



MISSOURI DEPARTMENT OF REVENUE

REV 02/18/22 PRO

2021 Individual Income Tax 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 AKHIL MITTAPALLY		
Spouse's Name		
Street Address 2066 CANAKIN CT #14		
City SAINT LOUIS	State MO	ZIP Code 63146
Full payment of taxes must be submitted by April 18, 2022 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 (12-2021)

Social Security Number 305 - 61 - 7645

Name Control MITT

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 1.00

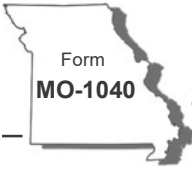


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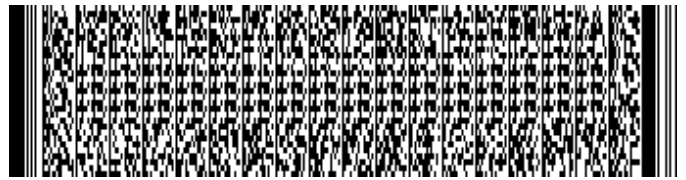
Department Use Only

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MISSOURI DEPARTMENT OF  
**REVENUE**  
2021 Individual Income  
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.

**Amended Return**     **Composite Return**  
(For use by S corporations or Partnerships)

**Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

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**

**Department Use Only**

1555			
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**Filing Status**

Single     Claimed as a Dependent     Married Filing Combined     Married Filing Separately     Head of Household     Qualifying Widow(er)

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 2021	Spouse's Social Security Number	Deceased in 2021
305 - 61 - 7645			
First Name	M.I.	Last Name	Suffix
AKHIL		MITTAPALLY	
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)

2066 CANAKIN CT APT 14

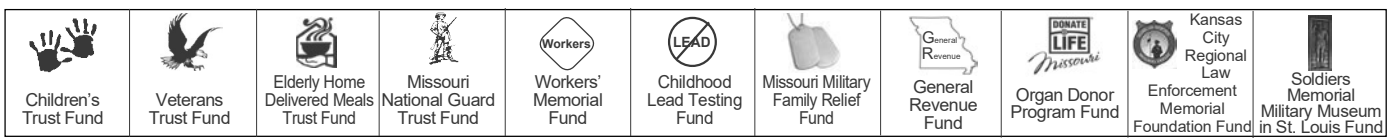
City, Town, or Post Office    State    ZIP Code

SAINT LOUIS    MO    63146 -

County of Residence

STCO

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 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	101388	00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		00	2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	101388	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	101388	00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	101388	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 and Social Security Disability exemption (from Form MO-A, Part 3, Section D) . . . . .	8		.00
9. Tax from federal return . . . . .	9	15264	00
10. Other tax from federal return. . . . .	10		00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	15264	00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . .	12	5.00	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

- \$25,000 or less ..... 35%
- \$25,001 to \$50,000..... 25%
- \$50,001 to \$100,000..... 15%
- \$100,001 to \$125,000..... 5%
- \$125,001 or more ..... 0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .	13	763	00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550      • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8 . . . . .	14	12550	00
15. Long-term care insurance deduction . . . . .	15		00
16. Health care sharing ministry deduction. . . . .	16		00
17. Active Duty Military income deduction . . . . .	17		00
18. Inactive Duty Military income deduction . . . . .	18		00
19. Bring jobs home deduction . . . . .	19		00
20. Transportation facilities deduction . . . . .	20		00

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



Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00
22. Long Term Dignity Savings Account Deduction.....			22	<input type="text"/>	.00
23. Total deductions - Add Lines 8 and 13 through 22.....			23	13313	.00
24. Subtotal - Subtract Line 23 from Line 6.....			24	88075	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.....	25Y	88075	.00	25S	<input type="text"/>
26. Enterprise zone or rural empowerment zone income modification.....	26Y	<input type="text"/>	.00	26S	<input type="text"/>

Tax

27. Taxable income - Subtract Line 26 from Line 25.....	27Y	88075	.00	27S	<input type="text"/>
28. Tax (see tax chart on page 26 of the instructions),.....	28Y	4569	.00	28S	<input type="text"/>
29. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s).....	29Y	<input type="text"/>	.00	29S	<input type="text"/>
30. 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%.....	30Y	100	%	30S	<input type="text"/>
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.....	31Y	4569	.00	31S	<input type="text"/>
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	<input type="text"/>	.00	32S	<input type="text"/>
33. Subtotal - Add Lines 31 and 32.....	33Y	4569	.00	33S	<input type="text"/>
34. Total Tax - Add Lines 33Y and 33S.....				34	4569

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.....	35	4568	.00
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021.....	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> .....	37	<input type="text"/>	.00
38. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> .....	38	<input type="text"/>	.00
39. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ).....	39	<input type="text"/>	.00
40. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC.....	40	<input type="text"/>	.00
41. Property tax credit - Attach <b>Form MO-PTS</b> .....	41	<input type="text"/>	.00
42. Total payments and credits - Add Lines 35 through 41.....	42	4568	.00



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**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 Lines 42 and 43; subtract Line 44.  
Enter on Line 45. . . . .  45  .  00

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

47. Amount of Line 46 to be applied to your 2022 estimated tax . . . . .  47  .  00

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

48a. Children's Trust Fund	<input type="text"/> . <input type="text"/> 00	48b. Veterans Trust Fund	<input type="text"/> . <input type="text"/> 00	48c. Elderly Home Delivered Meals Trust Fund	<input type="text"/> . <input type="text"/> 00	48d. Missouri National Guard Trust Fund	<input type="text"/> . <input type="text"/> 00
48e. Workers' Memorial Fund	<input type="text"/> . <input type="text"/> 00	48f. Childhood Lead Testing Fund	<input type="text"/> . <input type="text"/> 00	48g. Missouri Military Family Relief Fund	<input type="text"/> . <input type="text"/> 00	48h. General Revenue Fund	<input type="text"/> . <input type="text"/> 00
48i. Organ Donor Program Fund	<input type="text"/> . <input type="text"/> 00	48j. Kansas City Regional Law Enforcement Memorial Foundation Fund	<input type="text"/> . <input type="text"/> 00	48k. Soldiers Memorial Military Museum in St. Louis Fund	<input type="text"/> . <input type="text"/> 00		
48l. Additional Fund Code	<input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text"/> 00	48m. Additional Fund Code	<input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text"/> 00				

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

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . .  49  .  00

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here . . . . .  50  .  00

Refund

Reserved



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.  
 Amount of UNDERPAYMENT . . . . . 51 1 00

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 52 00

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 1 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  Date (MM/DD/YY) 03 05 2022

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) 03 05 22

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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .  Yes  No



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Department Use Only

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Form MO-1040 (Revised 12-2021)

**Mail to: Balance Due:**  
 Missouri Department of Revenue  
 P.O. Box 329  
 Jefferson City, MO 65105-0329

**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
 Missouri Department of Revenue  
 P.O. Box 500  
 Jefferson City, MO 65105-0500

**Phone:** (573) 751-3505

**Fax:** (573) 522-1762  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)



**Ever served on active duty in the United States Armed Forces?**  
 If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.