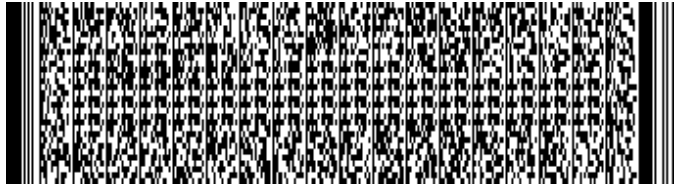


2021 Individual Income Tax Return - Long Form

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)

Input boxes for fiscal year beginning and ending dates

Vendor Code

1555

Department Use Only

Input boxes for department use only

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 input boxes for age and disability categories

Social Security Number in 2021 Deceased Spouse's Social Security Number in 2021 Deceased

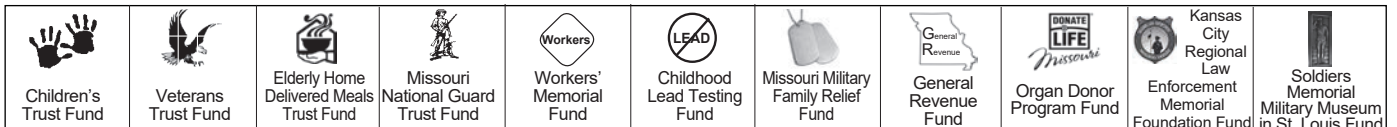
Name First Name M.I. Last Name Suffix Spouse's First Name M.I. Spouse's Last Name Suffix

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

Address

Present Address (Include Apartment Number or Rural Route) 438 SUMMER GLEN LN SAINT CHARLES MO 63301 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	95214 .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	95214 .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	95214 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	95214 .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	8017 .00
10. Other tax from federal return. . . . .	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	8017 .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	15.00 %

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	1203 .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	25100 .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	26303	.00
24. Subtotal - Subtract Line 23 from Line 6.....					24	68911	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.....	25Y	68911			25S	0	.00
26. Enterprise zone or rural empowerment zone income modification.....	26Y	<input type="text"/>			26S	<input type="text"/>	.00

Tax

27. Taxable income - Subtract Line 26 from Line 25.....	27Y	68911			27S	0	.00
28. Tax (see tax chart on page 26 of the instructions),.....	28Y	3534			28S	0	.00
29. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s).....	29Y	<input type="text"/>			29S	<input type="text"/>	.00
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	100	%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.....	31Y	3534			31S	0	.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	<input type="text"/>			32S	<input type="text"/>	.00
33. Subtotal - Add Lines 31 and 32.....	33Y	3534			33S	0	.00
34. Total Tax - Add Lines 33Y and 33S.....					34	3534	.00

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.....	35	4435				.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	4435				.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  901 .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.

Refund

48a. Children's Trust Fund  .00    48b. Veterans Trust Fund  .00    48c. Elderly Home Delivered Meals Trust Fund  .00    48d. Missouri National Guard Trust Fund  .00

48e. Workers' Memorial Fund  .00    48f. Childhood Lead Testing Fund  .00    48g. Missouri Military Family Relief Fund  .00    48h. General Revenue Fund  .00

48i. Organ Donor Program Fund  .00    48j. Kansas City Regional Law Enforcement Memorial Foundation Fund  .00    48k. Soldiers Memorial Military Museum in St. Louis Fund  .00

48l. Additional Fund Code  Additional Fund Amount  .00    48m. Additional Fund 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  901 .00

a. Routing Number  081904808    c.  Checking  Savings

b. Account Number  291020309192



Amount Due

- 51. If Line 34 is larger than Line 42 or Line 45, enter the difference.  
Amount of UNDERPAYMENT . . . . . 51  .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  .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" value="SYAM@GTAXFILE.COM"/>			Daytime Telephone	<input type="text" value="3126081021"/>		
Preparer's Signature	<input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/>			Date (MM/DD/YY)	<input type="text" value="04"/>	<input type="text" value="15"/>	<input type="text" value="22"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="30-1017196"/>			Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="2530 PEBBLE CREEK LN CUMMING"/>			State	<input type="text" value="GA"/>	ZIP Code	<input type="text" value="30041"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

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**

A     FA     E10     DE     F     .

Form MO-1040 (Revised 12-2021)

**Mail to: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 3222  
Jefferson City, MO 65105-3222  
**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.