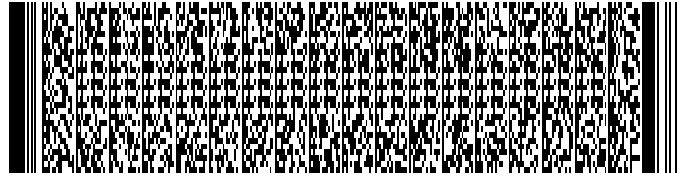


Missouri Department of Revenue
**2018 Individual Income
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2018



Print in BLACK ink only and DO NOT STAPLE.

Amended Return Composite Return

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

1555

Department Use Only

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widower

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

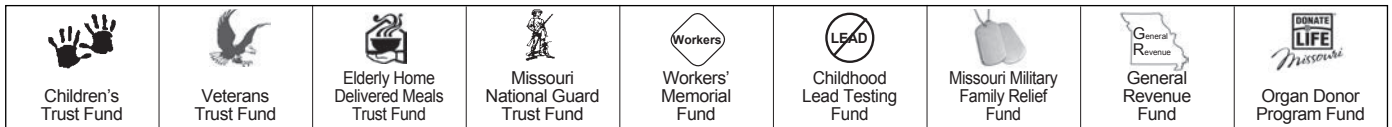
Social Security Number: 664 - 17 - 5968
 Deceased in 2018: Spouse's Social Security Number: - - Deceased in 2018:
 First Name: RAJESH M.I.: Last Name: SAMMITA Suffix:
 Spouse's First Name: M.I.: Spouse's Last Name: Suffix:

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

Address

Present Address (Include Apartment Number or Rural Route)
 2581 CENTERGATE DR UNIT 106
 City, Town, or Post Office: MIRAMAR State: FL ZIP Code: 33025 -
 County of Residence: NONR

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.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	69487 .00	1S	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2.	3Y	69487 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	69487 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	69487 .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. 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)	10	.00		
11. Total tax from federal return - Add Lines 9 and 10.	11	8584 .00		
12. Federal income tax deduction - Enter the amount from Line 11, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers (see instructions on page 7).	12	5000 .00		
13. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> • 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 and 8. If itemizing, see Form MO-A, Part 2.	13	12000 .00		
14. Long-term care insurance deduction	14	.00		
15. Health care sharing ministry deduction.	15	.00		
16. Military income deduction	16	.00		
17. Bring jobs home deduction	17	.00		
18. Transportation facilities deduction	18	.00		
<input type="checkbox"/> A. Port Cargo Expansion <input type="checkbox"/> B. International Trade Facility <input type="checkbox"/> C. Qualified Trade Activities				
19. Total deductions - Add Lines 8 and 12 through 18.	19	17000 .00		
20. Subtotal - Subtract Line 19 from Line 6	20	52487 .00		
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S	21Y	52487 .00	21S	.00
22. Enterprise zone or rural empowerment zone income modification	22Y	.00	22S	.00



Tax

23. Taxable income - Subtract Line 22 from Line 21	23Y	52487	.00	23S		.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	25S		.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		%
27. Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26	27Y	173	.00	27S		.00
28. 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)	28Y		.00	28S		.00
29. Subtotal - Add Lines 27 and 28	29Y	173	.00	29S		.00
30. Total Tax - Add Lines 29Y and 29S.				30	173	.00

Payments and Credits

31. MISSOURI tax withheld - Attach Forms W-2 and 1099.	31	237	.00
32. 2018 Missouri estimated tax payments - Include overpayment from 2017 applied to 2018	32		.00
33. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	33		.00
34. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	34		.00
35. Amount paid with Missouri extension of time to file (Form MO-60).	35		.00
36. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form 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



Skip Lines 39 through 41 if you are not filing an amended return.

39. Amount paid on original return.

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

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)

41. Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40 from Line 38.

42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference. Amount of OVERPAYMENT

43. Amount of Line 42 to be applied to your 2019 estimated tax

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

44a. Children's Trust Fund <input type="text"/> . <input type="text" value="00"/>	44b. Veterans Trust Fund <input type="text"/> . <input type="text" value="00"/>	44c. Elderly Home Delivered Meals Trust Fund <input type="text"/> . <input type="text" value="00"/>
44d. Missouri National Guard Trust Fund <input type="text"/> . <input type="text" value="00"/>	44e. Workers' Memorial Fund <input type="text"/> . <input type="text" value="00"/>	44f. Childhood Lead Testing Fund <input type="text"/> . <input type="text" value="00"/>
44g. Missouri Military Family Relief Fund <input type="text"/> . <input type="text" value="00"/>	44h. General Revenue Fund <input type="text"/> . <input type="text" value="00"/>	44i. Organ Donor Program Fund <input type="text"/> . <input type="text" value="00"/>
44j. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>	44k. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>	

Total Donation - Add amounts from Boxes 44a through 44k and enter here.

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**

46. **REFUND** - Subtract Lines 43, 44, and 45 from Line 42 and enter here

a. Routing Number c. Checking Savings

b. Account Number

Amended Return

Refund



Amount Due

- 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 . 00
- 48. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 48 . 00
 Select this box if you are a farmer exempt from the underpayment of estimated tax 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 . 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"/>		Daytime Telephone	<input type="text"/>		
				8167398392		
Preparer's Signature	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	<input type="text"/>		Preparer's Telephone	<input type="text"/>		
	P02090332					
Preparer's Address	<input type="text"/>		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 preparer or any member of the preparer's firm Yes No

Department Use Only

A FA E10 DE F .

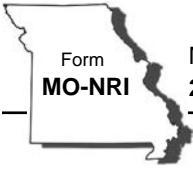
(Revised 12-2018)

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

664 - 17 - 5968

Name

SAMMITA, RAJESH

Address

2581 CENTERGATE DR UNIT 106

City, State, ZIP Code

MIRAMAR FL 33025

1. Nonresident of Missouri
State of residence during 2018 FLORIDA

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2018.

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 2018 _____

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2018.

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 26 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 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 permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2018 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 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 permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2018 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, Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc.	1	A	4292.00	A	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)	10	D	00	D	00
E. Alimony received (from schedule 1)	11	E	00	E	00
F. Business income or (loss) (from schedule 1)	12	F	00	F	00
G. Capital gain or (loss) (from schedule 1)	13	G	00	G	00
H. Other gains or (losses) (from schedule 1)	14	H	00	H	00
I. Taxable IRA distributions.	4b	I	00	I	00
J. Taxable pensions and annuities	4b	J	00	J	00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1)	17	K	0.	K	00
L. Farm income or (loss) (from schedule 1)	18	L	00	L	00
M. Unemployment compensation (from schedule 1)	19	M	00	M	00
N. Taxable social security benefits.	5b	N	00	N	00
O. Other income (from schedule 1)	21	O	00	O	00
P. Total - Add Lines A through O		P	4292.00	P	00
Q. Less: federal adjustments to income (from schedule 1)	36	Q	00	Q	00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	7	R	4292.00	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. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	4292.00					
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)	69487.00					
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 MO-1040, Lines 26Y and 26S	6 %					

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

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



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 Form 1040

RAJESH SAMMITA

Your social security number

664-17-5968

Additional Income	1-9b	Reserved		1-9b	
	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	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, 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	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	-2,500.
Adjustments to Income	23	Educator expenses	23		
	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