 of Form N	ur state of residence, any income you earn is taxable to Missouri. Do no t MO-1040.
3. Military/Nonresident Tax Status - Indicate your tax status	3. Military/Nonresident Tax Status - Indicate your tax status
below and complete Part C - Missouri Income Percentage.	below and complete Part C - Missouri Income Percentage.
Missouri Home of Record	Missouri Home of Record
I did not at any time during the 2018 tax year maintain a	I did not at any time during the 2018 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	than 30 days in Missouri during the year. I did maintain a
permanent place of abode in the state of	permanent place of abode in the state of
Non-Missouri Home of Record	Non-Missouri Home of Record
I resided in Missouri during 2018 solely because my spouse	I resided in Missouri during 2018 solely because my spouse
or I was stationed at	or I was stationed at
on military orders. My home of record is in the state of	on military orders. My home of record is in the state of
·	·



,	Wor	ksheet for Missouri Source Income									
			Federal Form		Yourself or	Spou	se (On A				
		Adjusted Gross	1040,		One Income Filer		ed Return)				
		Income Computations	Line No.		Missouri Sources	Missou	ri Sources				
							• • • • • • • • • • • • • • • • • •				
	Α.	Wages, salaries, tips, etc.	1	Α	4292 00) A	. [00			
	В.	Taxable interest income.	2b	В	. 00) B	. (00			
	C.	Dividend income	3b	С	. 00		. (00			
	D.	State and local income tax refunds (from schedule 1)	10	D	. 00		. (00			
	E.	Alimony received (from schedule 1)	11	Е	. 00		. (00			
	F.	Business income or (loss) (from schedule 1)	12	F	. 00		. (00			
	G.	Capital gain or (loss) (from schedule 1)	13	G	. 00		. (00			
	Н.	Other gains or (losses) (from schedule 1)	14	Н	. 00) H	. (00			
	l.	Taxable IRA distributions	4b	I	. 00		. (00			
t B	J.	Taxable pensions and annuities	4b	J	. 00		. (00			
Part	K.	Rents, royalties, partnerships, S corporations, etc. (from schedule 1)	17	К	0. 00		. (00			
	1.	Farm income or (loss) (from schedule 1)	18	L	. 00		. (00			
	М.	Unemployment compensation (from schedule 1)	19	М	. 00	M	. (00			
	N.	Taxable social security benefits	5b	N	. 00	N	. (00			
	Ο.	Other income (from schedule 1)	21	0	. 00	0	. (00			
	Р.	Total - Add Lines A through O		Р	4292. 00) P	. (00			
	Q.	Less: federal adjustments to income (from schedule 1)	36	Q	. 00	Q Q	. (00			
	R.										
		enter this amount on Part C, Line 1	7	R	429200) R	. [00			
	S.	Missouri modifications - additions to federal adjusted gross income				_					
		(Missouri source from Form MO-1040, Line 2)		S	. 00) s	[0	00			
	T.		е			_					
		(Missouri source from Form MO-1040, Line 4)		Т	. 00)	[0	00			
	U.	MISSOURI INCOME (Missouri sources). Line R plus Line S, minus				_					
		Line T. Enter this amount on Part C, Line 1		U	. 00		[0	00			
	Miss	souri Income Percentage									
					ourself or	Spo					
				One	Income Filer	(On A Combi	ned Return)				
	1.	Missouri Income - Enter wages, salaries, etc. from Missouri. (You mus	437		4202	10					
		file a Missouri return if the amount on this line is more than \$600)	[1Y]		4292 00 [1	18	[00			
Part C	2.	Taxpayer's total adjusted gross income (From Form MO-1040, Lines 5Y									
Pal		and 5S or from your federal form if you are a military nonresident and you	0.4		69487.	28		00			
		are not required to file a Missouri return)	21		69487 00 2	23		00			
	•										
	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	3Y		6 % 3	38	9/	6			
		MO-1040, Lines 26Y and 26S	[51]			301		U			
	Un	der penalties of perjury, I declare that I have examined this form and to	the best of m	v kno	owledge and believe it is	s true, correct, a	and complete).			
		claration of preparer (other than taxpayer) is based on all information of									
		penalty of up to \$500 shall be imposed on any individual who files a frive	, ·		,	-,					
a.		nature	Date (MM	1/DD/VV)							
natı		inidio						\neg			
Signature					<u> </u>						
•	Spe	ouse's Signature (if filing combined, BOTH must sign)			Date (MM	Date (MM/DD/YY)					
						7 [] []					



E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2018 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

Filing status:	X	Single	Married filing jointly	Marr	ried filing s	eparately	F	lead of househo	old	Qualif	ying widow	(er)					
Your first name a	and ini	tial		ı	Last name)						Y	our soci	al secu	ırity r	numbe	er
RAJESH					SAMMI	ГА						6	64-1	7-59	68		
Your standard d	educti	on:	Someone can claim yo	u as a de	pendent	You	were	born before Jai	nuary	2, 1954	You	u are b	lind				
If joint return, sp	ouse's	first nan			Last name	<u> </u>						S	pouse's	social s	ecur	ity nur	mber
Spouse standard	deducti	ion: 🗍 :	Someone can claim your	spouse a	as a deper	ndent	7 Spa	ouse was born	before	e Januarv	2. 1954	Б	Full-ye	ar healt	h car	e cove	erage
Spouse is bli			Spouse itemizes on a sepa	-	-					,	,			npt (see			age
			eet). If you have a P.O. b								Apt. no.	P	residentia	al Election	on Ca	mpaig	n
,			DR UNIT 106	ŕ							•		ee inst.)	_	You	~	ouse
			and ZIP code. If you hav	e a foreia	ın address	attach Sch	hedule	e 6.				1	f more th			ndont	
MIRAMAR						,							ee inst. a				.s,
Dependents ((2) Soc	ial security nu	mher	(3) Relation	nshin to	n vou		(4) Zi	f qualifies t	for (see in	nst)·		
(1) First name			Last name		(2) 000	iai oooanty na	111001	(b) Holation	nomp a	o you		ax credi		Credit for	,	depend	lents
(,											Γ	7			$\overline{\Box}$		
											Г	_			一一		
												=			Ħ		
												=			Ħ		
Sign	Jnder p	enalties of	f perjury, I declare that I have	examined	this return :	and accompa	nvina	_l schedules and sta	atemen	its. and to t	ne best of my	/ knowle	edge and b	elief, the	 ev are	true.	
			olete. Declaration of preparer					nation of which pr	reparer						-		
Joint return?	Y (our signa	ature			Date		Your occupation					e IRS sent enter it	you an I	dentit	y Prote	ectior
See instructions.	b _							SOFTWARE			₹	here	(see inst.)	Щ	Ш	\perp	丄
Keep a copy for	S	pouse's s	signature. If a joint return	, both mu	ıst sign.	Date		Spouse's occu	upatio	n			e IRS sent enter it	you an I	dentit	y Prote	ectior
your records.													(see inst.)	Щ	Ш		\perp
Paid	Pı	reparer's	name	Prepare	er's signat	ure				PTIN		Firm's	EIN	Chec	k if:		
Preparer	APP	ANA RUPA V	VENKATA SATYA SAI MANIKUMAR							P0209	0332			3	rd Par	ty Desi	gnee
Use Only	_Fi	rm's nam	ne ▶ GLOBAL TA	XES L	LC					Phone no).			S	Self-en	nploye	d
	Fi	rm's addı	ress▶ 2530 Pebb	le Cr	eek L	n Cumm	ning	GA 3004	41								
For Disclosure, F	rivac	y Act, an	nd Paperwork Reduction	n Act Not	tice, see s	separate ins	struc	tions.						Fo	orm 1	040	(2018
Form 1040 (2018)																De	age 2
1011111040 (2010)												Τ.			71	, 98	
	1		, salaries, tips, etc. Attacl	1 ` ′	W-2 .			· · · ·				1				, 50	/ ·
Attach Form(s)	2a		empt interest	2a				b Taxa				2b					
W-2. Also attach Form(s) W-2G and	3a		ed dividends	3a						dividends		3b					
1099-R if tax was withheld.	4a -	-	ensions, and annuities .	4a						mount .		4b					
withinitia.	5a		security benefits	5a		0				mount .		5b			60	, 48	7
	6 7		come. Add lines 1 through 5.					ne 22 $-2,500$. ne, enter the amount from line 6; otherwise,				6				, 40	<i>'</i> •
Standard	·		ct Schedule 1, line 36, fro		,		,					7			69	,48	7.
Deduction for—	8	Standa	rd deduction or itemized	deductio	ns (from S	chedule A)						8			12	,00	0.
 Single or married filing separately, 	9	Qualifie	ed business income dedu	ction (see	e instructio	ons)						9					
\$12,000	10	Taxable	e income. Subtract lines	8 and 9 fr	om line 7.	If zero or le	ess, er	nter -0				10			57	,48	7.
 Married filing jointly or Qualifying 	11	a Tax (s	see inst.) 8,584. (che	ck if any fr	rom: 1	Form(s) 881	14 2	Form 4972	3	\square)					
widow(er), \$24,000		b Add	any amount from Schedu	ile 2 and	check her	e					 	11			8	,58	4.
Head of	12	a Child t	tax credit/credit for other depe	endents		b Ac	dd any	amount from Sche	edule 3	and check l	here ►	12					
household, \$18,000	13	Subtrac	ct line 12 from line 11. If a	zero or les	ss, enter -	0						13			8	,58	4.
If you checked	14	Other to	axes. Attach Schedule 4									14					0.
any box under Standard	15	Total ta	ax. Add lines 13 and 14									15			8	,58	4.
deduction, see instructions.	16	Federal	I income tax withheld from	m Forms	W-2 and	1099 .						16			8	,34	0.
000 111011 001101101	17	Refunda	able credits: a EIC (see ins	t.) No		b Sch. 881	2		c Form	8863							
		Add an	y amount from Schedule	5								17					
	18	Add line	es 16 and 17. These are	your total	payments	S						18			8	,34	0.
Refund	19		8 is more than line 15, su									19					
riciuliu	20a		t of line 19 you want refu								▶ □	20a	1				
Direct deposit?	►b					X X	:			ng [Savings						
See instructions.	►d	•					7 .	$X \mid X \mid X \mid X$	Х	·							
	21	Amount	t of line 19 you want applie								_						
Amount You Owe	22		nt you owe. Subtract line						tructio	ons	•	22				24	4.
	23	Estimat	ted tax penalty (see instru	uctions) .				▶ 23									

BAA

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018 Attachment Sequence No. 01

Name(s) shown on I	Your	Your social security number			
RAJESH SAI	664	4-17-5968			
Additional	1-9b	Reserved		1-9b	
Income	ome taxes	10			
	11	Alimony received		11	
		12			
	13				
	14	Other gains or (losses). Attach Form 4797		14	
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trus	ts, etc. Attach Schedule E	17	-2,500.
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Reserved		20b	
	21	Other income. List type and amount ▶		21	
		income, enter here and include on Form 1040, line 6. Oth	erwise, go to line 23	22	-2,500.
Adjustments	23	Educator expenses	23		
to Income	24	Certain business expenses of reservists, performing artists,			
		and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889 .	25		
	26	Moving expenses for members of the Armed Forces.			
		Attach Form 3903	26		
	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	Reserved	34		
	35	Reserved	35		
	36	Add lines 23 through 35	 	36	

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO