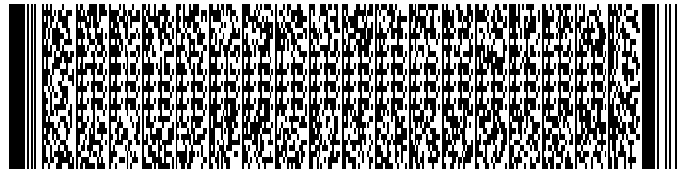


Missouri Department of Revenue
**2017 Individual Income
 Tax Return - Long Form**

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

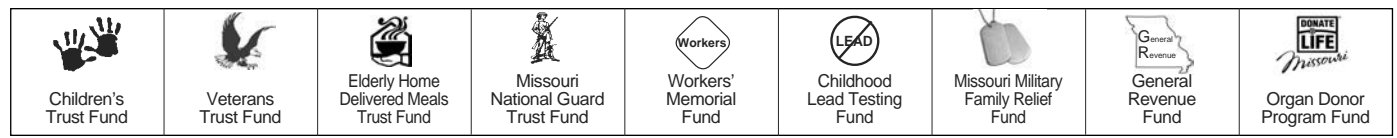
Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name	Social Security Number	Deceased in 2017	Spouse's Social Security Number	Deceased in 2017
	<input type="text"/> 514 - <input type="text"/> 43 - <input type="text"/> 5276	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>
	First Name	M.I.	Last Name	Suffix
	<input type="text"/> SURYANARAYANA	<input type="text"/>	<input type="text"/> RYALLY	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
In Care Of Name (Attorney, Executor, Personal Representative, etc.)				
<input type="text"/>				

Address	Present Address (Include Apartment Number or Rural Route)			
	<input type="text"/> 55 FRAZER RD OAK 116			
	City, Town, or Post Office	State	ZIP Code	
	<input type="text"/> MALVERN	<input type="text"/> PA	<input type="text"/> 19355	<input type="text"/>
County of Residence				
<input type="text"/> 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	63248	.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	63248	.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	63248	.00	5S
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	63248	.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"/> B. Claimed as a Dependent on Another Person's Federal Tax Return - \$0.00 <input type="checkbox"/> C. Married Filing Combined (joint federal) - \$4,200 <input type="checkbox"/> D. Married Filing Separate - \$2,100	<input type="checkbox"/> E. Married Filing Separate (spouse NOT filing) - \$4,200 <input type="checkbox"/> F. Head of Household - \$3,500 <input type="checkbox"/> G. Qualifying Widow(er) with Dependent Child - \$3,500
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10. Additional personal exemption (see instructions on page 7) 10 .00

11. Tax from federal return - **Do not enter federal income tax withheld** (see instructions on page 7 and 8) 11 8945 .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 8945 .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 5000 .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.** 16 .00
 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** 17 .00
 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	13450	.00
24. Subtotal - Subtract Line 23 from Line 6.	24	49798	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S	25Y	49798	.00
26. Enterprise zone or rural empowerment zone income modification	26Y		.00

Tax

27. Taxable income - Subtract Line 26 from Line 25.	27Y	49798	.00	27S		.00
28. Tax (see tax chart on page 20 of the instructions).	28Y	2759	.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	2759	.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	2759	.00	33S		.00
34. Total Tax - Add Lines 33Y and 33S.	34	2759	.00			

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.	35	2891	.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	2891	.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	132	.00
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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
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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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For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

Your first name and initial: **SURYANARAYANA** Last name: **RYALLY** Your social security number: **514-43-5276**

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. **55 frazer rd oak 116** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Malvern PA 19355**

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	65,248.
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	65,248.

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	2,000.
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	2,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	63,248.

38	Amount from line 37 (adjusted gross income)	38	63,248.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
41	Subtract line 40 from line 38	41	56,898.
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.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	52,848.
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	8,945.
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	8,945.
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	8,945.
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	8,945.
64	Federal income tax withheld from Forms W-2 and 1099	64	10,468.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 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	10,468.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,523.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	1,523.
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 4 2 7 7 9 6 6		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78	78	
79	Estimated tax penalty (see instructions) ▶ 79	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	Daytime phone number
<i>[Signature]</i>		Software engineer	
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.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	06/19/2018		P02090332
Firm's name ▶	Firm's address ▶		Firm's EIN ▶	Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		30-1017196	(678)965-9729