



AVINASH GODAVARTHI 9132652835 GODA 829069205

7527 W 140TH STREET APT 1311 RO 269
OVERLAND PARK KS 66223

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2018

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last **Date of Birth** - MMDDYYYY **Relationship** **SSN**

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2018. Complete this section to determine your qualifications and credit. If you did not mark A, B, and C, **STOP HERE;** you do not qualify for this credit.

- A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2018?
- B.** Were you (or spouse) 55 years of age or older all of 2018 (born prior to January 1, 1963)?
- C.** Were you (or spouse) totally and permanently disabled or blind **all** of 2018, regardless of age?
- D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 **STOP HERE,** you do not qualify for this credit. 0
- E.** Number of exemptions claimed
- F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2001)
- G.** Total qualifying exemptions (subtract line F from line E)
- H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0



AVINASH

GODAVARTHI

GODA

829069205

1. Federal adjusted gross income	71230	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	71230	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	3000	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5250	28. Overpayment from original return	0
7. Taxable income	65980	29. Total refundable credits	416
8. Tax	3303	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	3303	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	2978	35. Overpayment	91
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	325	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	325	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	325	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	416	44. REFUND	91

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) _____ Date _____ Preparer Signature _____ Preparer PTIN, EIN or SSN _____
Spouse Signature (Required) _____ Date _____ Preparer Phone Number _____ P02090332

IMPORTANT: 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

Kansas Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer :

First Name AVINASH
Middle Initial Suffix
Last Name GODAVARTHI
Social Security No. 829-06-9205
Date of Birth 04/06/1993
Date of Death

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
Date of Death

Taxpayer Phone (913) 265-2835 * [X]
Home Phone *

Spouse Phone *

* Check one of these boxes to print daytime phone number on the government forms..

Street Address . 7527 W 140TH STREET Apt No. 1311
City OVERLAND PARK State KS ZIP Code 66223
Foreign country

School District and County Code:

A-E F-M N-Z
School District Code 269
County RO

Part II - Main Form

[X] Form K-40 : Kansas Individual Income Tax Return for Resident Filers
[] Form K-40 : Kansas Individual Income Tax Return for Part-Year/Non-Resident Filers
Enter Nonresident and Part-Year Resident allocations on Schedule S
Dates of Kansas residence (if part-year resident): from to

Part III - Filing Status

Check only one box:

[X] Single
[] Married filing joint (even if only one had income)
[] Married filing separate
[] Head of household (or qualifying widow with dependent child)

Part IV - Other Information

[] Check if your name or address has changed from last year
[] Check if taxpayer authorizes Director of Taxation or the Director's designee to discuss return and attachments with preparer
[] Check here if you do not want to file Schedule K-210: Underpayment of Estimated Tax
[] Check this box to take the standard deduction even if less than itemized deductions
Yes No
[X] Taxpayer was engaged in commercial farming or fishing in 2018
[X] At least two-thirds of gross income derived from commercial farming or fishing

Part V - Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet 1

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name
Preparer PTIN Preparer SSN
Street Address Addr cont
City State ZIP Code
Signature Date
Firm Name Firm EIN (if applicable)
Phone Email

Part VI – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client’s return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client’s return and to the electronic transmission of my client’s tax return to the Kansas Department of Revenue, as applicable by the law.

[X] The state return will be filed electronically

Electronic PDF Attachments

PDF’s that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Date return was EFiled 02/18/2019
Date return was accepted by the state 02/18/2019
Enter the date Form K-40V was given to client.

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit or electronic funds withdrawal:

Name of Financial Institution (optional) Bank Of America
Check the appropriate box:
Checking [X] Routing number 101100045
Savings [] Account number 518007766376
Enter the payment date to withdraw from the account above
State balance-due amount from this return

International ACH Transactions

Yes No
[] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII - Extension Status

Yes No
[] [X] Has the tax return due date been extended?
Extended due date
QuickZoom to Form K-40V: Payment Voucher for Extension Request
QuickZoom here to Form K-40

**Form K-40
Line 13**

Other State Tax Credit Worksheet

2018

► Keep for your records

Name as Shown on Return
AVINASH GODAVARTHI

Social Security No.
829-06-9205

Form K-40, Line 13 Description

- A** Description of this copy of Form K-40, line 13 worksheet MO
- B** **QuickZoom** to another copy of Form K-40, line 13 worksheet **→**

Worksheet for Residents

1	2018 tax that was paid to the other state . . <u>MO</u> (including political subdivisions thereof)	1	<u>2,978.</u>
2	Total Kansas tax (line 12, Form K-40)	2	<u>3,303.</u>
3	Total income derived from the other state(s) and included in KAGI	3	<u>71,230.</u>
4	KAGI (line 3, Form K-40)	4	<u>71,230.</u>
5	Percentage limitation (divide line 3 by line 4)	5	<u>100.00</u> %
6	Maximum credit allowable (multiply line 2 by line 5)	6	<u>3,303.</u>
7	Credit for taxes paid to the other state (enter the <i>lesser</i> of line 1 or line 6; enter also on line 13, Form K-40).	7	<u>2,978.</u>

Worksheet for Part-year Residents filing as Nonresidents

1	2018 tax that was paid to the other state _____	1	_____
2	Total income tax (line 12, Form K-40)	2	_____
3	Other state's adjusted source income. (In many states the adjusted source income is reported on an income allocation schedule. That schedule will show the adjusted source income amount to enter here)	3	_____
4	Modified Kansas source income (line B21, Part B of Schedule S)	4	_____
5	Income earned in the other state while a Kansas resident. (Amount of the adjusted source income in the other state for which you are taking a tax credit and included in both your Kansas source income and KAGI)	5	_____
6	Percentage limitation (divide line 5 by line 3)	6	_____ %
7	Other state's tax applicable to income reported to Kansas (multiply line 1 by line 6)	7	_____
8	Percentage limitation (divide line 5 by line 4)	8	_____ %
9	Maximum credit allowable (multiply line 2 by line 8)	9	_____
10	Credit for taxes paid to the other state (enter the <i>lesser</i> of line 7 or line 9; enter also on line 13, Form K-40).	10	_____

Tax Payments Worksheet

2018

▶ Keep for your records

Name AVINASH GODAVARTHI	Social Security Number 829-06-9205
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	416.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	416.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Kansas Tax Return

SMART WORKSHEET FOR: Form 40: Individual Income Tax and/or Food Sales Tax Refund

Food Sales Tax Credit Smart Worksheet

To qualify for a tax credit on sales tax paid on food purchases, taxpayer must meet the qualifications for residency, taxpayers status and qualifying income.

<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	Did you have a dependent who lived with you all year and was under the age of 18 during all of 2018?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you (or spouse) 55 years of age or older all of 2018 (born prior to January 1, 1963)?
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or spouse) totally and permanently disabled or blind all of 2018, regardless of age?

Qualifying income (limited to \$30,615 for 2018):

A Federal adjusted gross income _____

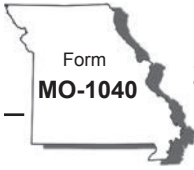
SMART WORKSHEET FOR: Other State Tax Credit Worksheet (MO)

Other State Tax Computation Smart Worksheet
Supporting information provided by program.

Carefully review transferred state amounts and verify that the amounts are what Kansas requires to calculate the credit.

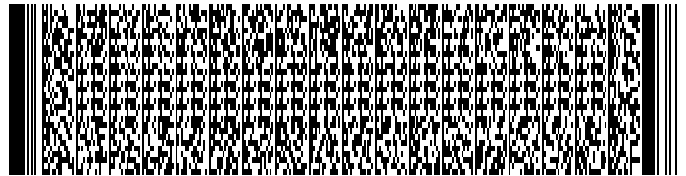
A	Income tax actually paid to <u>MO</u> (including political subdivisions thereof)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Column A Amount</th> <th style="width: 50%; text-align: center;">Column B** Amount if Different</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2,978.</td> <td></td> </tr> <tr> <td style="text-align: center;">71,230.</td> <td></td> </tr> </tbody> </table>	Column A Amount	Column B** Amount if Different	2,978.		71,230.	
Column A Amount	Column B** Amount if Different							
2,978.								
71,230.								
B	Other state's adjusted source income							

** Use column B only if you need to modify any amount calculated by the program in column A.



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)

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Vendor Code

1555

Department Use Only

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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	Deceased in 2018	Spouse's Social Security Number	Deceased in 2018
829 - 06 - 9205			
First Name	M.I.	Last Name	Suffix
AVINASH		GODAVARTHI	
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)

7527 W 140TH STREET APT 1311

City, Town, or Post Office

OVERLAND PARK

State

KS

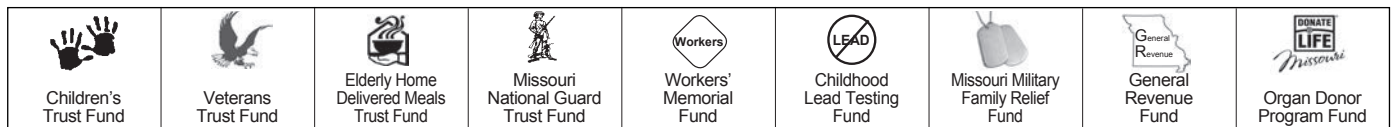
ZIP Code

66223 -

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	71230 .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	71230 .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	71230 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	71230 .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	8969 .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	8969 .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	54230 .00		
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S	21Y	54230 .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	54230	.00	23S		.00
24. Tax (see tax chart on page 20 of the instructions).	24Y	2978	.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	100	%	26S		%
27. Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26	27Y	2978	.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	2978	.00	29S		.00
30. Total Tax - Add Lines 29Y and 29S				30	2978	.00

Payments and Credits

31. MISSOURI tax withheld - Attach Forms W-2 and 1099	31	3020	.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	3020	.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"/>		
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"/>		
Preparer's Address	<input type="text"/>		State	ZIP Code		
	<input type="text"/>		<input type="text"/>	<input type="text"/>		

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 .

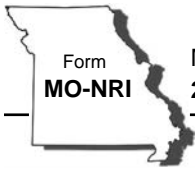
(Revised 12-2018)

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

829 - 06 - 9205

Name

GODAVARTHI, AVINASH

Address

7527 W 140TH STREET APT 1311

City, State, ZIP Code

OVERLAND PARK KS 66223

1. Nonresident of Missouri
State of residence during 2018 KANSAS

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	71230.00	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	71230.00	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	71230.00	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)	71230.00					
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)	71230.00					
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	100 %					

Signature

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 _____ Date (MM/DD/YY) _____

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



Part-Year Resident/Nonresident Allocation Worksheet

2018

▶ Keep for your records

Name(s) as Shown on Return AVINASH GODAVARTHI	Your Social Security No. 829-06-9205
---	--

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from MO sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	71,230.		71,230.	71,230.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	71,230.		71,230.	71,230.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse ↘		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from MO sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Reserved T				
	S				
35	Reserved T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T				
	S				
37	Adjusted gross income T	71,230.		71,230.	71,230.
	S				

Missouri Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer

Last Name GODAVARTHI
First Name AVINASH
Middle Initial Suffix
Social Security No. 829-06-9205
Date of Birth 04/06/1993
Date of Death
E-mail address AVINASH.GODAVARTHI7@GMAIL.COM
Work Phone Number (913) 265-2835 * [X]
In Care of Name
Address 7527 W 140TH STREET Apt. 1311
City Overland Park State KS ZIP Code 66223
County NONRESIDENT Home Phone Number * []
County Code NONR

Spouse

Last Name
First Name
Middle Initial Suffix
Social Security No.
Date of Birth
Date of Death
E-mail address
Work Phone Number * []

* Check one of these boxes to print optional daytime phone number on Form MO-1040 page 2

Yes No
[] [] Address is the same as last year

Part II - Main Form

- Missouri resident (Long Form) QuickZoom to Form MO-1040 ▶
Missouri part-year resident filing as a resident QuickZoom to Form MO-1040 ▶
Missouri part-year resident filing as a nonresident QuickZoom to Form MO-1040 ▶
[X] Nonresident QuickZoom to Form MO-1040 ▶

Spouse Residency or Military Spouse Relief Act:

- [] Spouse has different residency than the taxpayer (See Tax Help)
[] Spouse qualifies under Military Spouse Residency Relief Act (See Tax Help)

For Part-Year Residents Only:

Taxpayer Missouri residency dates (use MM/DD/YYYY format) . From _____ To _____
Spouse Missouri residency dates From _____ To _____

Taxpayer City Forms

- [] QZ to ▶
[] QZ to ▶
[] QZ to ▶
[] QZ to ▶
[] QZ to ▶

Spouse City Forms

- [] QZ to ▶ Form E-1 St. Louis Individual Earnings Tax return
[] QZ to ▶ Form E-1R St. Louis Individual Earnings Tax return
[] QZ to ▶ Form E-234 St. Louis Earnings Tax return
[] QZ to ▶ Form RD-108 Kansas City Profits Return Earnings Tax
[] QZ to ▶ Form RD-109 Kansas City Wage Earner Earnings Tax

Part III - Filing Status

- [X] 1 Single
[] 2 Married and filing a combined Missouri return
[] 3a Married filing separate return
[] 4 Head of household
[] 5 Qualifying widow(er) with dependent child
[] 6 Claimed as a dependent on another person's federal tax return

Part IV - Farmer Status

- [] At least 2/3 of your gross 2018 income is from farming
[] At least 2/3 of your gross 2018 income is from farming and you will file your 2018 return and pay the full amount of the tax due on or before April 15, 2019

Part V — Non-Obligated Spouse

Yourself Spouse Non-obligated spouse

Part VI — 100% Disabled

Yes No Taxpayer is 100% disabled
Yes No Spouse is 100% disabled

Part VII — Property Tax Credit

- 1 Taxpayer does not need to file a MO return (not enough income was earned) but wants to claim the property tax credit. QuickZoom to Form MO-PTC
2 Taxpayer needs to file a MO return and: 1) will file as single or married filing jointly; 2) will claim the property tax credit on the return. QuickZoom to Form MO-PTS
3 Taxpayer needs to file a return and will file the return jointly with a spouse, but they: 1) lived separately for the entire year; and 2) want to claim the property tax credit separately. QuickZoom to Form MO-PTC

Part VIII — Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Missouri Department of Revenue, as applicable by law.

X The state return will be filed electronically

Yes No Do you want to use the Federal PIN?

Date return was EFiled 02/18/2019
Date return was accepted by the state 02/18/2019
Enter the date Form MO-1040V was given to client

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Part IX — Direct Deposit Information

Yes No Elect direct deposit of state tax refund?
* See Tax Help for refund expectation.

Bank Information:

If you selected Direct Deposit, fill out the information below:

Name of Financial Institution (optional) Bank Of America
Account type Checking X Savings
Routing number 101100045
Account number 518007766376

Identity Theft and Refund Fraud

Generally, the timeframe for issuing refunds depends on when the return is filed and the incoming volumes. For returns filed in January with no problems noted, refunds can sometimes be issued within a week. However, refunds from returns filed in April can sometimes take 8 weeks, even if there is no problem with the return as the state manages its cash resources to meet all of its obligations. The timing of refunds is also affected by the Department's measures to prevent identity theft and refund fraud. Refunds will only be issued when the Department has taken reasonable steps to ensure that the individuals claiming the refunds are not using stolen identities. Missouri website for additional information: https://dor.mo.gov/personal/individual/identity_theft.php

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part X — Paid Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1

Yes No

Authorize Director of Revenue to discuss return with preparer?

Part XI — Extension Status

Federal extension has been filed

Yes No

Missouri tax return due date extended?

Extended due date . . . _____

QuickZoom to Form MO-60 ▶

QuickZoom to Form MO-1040 ▶

Tax Payments Worksheet

2018

▶ Keep for your records

Name AVINASH GODAVARTHI	Social Security Number 829-06-9205
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year		
7	Amount paid with current year extension		
8	Total tax payments		

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2	3,020.	
10	State withholding on Forms W-2G		
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC		
b	State withholding on Forms 1099-G		
c	State withholding on Forms 1099-K		
13	Other state tax withholding		
14	Total income tax withheld	3,020.	
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Missouri Tax Return

SMART WORKSHEET FOR: Form MO-1040: Missouri Resident (Long Form)

Missouri Income Tax Withheld for Nonresidents Smart Worksheet	
A	Missouri income tax withheld from the Tax Payments Worksheet <u>3,020.</u>
Nonresident partners or S corporation shareholders:	
B	Missouri tax withholding from Form(s) MO-2NR (entered on the federal Tax Payments Worksheet and included on line A) _____
Nonresident entertainers:	
C	Missouri tax withholding from Form MO-2ENT (entered on the federal Tax Payments Worksheet and included on line A) _____
Note: Make sure that the amounts on line B and/or line C are reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.	
D	Missouri income tax withheld for line 31. Subtract lines B and C from line A <u>3,020.</u>