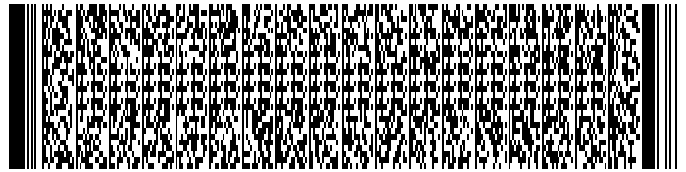


Missouri Department of Revenue
**2017 Individual Income
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2017



Print in BLACK ink only and DO NOT STAPLE.

Select Here for **Amended** Return

Select Here for **Composite** Return
 (For use by S corporations or Partnerships)

Vendor Code

Department Use Only

1555 [] [] []

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)
 [] [] [] [] [] []

Select the appropriate boxes that apply, as of December 31, 2017.

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number Deceased in 2017 Spouse's Social Security Number Deceased in 2017
 183 - 67 - 0954 [] [] - [] - [] []

First Name M.I. Last Name Suffix
 RAJA SURYA KIRAN [] CHINNAM []

Spouse's First Name M.I. Spouse's Last Name Suffix
 [] [] [] []

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

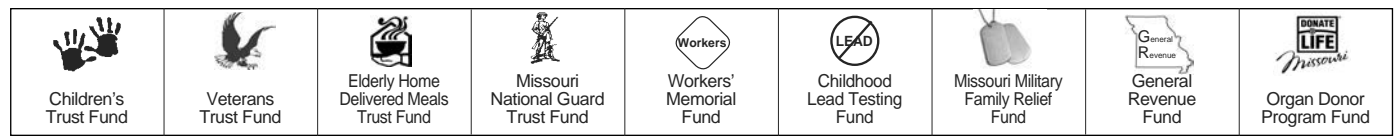
Address

Present Address (Include Apartment Number or Rural Route)
 10301 APPLEROCK DR

City, Town, or Post Office State ZIP Code
 O FALLON MO 63368 - []

County of Residence
 STCH

You may contribute to any one or all of the trust funds on Line 48. See pages 10-11 of the instructions for more trust fund information.



REV 12/20/17 PRO

IN



17322011555

For Privacy Notice, see Instructions.

Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from your 2017 federal return (see worksheet on page 7 of the instructions)	1Y	13640 .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	13640 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 17)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	13640 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	13640 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8	.00		
9. Select your filing status box below. Enter the appropriate exemption amount on Line 9	9	2100		.00
<input checked="" type="checkbox"/> A. Single - \$2,100 (see Box B before selecting.) <input type="checkbox"/> E. Married Filing Separate (spouse NOT filing) - \$4,200 <input type="checkbox"/> B. Claimed as a Dependent on Another Person's Federal Tax Return - \$0.00 <input type="checkbox"/> F. Head of Household - \$3,500 <input type="checkbox"/> C. Married Filing Combined (joint federal) - \$4,200 <input type="checkbox"/> G. Qualifying Widow(er) with Dependent Child - \$3,500 <input type="checkbox"/> D. Married Filing Separate - \$2,100				
10. Additional personal exemption (see instructions on page 7)	10	500		.00
11. Tax from federal return - Do not enter federal income tax withheld (see instructions on page 7 and 8)	11	323 .00		
12. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2)	12	.00		
13. Total tax from federal return - Add Lines 11 and 12	13	323 .00		
14. Federal tax deduction - Enter the amount from Line 13, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers	14	323		.00
15. Missouri standard deduction or itemized deductions. • Single or Married Filing Separate - \$6,350 • Head of Household - \$9,350 • Married Filing Combined or Qualifying Widow(er) - \$12,700 If age 65 or older, blind, claimed as a dependent, see page 8. If itemizing, see Form MO-A, Part 2.	15	6350		.00
16. Number of dependents (from Federal Form 1040 or 1040A, Line 6c). Do not include yourself or spouse. <input type="checkbox"/> Select box if claiming a stillborn child (see instructions on page 8).		X \$1,200 =	16	.00
17. Number of dependents on Line 16 who are 65 years of age or older and do not receive Medicaid or state funding. Do not include yourself or spouse		X \$1,000 =	17	.00



Exemptions and Deductions (cont.)

18. Long-term care insurance deduction	18		.00
19. Health care sharing ministry deduction	19		.00
20. Military income deduction	20		.00
21. Bring jobs home deduction	21		.00
22. Transportation facilities deduction	22		.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities

23. Total deductions - Add Lines 8, 9, 10, and 14 through 22.	23	9273	.00
24. Subtotal - Subtract Line 23 from Line 6.	24	4367	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S	25Y	4367	.00
26. Enterprise zone or rural empowerment zone income modification	26Y		.00

Tax

27. Taxable income - Subtract Line 26 from Line 25.	27Y	4367	.00	27S		.00
28. Tax (see tax chart on page 20 of the instructions).	28Y	102	.00	28S		.00
29. Resident credit - Attach Form MO-CR and other states' income tax return(s).	29Y		.00	29S		.00
30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	30Y	100	%	30S		%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30	31Y	102	.00	31S		.00
32. Other taxes - Select box and attach federal form indicated.						
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y		.00	32S		.00
33. Subtotal - Add Lines 31 and 32	33Y	102	.00	33S		.00
34. Total Tax - Add Lines 33Y and 33S.	34	102	.00			

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.	35	601	.00
36. 2017 Missouri estimated tax payments - Include overpayment from 2016 applied to 2017	36		.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	37		.00



Payments and Credits

38.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	38		.00
39.	Amount paid with Missouri extension of time to file (Form MO-60).	39		.00
40.	Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	40		.00
41.	Property tax credit - Attach Form MO-PTS	41		.00
42.	Total payments and credits - Add Lines 35 through 41	42	601	.00

Skip Lines 43 through 45 if you are not filing an amended return.

43.	Amount paid on original return.	43		.00
44.	Overpayment as shown (or adjusted) on original return	44		.00

Indicate Reason for Amending

Amended Return

- A. Federal audit. Enter date of IRS report (MM/DD/YY)
- B. Net operating loss carryback Enter year of loss (YY)
- C. Investment tax credit carryback Enter year of credit (YY)
- D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

45.	Amended return total payments and credits - Add Line 43 to Line 42 or subtract Line 44 from Line 42.	45		.00
-----	--	----	--	-----

46.	If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT	46	499	.00
-----	--	----	-----	-----

47.	Amount of Line 46 to be applied to your 2018 estimated tax	47		.00
-----	--	----	--	-----

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

Refund

- | | | | | | | | | | | | |
|------|--------------------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|----------------------|----------------------|---|----------------------|-----|
| 48a. | Children's Trust Fund | <input type="text"/> | .00 | 48b. | Veterans Trust Fund | <input type="text"/> | .00 | 48c. | Elderly Home Delivered Meals Trust Fund | <input type="text"/> | .00 |
| 48d. | Missouri National Guard Trust Fund | <input type="text"/> | .00 | 48e. | Workers' Memorial Fund | <input type="text"/> | .00 | 48f. | Childhood Lead Testing Fund | <input type="text"/> | .00 |
| 48g. | Missouri Military Family Relief Fund | <input type="text"/> | .00 | 48h. | General Revenue Fund | <input type="text"/> | .00 | 48i. | Organ Donor Program Fund | <input type="text"/> | .00 |
| 48j. | Additional Fund Code | <input type="text"/> | Additional Fund Amount | <input type="text"/> | .00 | 48k. | Additional Fund Code | <input type="text"/> | Additional Fund Amount | <input type="text"/> | .00 |

Total Donation - Add amounts from Boxes 48a through 48k and enter here.		48		.00
---	--	----	--	-----

49.	Amount of Line 46 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632	49		.00
-----	---	----	--	-----



Refund (cont.)

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50
 If you would like your refund deposited directly into your checking or savings account, complete boxes a, b, and c below.

a. Routing Number c. Checking Savings

b. Account Number

Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT (see the instructions for Line 52) 51

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here ... 52
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53

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. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on an 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 Date (MM/DD/YY)

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

E-mail Address Daytime Telephone

Preparer's Signature Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN Preparer's Telephone

Preparer's Address State ZIP Code

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 12-2017)

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



Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return
RAJA SURYA KIRAN CHINNAM

Your Social Security No.
183-67-0954

	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	14,640.	14,640.	0.	0.
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	14,640.	14,640.	0.	0.
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	1,000.	0.	1,000.	0.
	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	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	1,000.	0.	1,000.	0.
	S				
37	Adjusted gross income T	13,640.	14,640.	-1,000.	0.
	S				

Missouri Information Worksheet

2017

▶ Keep for your records

Part I — Personal Information

Taxpayer

Last Name CHINNAM
 First Name RAJA SURYA KIRAN
 Middle Initial _____ Suffix _____
 Social Security No. 183-67-0954
 Date of Birth 05/14/1992
 Date of Death _____
 E-mail address Suryakiran.chinnam@gmail.com
 Work Phone Number _____ *
 In Care of Name _____
 Address 10301 APPLEROCK DR Apt. _____
 City O FALLON State MO ZIP Code 63368
 County St Charles Home Phone Number _____ *
 County Code STCH

Spouse

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

* Check this box to claim a stillbirth child exemption for Missouri
 **Note: A copy of the stillbirth certificate is required to claim this additional dependent deduction.

* 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

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> | Missouri resident (Long Form) | QuickZoom to Form MO-1040 ▶ |
| <input type="checkbox"/> | Missouri resident - Single/Married (One Income) | QuickZoom to Form MO-1040A . . . ▶ |
| <input checked="" type="checkbox"/> | Missouri part-year resident filing as a resident | QuickZoom to Form MO-1040 ▶ |
| <input type="checkbox"/> | Missouri part-year resident filing as a nonresident | QuickZoom to Form MO-1040 ▶ |
| <input type="checkbox"/> | 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 08/04/2017 To 12/31/2017
 Spouse Missouri residency dates From _____ To _____

Taxpayer City Forms

- QZ** to ▶
 QZ to ▶
 QZ to ▶
 QZ to ▶
 QZ to ▶

Spouse City Forms

- QZ** to ▶
 QZ to ▶
 QZ to ▶
 QZ to ▶
 QZ to ▶

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

Part III — Filing Status

- 1** Single
 2 Married and filing a combined Missouri return
 3a Married filing separate return
 b Married filing separate (spouse not filing)
 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 2017 income is from farming
 At least 2/3 of your gross 2017 income is from farming and you will file your 2017 return and pay the full amount of the tax due on or before March 1, 2018

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
Date return was accepted by the state
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. Contains 3 empty rows.

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) US BANK
Account type Checking [X] Savings []
Routing number 081202759
Account number 199376270302

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 ▶

QuickZoom to Form MO-1040A ▶

Tax Payments Worksheet

2017

▶ Keep for your records

Name RAJA SURYA KIRAN CHINNAM	Social Security Number 183-67-0954
----------------------------------	---------------------------------------

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	601.	
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	601.	
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 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>601.</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 34. Subtract lines B and C from line A <u>601.</u>