



**2018 Form M1, Individual Income Tax**

Leave unused boxes blank. Do not use staples on anything you submit.

<b>Your First Name and Initial</b>	<b>Last Name</b>	<b>Your Social Security Number</b>	<b>Your Date of Birth</b>
HARISH	VENKATESWARAN	187042525	02041993
<b>If a Joint Return, Spouse's First Name and Initial</b>	<b>Spouse's Last Name</b>	<b>Spouse's Social Security Number</b>	<b>Spouse's Date of Birth</b>

<b>Current Home Address</b>	<b>Check if:</b>	<b>New Address</b>	<b>Foreign Address</b>
8560 FOUNTAIN PLACE APT 123		<input type="checkbox"/>	<input type="checkbox"/>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>	
EDEN PRAIRIE	MN	55344	

**2018 Federal Filing Status**  (1) Single  (2) Married filing jointly  (3) Married filing separately:  
 (place an X in one box):  (4) Head of household  (5) Qualifying widow(er)  
 Enter spouse name and Social Security number \_\_\_\_\_

**State Elections Campaign Fund**  
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.


<b>Political party and code number:</b>		<b>Your code</b> _____
Republican . . . . . 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now . . . . . 17
Democratic/Farmer-Labor . 12	Green . . . . . 15	General Campaign
Independence . . . . . 13	Libertarian . . . . . 16	Fund . . . . . 99
		<b>Spouse code</b> _____

<b>From Your Federal Return</b> (see instructions)	<b>A</b> Wages, salaries, tips, etc.	<b>B</b> IRA, pensions, and annuities	<b>C</b> Unemployment	<b>D</b> Federal taxable income
	30302	0	0	<input type="checkbox"/> 18302

▲ Place an X in box if a negative number

- 1 **Federal adjusted gross income** (from line 7 of federal Form 1040) (if a negative number, place an X in the box) . . . . . 1  30302
  - 2 Other additions to income, including non-Minnesota bond interest, and an adjustment from Schedule M1NC (see instructions; enclose Schedule M1M) . . . . . 2
  - 3 Add lines 1 and 2 (if a negative number, place an X in the box) . . . . . 3  30302
  - 4 **Itemized deductions** (from Schedule M1SA) or your **standard deduction** (see instructions) . . . . . 4  6500
  - 5 Exemptions (determine from instructions) . . . . . 5  4150
  - 6 State income tax refund from line 10 of federal Schedule 1 . . . . . 6
  - 7 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) . . . . . 7
  - 8 Total subtractions. Add lines 4 through 7 . . . . . 8  10650
  - 9 **Minnesota taxable income.** Subtract line 8 from line 3. If zero or less, leave blank. . . . . 9  19652
  - 10 **Tax** from the table in the M1 instructions . . . . . 10  1051
  - 11 Alternative minimum tax (enclose Schedule M1MT) . . . . . 11
  - 12 Add lines 10 and 11 . . . . . 12  1051
  - 13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.  
**Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 28 on line 13, from line 24 on line 13a, and from line 25 on line 13b (enclose Schedule M1NR) . . . . . 13  1051
- a  0 b  0 (Place an X in box if a negative number)
- 14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box):  
 Schedule M1HOME  Schedule M1529  Schedule M1LS . . . . . 14



- 15 Tax before credits. Add lines 13 and 14 ..... 15 1051
  - 16 Marriage Credit for joint return when both spouses have taxable earned income  
or taxable retirement income (enclose Schedule M1MA) ..... 16 ■ \_\_\_\_\_
  - 17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) ..... 17 ■ \_\_\_\_\_
  - 18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) ..... 18 ■ 7
  - 19 Other nonrefundable credits (enclose Schedule M1C) ..... 19 ■ \_\_\_\_\_
  - 20 Total nonrefundable credits. Add lines 16 through 19 ..... 20 7
  - 21 Subtract line 20 from line 15 (if result is zero or less, leave blank) ..... 21 1044
  - 22 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe .....  22 ■ \_\_\_\_\_
  - 23 Add lines 21 and 22 ..... 23 1044
  - 24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) ..... 24 ■ 1826
  - 25 Minnesota estimated tax and extension payments made for 2018 ..... 25 ■ \_\_\_\_\_
  - 26 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,  
K-12 Education Credit, Credit for Parents of Stillborn Children, Credit for Tax Paid to Wisconsin,  
Credit for historic structure rehabilitation, and Enterprise Zone Credit..... 26 ■ \_\_\_\_\_
  - 27 Total payments. Add lines 24 through 26 ..... 27 1826
  - 28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions).  
For direct deposit, complete line 29 ..... 28 ■ 782
  - 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
**Account Type**                      **Routing Number**                      **Account Number**  
 Checking     Savings    081000032    355007721804
  - 30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract  
line 27 from line 23 (see instructions) ..... 30 ■ \_\_\_\_\_
  - 31 This line intentionally left blank. .... 31 ■ \_\_\_\_\_
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you ..... 32 ■ \_\_\_\_\_
  - 33 Amount from line 28 you want applied to your 2019 estimated tax ..... 33 ■ \_\_\_\_\_

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your Signature	Date	Paid Preparer's Signature	Date
Spouse's Signature (if filing jointly)		Taxpayer's Daytime Phone	Preparer's Daytime Phone
		6605257222	P02090332
Your Email address		Preparer's email address	
HARISHSAI1993@GMAIL.COM			

**Include a copy of your 2018 federal return and schedules.**

Mail to: Minnesota Individual Income Tax  
St. Paul, MN 55145-0010

To check on the status of your refund, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us)

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



# 2018 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<b>Your First Name and Initial</b> HARISH	<b>Last Name</b> VENKATESWARAN	<b>Your Social Security Number</b> 187042525
<b>If a Joint Return, Spouse's First Name and Initial</b>	<b>Spouse's Last Name</b>	<b>Spouse's Social Security Number</b>

If you received a federal Form W-2, 1099, W-2G, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 24 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

<b>A</b> If the Form W-2 is for: • you, enter 1 • spouse, enter 2	<b>B—Box 13</b> If Retirement Plan box is checked, mark an X below.	<b>C—Box 15</b> Employer's seven-digit Minnesota Tax ID Number	<b>D—Box 16</b> State wages, tips, etc. <i>(round to nearest whole dollar)</i>	<b>E—Box 17</b> Minnesota tax withheld <i>(round to nearest whole dollar)</i>
1	<input type="checkbox"/>	MN 5216216	29960	1826
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____

Subtotal for additional Forms W-2 (from line 5 on the back) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) ..... 1 ■ 1826**

**2** Minnesota tax withheld on Forms 1099 and W-2G . If you have more than four forms, complete line 6 on the back.

<b>A</b> If the Form 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	<b>B</b> Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	<b>C</b> Income amount (see the table on the back for amounts to include)	<b>D</b> Minnesota tax withheld <i>(round to nearest whole dollar)</i>
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____

Subtotal for additional Forms 1099 and W-2G (from line 6 on the back) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms 1099 and W-2G (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on the back) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 24 of Form M1 ..... **4 ■ 1826**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and KF.**



**2018 Schedule M1CR, Credit for Income Tax Paid to Another State**

Your First Name and Initial	Last Name	Social Security Number
HARISH VENKATESWARAN		187042525
State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota		

Missouri

*You must complete a separate Schedule M1CR for each state or province you paid tax to. Use Schedule M1RCR, Credit for Taxes Paid to Wisconsin, to report tax paid to Wisconsin.*

To be eligible for this credit, you must have been a full- or part-year Minnesota resident in 2018 and have paid 2018 state income tax on the same income to Minnesota and also to another state or Canadian province. Use Schedule M1RCR to report tax paid to Wisconsin.

Round amounts to the nearest whole dollar.

**Full-Year Residents and Part-Year Residents**

- 1 Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state *(see instructions)* ..... 1 342
- 2 Your adjusted gross income adjusted by U.S. bond interest and bonds of another state *(determine from instructions)*.  
**Part-year residents: See instructions** ..... 2 30302
- 3 Divide line 1 by line 2. Enter the result as a decimal *(carry to five decimal places; if line 1 is more than line 2, enter 1.00000)* ..... 3 .01129
- 4 Complete the lines below to determine your Minnesota tax after credits.
  - a Tax from line 13 of Form M1. .... 4a 1051
  - b Add lines 16 and 17 of Form M1, and lines 1 through 6 of Schedule M1C ..... 4b \_\_\_\_\_
- Subtract line 4b from line 4a. If the result is zero or less, **STOP HERE**. You do not qualify for this credit ..... 4 1051
- 5 Multiply line 4 by line 3 ..... 5 12
- 6 From the income tax return of the other state, enter the tax amount before you subtract any tax withheld or estimated tax payments *(see instructions)*.  
 If you paid taxes to a Canadian province or territory, see instructions ..... 6 7

**Full-Year Residents**

- 7 Amount from line 5 or line 6, whichever is less. Enter here and include on line 18 of Form M1 ..... 7 7

**Part-Year Residents**

- 8 From the income tax return of the other state, enter the amount of income taxed by that state before subtracting itemized or standard deductions ..... 8 \_\_\_\_\_
- 9 Divide line 1 by line 8. Enter the result as a decimal *(carry to five decimal places; if line 1 is more than line 8, enter 1.00000)* ..... 9 \_\_\_\_\_
- 10 Multiply line 6 by line 9 ..... 10 \_\_\_\_\_
- 11 Amount from line 5 or line 10, whichever is less. Enter here and include on line 18 of Form M1 ..... 11 \_\_\_\_\_

**You must include this schedule with your Form M1.**

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: **HARISH** Last name: **VENKATESWARAN** Your social security number: **187-04-2525**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

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

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **8560 FOUNTAIN PLACE** Apt. no. **123** Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **EDEN PRAIRIE MN 55344** If more than four dependents, see inst. and  here ▶

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **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.) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Paid Preparer Use Only**

Preparer's name: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: \_\_\_\_\_ PTIN: **P02090332** Firm's EIN: \_\_\_\_\_ Check if:  3rd Party Designee  Self-employed

Firm's name ▶ **GLOBAL TAXES LLC** Phone no.: \_\_\_\_\_

Firm's address ▶ **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>30,302.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>30,302.</b>
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	<b>7</b>	<b>30,302.</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>12,000.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>18,302.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <u>2,009.</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>2,009.</b>
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	<b>12</b>	<b>0.</b>
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	<b>13</b>	<b>2,009.</b>
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	<b>0.</b>
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	<b>2,009.</b>
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	<b>4,367.</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <u>No</u> <b>b</b> Sch. 8812 _____ <b>c</b> Form 8863 _____	<b>18</b>	<b>4,367.</b>
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	<b>2,358.</b>
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	<b>2,358.</b>
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>21</b>	
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>22</b>	
<b>23</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> ▶ <b>23</b>	<b>23</b>	
<b>24</b>	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ <b>24</b>	<b>24</b>	
<b>25</b>	Estimated tax penalty (see instructions) ▶ <b>25</b>	<b>25</b>	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

**Standard Deduction for—**

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

▶ **b** Routing number 081000032 ▶ **c** Type:  Checking  Savings

▶ **d** Account number 355007721804



Missouri Department of Revenue  
**2018 Individual Income Tax** REV 01/30/19 PRO  
**Payment Voucher (Form MO-1040V)**

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name <b>HARISH VENKATESWARAN</b>		
Spouse's Name		
Street Address <b>8560 FOUNTAIN PLACE #123</b>		
City <b>EDEN PRAIRIE</b>	State <b>MIN</b>	ZIP Code <b>55344</b>
Full payment of taxes must be submitted by April 15, 2019 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.		

1555 (12-2018)

Social Security Number  -  -

Name Control .....

Spouse's Social Security Number  -  -

Spouse's Name Control .....

**Amount of Payment**  
 (U.S. funds only) ..... \$  .



\*18347011555\*

**Department Use Only**  .

**Department Use Only**

Form MO-1040V (Revised 12-2018)



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	30302	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	30302	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y		4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .	5Y	30302	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	30302	6	.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 - <b>Do not enter federal income tax withheld</b> (see instructions on page 7 and 8) . . . . .	9	2009	9	.00
10. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules) . . . . .	10		10	.00
11. Total tax from federal return - Add Lines 9 and 10. . . . .	11	2009	11	.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	2009	12	.00
13. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> <li>• Single or Married Filing Separate - \$12,000</li> <li>• Head of Household - \$18,000</li> <li>• Married Filing Combined or Qualifying Widow(er) - \$24,000</li> </ul> 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	13	.00
14. Long-term care insurance deduction . . . . .	14		14	.00
15. Health care sharing ministry deduction. . . . .	15		15	.00
16. Military income deduction . . . . .	16		16	.00
17. Bring jobs home deduction . . . . .	17		17	.00
18. Transportation facilities deduction . . . . .	18		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	14009	19	.00
20. Subtotal - Subtract Line 19 from Line 6 . . . . .	20	16293	20	.00
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	21Y	16293	21S	.00
22. Enterprise zone or rural empowerment zone income modification . . . . .	22Y		22S	.00





Tax

23. Taxable income - Subtract Line 22 from Line 21 . . . . .	23Y	16293	.00	23S		.00
24. Tax (see tax chart on page 20 of the instructions). . . . .	24Y	739	.00	24S		.00
25. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s) . . . . .	25Y		.00	25S		.00
26. 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% . . . . .	26Y	1	%	26S		%
27. Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26 . . . . .	27Y	7	.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	7	.00	29S		.00
30. Total Tax - Add Lines 29Y and 29S . . . . .				30	7	.00

Payments and Credits

31. MISSOURI tax withheld - Attach Forms W-2 and 1099 . . . . .	31		.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 ( <b>Form MO-60</b> ) . . . . .	35		.00
36. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	36		.00
37. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	37		.00
38. Total payments and credits - Add Lines 31 through 37 . . . . .	38		.00



**Skip 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**

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. . . . .  41  .00

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

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

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
- 48. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 48    
 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

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" value="6605257222"/>		
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" value="P02090332"/>		Preparer's Telephone	<input type="text"/>		
Preparer's Address	<input type="text" value="2530 PEBBLE CREEK LN CUMMING"/>		State	<input type="text" value="GA"/>	ZIP Code	<input type="text" value="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   

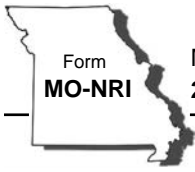
(Revised 12-2018)

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





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

Social Security Number

187 - 04 - 2525

Name

VENKATESWARAN, HARISH

Address

8560 FOUNTAIN PLACE APT 123

City, State, ZIP Code

EDEN PRAIRIE MN 55344

1. Nonresident of Missouri  
State of residence during 2018 MINNESOTA

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	342.00	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	00	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	342.00	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	342.00	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) ....	342.					
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) ....	30302.					
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 26Y and 26S ....	1					

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)



Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: **HARISH** Last name: **VENKATESWARAN** Your social security number: **187-04-2525**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

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

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **8560 FOUNTAIN PLACE** Apt. no. **123** Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **EDEN PRAIRIE MN 55344** If more than four dependents, see inst. and  here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **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.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Preparer's name: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: \_\_\_\_\_ PTIN: **P02090332** Firm's EIN: \_\_\_\_\_ Check if:  3rd Party Designee  Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: \_\_\_\_\_

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>30,302.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>30,302.</b>
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	<b>7</b>	<b>30,302.</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>12,000.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>18,302.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>2,009.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>2,009.</b>
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	<b>0.</b>
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	<b>2,009.</b>
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	<b>0.</b>
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	<b>2,009.</b>
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	<b>4,367.</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	<b>4,367.</b>
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>21</b>	<b>2,358.</b>
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	<b>2,358.</b>
<b>23</b>	Routing number <b>081000032</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>23</b>	
<b>24</b>	Account number <b>355007721804</b>	<b>24</b>	
<b>25</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>25</b>	
<b>26</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions	<b>26</b>	
<b>27</b>	Estimated tax penalty (see instructions)	<b>27</b>	