Department of the Treasury Calendar Year -Internal Revenue Service

Due 04/18/2022

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

374.

REV 04/09/22 PRO

1555

159-06-8273 NANDA SATYA SOWMITH KAKUMANU

1327 SAVANNAH CIRCLE O FALLON MO 63368

Department of the Treasury Calendar Year — Internal Revenue Service

Due 06/15/2022

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check 374. or money order..... 1555

REV 04/09/22 PRO

159-06-8273 NANDA SATYA SOWMITH KAKUMANU

1327 SAVANNAH CIRCLE O FALLON MO 63368

Department of the Treasury Calendar Year — Internal Revenue Service

Due 09/15/2022

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

374.

REV 04/09/22 PRO

1555

159-06-8273 NANDA SATYA SOWMITH KAKUMANU

1327 SAVANNAH CIRCLE O FALLON MO 63368

Department of the Treasury Calendar Year — Internal Revenue Service

Due 01/17/2023

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

374.

REV 04/09/22 PRO 1555

159-06-8273 NANDA SATYA SOWMITH KAKUMANU

1327 SAVANNAH CIRCLE O FALLON MO 63368

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

- Internal n	evenue del vice						
Submis	ssion Identification Number (SID)						
Taxpayer	's name	Social secu	rity numl	ber			
NAND	A SATYA SOWMITH KAKUMANU	159-06-8273					
Spouse's		Spouse's so	cial sec	urity nu	mber		
Part		year you	are au	thoriz	ing.)		
	hole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		١.	ı	1 4 5	000	
	Adjusted gross income		1	<u> </u>		908.	
	Total tax		2	-		955.	
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	-	24,	<u>459.</u>	
	Amount you want refunded to you		5	-		004	
Part		een a coi		OUR I	<u> </u>	024. 1)	
	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
to send for any of Agent to paymen authoriz paymen business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmismy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancellation necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I are a financial institutions.	ction of the S. Treasury cated in the n to debit the the authorizests must be processing cayment. I fu	transminand its cand	ssion, designation to this To revolved no lectron	(b) the ated F n softwaccoulocke (cap later ic paying edge t	reason inancial vare for nt. This ancel) a than 2 ment of that the	
	ic Funds Withdrawal Consent.				_		
	yer's PIN: check one box only	6	5 8 3	2 7	3		
X	I authorize GLOBAL TAXES LLC to enter or generate r	Ě	nter five		but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Your si	gnature ► Date ►						
Spous	e's PIN: check one box only	_					
Opous	I authorize to enter or generate r	ny DINI				as my	
Ш	ERO firm name		nter five	digits.		as my	
	signature on the income tax return (original or amended) I am now authorizing.		on't ente	•			
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methodelow.		_			_	
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	II Certification and Authentication — Practitioner PIN Method Only						
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6	1 2	9 8	9	
21100	2 I IIVI IIVI Elitor your olix digit Eli IIV lonowou by your iivo digit oon oolootod i IIV.	Don't er					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this re	turn in a	accord	anće v		
ERO's	signature ► Date ►						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

Form 1040-V 2021 Page **2**

IF you live in	THEN use this address to send in your payment			
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214			
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000			
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501			
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303			

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)

2021

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment

1,024.

REV 04/09/22 PRO 1555

UNAMDA SATYA SOWMITH KAKUMANU

1327 SAVANNAH CIRCLE O FALLON MO 63368 INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40293-1000

£1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly under the new son is a child but not your dependent	ame of	ried filing separately f your spouse. If you	` ′	_		` ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last n	ame					Your social security number		
NANDA S	ATYA	SOWMITH	KAK	UMANU					159-	06-827	3
If joint return, s	pouse's	s first name and middle initial	Last n	ame					Spouse	's social se	curity number
	•	er and street). If you have a P.O. box, see AH CIRCLE	instruct	tions.				Apt. no.	ł	ential Electi here if you,	on Campaign
	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta			ZIP code to		if filing joir this fund.	ntly, want \$3 Checking a
Foreign country				Foreign province/state				eign postal code	box below will not chang your tax or refund.		
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of a	ny fina	ancial interes	st in an	y virtual curre	ncy?	☐ Yes	⊠ No
Standard Deduction	_	leone can claim: You as a de Spouse itemizes on a separate retur	•			'	it				
Age/Blindness	You:	: Were born before January 2, 1	957	Are blind Sp	ouse	e: Was b	orn be	efore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relation	nship	(4) ✓ if q	ualifies fo	r (see instru	ıctions):
If more	(1) F	irst name Last name	number		to you			Child tax cr		Credit for ot	her dependents
than four											
dependents, see instruction	e										
and check here ▶											
	. 1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	<u> </u>
Attach	2a	1	2a		h T	axable inter	eet		2t		13 / 2 0 0 1
Sch. B if	3a	· —	3a			Ordinary divid			3b		
required.	4a		4a			axable amo			. 4k		
	5a		5a			axable amo			. 5k		
Standard	6a	_	6a			axable amo			. 6b		
Deduction for —	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not red				▶ [7		
Single or Married filing	8	Other income from Schedule 1, lin				•			. 8		
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		This is your total in	come				▶ 9	1	45,908.
\$12,550 Married filing	10	Adjustments to income from Sche		•					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is			me				▶ 11	1 1	45,908.
widow(er),	12a	Standard deduction or itemized	-			-	12a	12,55	0.		,
\$25,100 • Head of	b	Charitable contributions if you take		•	-		12b	30			
household, \$18,800	С								. 12	С	12,850.
If you checked	13	Qualified business income deducti			n 899	95-A			. 13		<u> </u>
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	, ente	er -0			. 15	5 1	33,058.

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 📗		16	25,955.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	25,955.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0		22	25,955.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax	•	24	25,955.
	25	Federal income tax withheld from:			
	а	Form(s) W-2	4,459.		
	b	Form(s) 1099		1	
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	24,459.
	26	2021 estimated tax payments and amount applied from 2020 return		26	· · · · · · · · · · · · · · · · · · ·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		1	
		January 2, 2004, and you satisfy all the other requirements for			
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ □			
	b	Nontaxable combat pay election			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28		-	
	29	American opportunity credit from Form 8863, line 8		-	
	30	Recovery rebate credit. See instructions		-	
	31	Amount from Schedule 3, line 15	472.		450
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable cre		32	472.
	33	Add lines 25d, 26, and 32. These are your total payments		33	24,931.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	_	35a	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X X X X X X X X X X X	Savings		
	► d	Account number X X X X X X X X X X X X X X X X X X X			
A	36	Amount of line 34 you want applied to your 2022 estimated tax			1 004
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	. ▶	37	1,024.
	38	Estimated tax penalty (see instructions)			
Third Party Designee		byou want to allow another person to discuss this return with the IRS? See structions	Complete b	nelow	X No
Designee			rsonal identif		
		9.	mber (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statem			
Here	beli	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informa			,
11010	You	ur signature Date Your occupation			it you an Identity N, enter it here
Joint return?		SOFTWARE ENGINEER	I	inst.) ▶ [N, enter it fiere
See instructions.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the	IRS ser	it vour spouse an
Keep a copy for				, ,	ection PIN, enter it here
your records.			(see i	inst.) 🖊	
		one no. (813)434-8738 Email address SOWMITH.NANDA@GMAIL.C			
Paid		eparer's name Preparer's signature Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2022	P02082	2703	Self-employed
Use Only		m's name ► GLOBAL TAXES LLC	Phon	e no. (678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm'	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 04/09/22 PRO)		Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03**

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR NANDA SATYA SOWMITH KAKUMANU

Your social security number 159-06-8273

Form 2441	expenses from Form 2441, line 11. Attach	2	
Form 2441	19	2	
3 Education credits from Form 8863, line		3	
	Attack Farms 0000		
4 Retirement savings contributions credit	. Attach Form 8880	4	
5 Residential energy credits. Attach Form	5695	5	
6 Other nonrefundable credits:			
a General business credit. Attach Form 3	800 6 a		
b Credit for prior year minimum tax. Attac	h Form 8801 6b		
c Adoption credit. Attach Form 8839	6c		
d Credit for the elderly or disabled. Attack	Schedule R 6d		
e Alternative motor vehicle credit. Attach	Form 8910 6e		
f Qualified plug-in motor vehicle credit. A	.ttach Form 8936 6f		
g Mortgage interest credit. Attach Form 8	396 6g		
h District of Columbia first-time homebuye	r credit. Attach Form 8859 6h		
i Qualified electric vehicle credit. Attach	Form 8834 6i		
j Alternative fuel vehicle refueling property	r credit. Attach Form 8911 6j		
k Credit to holders of tax credit bonds. A	tach Form 8912 6k		
I Amount on Form 8978, line 14. See inst	ructions 6l		
z Other nonrefundable credits. List type and	d amount ▶6z		
7 Total other nonrefundable credits. Add	lines 6a through 6z	7	
	e and on Form 1040, 1040-SR, or 1040-NR,		
line 20		8	ued on page 2)

Schedule 3 (Form 1040) 2021 Page **2**

Par	t II Other Payments and Refundable Credits		
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	472.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
а	Form 2439		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021		
С	Health coverage tax credit from Form 8885		
d	Credit for repayment of amounts included in income from earlier years		
е	Reserved for future use		
f	Deferred amount of net 965 tax liability (see instructions) 13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 13h		
Z	Other payments or refundable credits. List type and amount ▶		
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-line 31	*	472.

REV 03/29/22 PRO 1555 2022 Declaration of Estimated Tax for Individuals (Form MO-1040ES) 22352011555 Social Security Number Name Control X 1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr. 8273 KAKU 06 159 Spouse's Social Security Number Name Control 00 70. Amount Paid . . Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may Your Name (Last, First, Initial) be presented again electronically. KAKUMANU, NANDA SATYA SOWMITH Spouse's Name (Last, First, Initial) **Department Use Only** Address (Number and Street), City, State, and ZIP Code 1327 SAVANNAH CIRCLE O FALLON MO 63368 (Revised 12-2021)

REV 03/29/22 PRO 1555 2022 Declaration of Estimated Tax for Individuals (Form MO-1040ES) 22352011555 Social Security Number Name Control X 2nd Qtr. __ 1st Qtr. 3rd Qtr. 4th Qtr. 8273 KAKU 06 159 Spouse's Social Security Number Name Control 00 70. Amount Paid . . Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may Your Name (Last, First, Initial) be presented again electronically. KAKUMANU, NANDA SATYA SOWMITH Spouse's Name (Last, First, Initial) **Department Use Only** Address (Number and Street), City, State, and ZIP Code 1327 SAVANNAH CIRCLE O FALLON MO 63368 (Revised 12-2021)

REV 03/29/22 PRO 1555 2022 Declaration of Estimated Tax for Individuals (Form MO-1040ES) 22352011555 Social Security Number Name Control X 3rd Qtr. 2nd Qtr. 1st Qtr. 4th Qtr. 8273 KAKU 06 159 Spouse's Social Security Number Name Control 00 70. Amount Paid . . Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may Your Name (Last, First, Initial) be presented again electronically. KAKUMANU, NANDA SATYA SOWMITH Spouse's Name (Last, First, Initial) **Department Use Only** Address (Number and Street), City, State, and ZIP Code 1327 SAVANNAH CIRCLE O FALLON MO 63368 (Revised 12-2021)

REV 03/29/22 PRO 1555 2022 Declaration of Estimated Tax for Individuals (Form MO-1040ES) 22352011555 Social Security Number Name Control X 4th Qtr. 1st Qtr. 2nd Qtr. 3rd Qtr. 8273 KAKU 06 159 Spouse's Social Security Number Name Control 00 70. Amount Paid . . Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may Your Name (Last, First, Initial) be presented again electronically. KAKUMANU, NANDA SATYA SOWMITH Spouse's Name (Last, First, Initial) **Department Use Only** Address (Number and Street), City, State, and ZIP Code 1327 SAVANNAH CIRCLE O FALLON MO 63368 (Revised 12-2021)

2021 Individual Income Tax Payment Voucher (Form MO-	v 03/29/22 PRO 1040V)	Social Security Number 159 - 06 - 8273
Please print. Make check payable to Missouri Department MO-1040V and payment to the Missouri Department of F Jefferson City, MO 65105-0371.		Name Control KAKU Spouse's Social Security Number
NANDA SATYA SOWMITH KAKUMA	\ NTT T	Spouse's Name Control
Spouse's Name	710	Amount of Payment (U.S. funds only). \$ 280.00
Street Address		<u> </u>
1327 SAVANNAH CIRCLE City O FALLON	State ZIP Code M ₁ O 6 ₁ 3 ₁ 3 ₁ 6 ₁ 8	21347011555
Full payment of taxes must be submitted by April 18, 20 additions to tax for failure to pay. If you pay by check, you a of Revenue to process the check electronically. Any returned again electronically.	22 to avoid interest and authorize the Department	



For Calendar Year January 1 - December 31, 2021

Prin	nt in BLACK ink only and DO NOT STAPLE.	DAKED.
	Amended 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 4)	368).
Fisca	ing a fiscal year return enter the beginning and ending dates here. Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) Topology To	
Filing Status	X Single Claimed as a Married Filing Married Filing Head of Dependent Combined Separately Household Widow(er	•
	Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Non-Obligated Spouse Yourself Spouse Yourself Spouse Yourself Spouse Spouse Yourself Yours	Spouse
Name	Social Security Number in 2021 Spouse's Social Security Number 159 - 06 - 8273 First Name M.I. Last Name NANDA SATYA SOWMITH KAKUMANU	Deceased in 2021 Suffix
	Spouse's First Name M.I. Spouse's Last Name In Care Of Name (Attorney, Executor, Personal Representative, etc.)	Suffix
	Present Address (Include Apartment Number or Rural Route)	
S	1327 SAVANNAH CIRCLE	
ress	City, Town, or Post Office State ZIP Code	

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.



STCO

O FALLON County of Residence





















REV 03/29/22 PRO



IN

				Yourself (Y)	Spouse (S)			
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	145908 . 00	18 . 00			
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y	. 00	28 . 00			
Income	3.	Total income - Add Lines 1 and 2	3Y	145908 . 00	38 . 00			
luco	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	. 00	48 .00			
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	145908 00	58 . 00			
	6.	S. Total Missouri adjusted gross income - Add columns 5Y and 5S						
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	78 %			
	•	B : 0 : 10 : 10 : 10 : 10 : 10 : 10 : 10	/5	5 MOAD 10				
	8.	Pension, Social Security and Social Security Disability exemptic Section D)	•		. 8 . 00			
		,		05055				
	9.	Tax from federal return		9 25955	00			
	10.	Other tax from federal return		10	00			
	11.	Total tax from federal return. Do not enter federal income tax with	neld.	25955	00			
	12.	Federal tax percentage – Enter the percentage based on your						
		Missouri Adjusted Gross Income, Line 6. Use the chart below to		12 0.00	%			
		find your percentage		12 0.00	70			
		Missouri Adjusted Gross Income Range, Line 6: Federal Ta	x Per	centage:				
		\$25,000 or less	5%	Ü				
		\$25,001 to \$50,000						
ons		\$50,001 to \$100,000						
Deductions		\$125,001 or more						
a	13.	Federal income tax deduction – Multiply Line 11 by the percenta	-		0 00			
ons		amount not to exceed \$5,000 for an individual or \$10,000 for co	mbine	ed filers	. [13] 0]. [00]			
Exemptions	14.	Missouri standard deduction or itemized deductions. (If itemizin	g, See	e Form MO-A, Part 2)				
Exe		• Single or Married Filing Separate-\$12,550 • Head of Hou	seholo	d-\$18,800				
		 Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see pa 	ao 8		14 12550 00			
		Note. If age 03 of older, billing, of claimed as a dependent, see pa	ige o .					
	15.	Long-term care insurance deduction			15 . 00			
	16.	Health care sharing ministry deduction			16			
		•						
	17.	Active Duty Military income deduction	• • • •		17 . 00			
	18.	Inactive Duty Military income deduction			18			
	19.	Bring jobs home deduction			19 . 00			
	20.	Transportation facilities deduction			20 . 00			
		A. Port Cargo Expansion B. International Trade Fa	cility	C. Qualified Trade A	ctivities			

	21.	First Time Home Buyers deduction. A.	В.			21		. 00
itinued	22.	Long Term Diginity Savings Account Deduction				22		. 00
Deductions Continued	23.	Total deductions - Add Lines 8 and 13 through 22				23	12550	. 00
duction		Subtotal - Subtract Line 23 from Line 6				24	133358	. 00
Dec		Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S	25Y	133358	. 00	258		. 00
	26.	Enterprise zone or rural empowerment zone income modification	26Y		. 00	268		. 00
	27.	Taxable income - Subtract Line 26 from Line 25	27Y	133358	. 00	278		. 00
	28.	Tax (see tax chart on page 26 of the instructions)	28Y	7014	. 00	28S		. 00
	29.	Resident credit - Attach Form MO-CR and other states'	29Y		00	298		00
	30	income tax return(s)	[231]		_].[00]	[230]		. [00]
	30.	completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	30Y	100	%	308		%
Тах	31	Balance - Subtract Line 29 from Line 28; OR			_ · ·			
	01.	multiply Line 28 by percentage on Line 30	31Y	7014	. 00	31S		. 00
	32.	Other taxes - Select box and attach federal form indicated.						
		Lump sum distribution (Form 4972)						
		Recapture of low income housing credit (Form 8611)	32Y].[00]	328		. 00
	33.	Subtotal - Add Lines 31 and 32	33Y	7014	. 00	338		. 00
	34.	Total Tax - Add Lines 33Y and 33S				. 34	7014	. 00
	35.	MISSOURI tax withheld - Attach Forms W-2 and 1099				35	6734	. 00
	36.	2021 Missouri estimated tax payments - Include overpayment fro	om 2020	applied to 2021 .		. 36		. 00
redits	37.	Missouri tax payments for nonresident partners or S corporation	0.7					
Payments and Credit		MO-2NR and MO-NRP		. 37		. 00		
ments	38.	Missouri tax payments for nonresident entertainers - Attach Fo				. 00		
Pay		,	•			1.0		. 00
		Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac						. 00
		Property tax credit - Attach Form MO-PTS					6734	. 00
	42	Total payments and credits - Add Lines 35 through 41				42	0/34	00

	Sk	ip 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		
Amende		B. Net Operating Loss carryback		
		C. Investment tax credit carryback Enter date of federal amended return, if filed	d. (MM/DD/YY)	
		D. Correction other than A, B, or C		
	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.	
	48	a. Trust Fund Children's a. Trust Fund Loo 48b. Trust Fund Loo 48c. Trust Fund Loo 100 48c. Trust Fund Loo 100 100 100 100 100 100 100	Missouri National Guard 48d. Trust Fund	. 00
	48	Soldiers Kansas City Memorial	48h. General Revenue Fund	. 00
Refund	48	Organ Donor Endoughert Military Military Museum in		
<u>~</u>	48	Additional Fund Fund Amount . 00 48m. Code Additional Fund Amount . 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
		a. Routing Number c. b. Account Number	Checking Sa	avings

	51. If Line 34 is larger than Line 42 or Line 45, enter the difference. Amount of UNDERPAYMENT	51 280 . 00				
Amount Due	52. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here	52				
mom	Select this box if you are a farmer exempt from the underpayment of estimated tax per	nalty.				
-	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	53 280 00				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedul of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Sign the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo. imposed on any individual who files a frivolous return. I also declare under penalties of perunauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, creatiens.	nature" field(s) below, I am providing of preparer (other than taxpayer) is a penalty of up to \$500 shall be erjury that I employ no illegal or				
	Signature Da	te (MM/DD/YY)				
	Spouse's Signature (If filing combined, BOTH must sign)	te (MM/DD/YY)				
	E-mail Address Da	ytime Telephone				
Signature	SYAM@GTAXFILE.COM 8	134348738				
Signa	Preparer's Signature Da	Date (MM/DD/YY)				
U)	SYAM PRIYA RAM SAGAR GUPTA TALLAM	16 22				
	Preparer's FEIN, SSN, or PTIN	eparer's Telephone				
	30-1017196	789659522				
	Preparer's Address Sta	ate ZIP Code				
	2530 PEBBLE CREEK LN CUMMING	30041				
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the pre or any member of the preparer's firm. Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return of 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.	or provide				
	21322051555					
	Department Use Only					
	A					
		Form MO-1040 (Revised 12-2021)				
Mai	il to: Balance Due: Refund or No Amount Due: Fax: (573) 523 Missouri Department of Revenue Missouri Department of Revenue Fmail: income	,				

P.O. Box 3370

Jefferson City, MO 65105-3370

Phone: (573) 751-7200

P.O. Box 3222

Jefferson City, MO 65105-3222

Phone: (573) 751-3505

Visit <u>dor.mo.gov/taxation/individual/tax-types/income/</u> for additional information.

Ever served on active duty in the United **States Armed Forces?**

If yes, visit 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/.

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