

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--------------------------------------|---------------------------------------|
| Taxpayer's name HITENDRA KUDIKALA | Social security number 883-25-3300 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|---|---|---------|
| 1 | Adjusted gross income | 88,301. |
| 2 | Total tax | 12,200. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 15,120. |
| 4 | Amount you want refunded to you | 2,920. |
| 5 | Amount you owe | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 5 | 3 | 3 | 0 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (HITENDRA), Last name (KUDIKALA), Your social security number (883-25-3300), Spouse's social security number, Home address (11143 FORT SAMUEL DR, BRIDGETON, MO, 63044), and Presidential Election Campaign options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Includes a box for Standard Deduction for- with filing status options.

| | | | | |
|------------------------|-----------|--|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 12,200. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 12,200. |
| | 19 | 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 | 12,200. |
| | 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 | 12,200. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 15,120. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 15,120. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 15,120. |

| | | | | |
|--------------------------------------|------------|---|----------------|---|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,920. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,920. |
| Direct deposit? See instructions. | b | Routing number 061092387 | c Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number 827852752 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------------------------------------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | SOFTWARE DEVELOPER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | | | |
| Phone no. (616) 635-8885 | Email address KUDIKALATC@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 03/09/2023 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 245 ROONEY CT E BRUNSWICK NJ 08816 | | (678) 965-9522 | 84-3171965 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
HITENDRA KUDIKALA

Your social security number
883-25-3300

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -9,810. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -9,810. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | |
|------------|--|------------|------------|
| 11 | Educator expenses | | 11 |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 |
| 17 | Self-employed health insurance deduction | | 17 |
| 18 | Penalty on early withdrawal of savings | | 18 |
| 19a | Alimony paid | | 19a |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | |
| 20 | IRA deduction | | 20 |
| 21 | Student loan interest deduction | | 21 |
| 22 | Reserved for future use | | 22 |
| 23 | Archer MSA deduction | | 23 |
| 24 | Other adjustments: | | |
| a | Jury duty pay (see instructions) | 24a | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | |
| j | Housing deduction from Form 2555 | 24j | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | |
| z | Other adjustments. List type and amount: _____ | 24z | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 |

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return

HITENDRA KUDIKALA

Your social security number

883-25-3300

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 2,349. | 2,929. | | -580. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 (11,554.) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -12,134. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 11. | 20. | | -9. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -9. |

Part III Summary

| | | | |
|-----------|--|-----------|------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -12,143. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (3,000.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

HITENDRA KUDIKALA

Social security number or taxpayer identification number

883-25-3300

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). | |
|------------------|--|---|--|--|--|--|--------------------------------|--|-------|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | | |
| | ROBINHOOD SECURITIES LLC | 01/01/22 | 12/31/22 | 2,349. | 2,929. | | | -580. | |
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| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | | 2,349. | 2,929. | | | -580. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
 HITENDRA KUDIKALA

Social security number or taxpayer identification number
 883-25-3300

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). | |
|------------------|---|---|--|--|--|--|--------------------------------|--|-----|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | | |
| | ROBINHOOD SECURITIES LLC | 01/01/22 | 12/31/22 | 11. | 20. | | | -9. | |
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| | | | | | | | | | |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). | | | | 11. | 20. | | | -9. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

HITENDRA KUDIKALA

Your social security number

883-25-3300

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A GODHAVARIKHANI KARIMNAGAR TELANGANA IN 505211

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 550. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 950. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,250. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 3,560. | | |
| 15 Supplies | 15 2,650. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,950. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 10,360. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -9,810. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (9,810.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 550. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 10,360. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (9,810.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -9,810. | | |

Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.
Attach to your tax return.

| | |
|--|-----------------------------------|
| Name(s) shown on return HITENDRA KUDIKALA | Identifying number 883-25-3300 |
|--|-----------------------------------|

Part I Total Investment Interest Expense

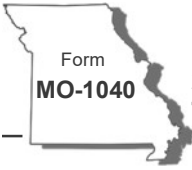
| | | | |
|---|--|----------|-----|
| 1 | Investment interest expense paid or accrued in 2022 (see instructions) | 1 | 61. |
| 2 | Disallowed investment interest expense from 2021 Form 4952, line 7 | 2 | |
| 3 | Total investment interest expense. Add lines 1 and 2 | 3 | 61. |

Part II Net Investment Income

| | | | | | |
|----|---|-----------|----|--|----|
| 4a | Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) | 4a | 2. | | |
| 4b | Qualified dividends included on line 4a | 4b | | | |
| 4c | Subtract line 4b from line 4a | 4c | | | 2. |
| 4d | Net gain from the disposition of property held for investment | 4d | | | |
| 4e | Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions | 4e | | | |
| 4f | Subtract line 4e from line 4d | 4f | | | 0. |
| 4g | Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions | 4g | | | |
| 4h | Investment income. Add lines 4c, 4f, and 4g | 4h | | | 2. |
| 5 | Investment expenses (see instructions) | 5 | | | |
| 6 | Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- | 6 | | | 2. |

Part III Investment Interest Expense Deduction

| | | | |
|---|---|----------|-----|
| 7 | Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line 3. If zero or less, enter -0- | 7 | 59. |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions | 8 | 2. |



MISSOURI DEPARTMENT OF
REVENUE
2022 Individual Income
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2022

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) | | | Vendor Code | Department Use Only | | |
|----------------------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|-------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1555 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 <input type="checkbox"/> Spouse <input type="checkbox"/> | Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> |

Name

Deceased in 2022 Deceased in 2022

Social Security Number Spouse's Social Security Number

883 - 25 - 3300 - -

First Name M.I. Last Name Suffix

HITENDRA KUDIKALA

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)

11143 FORT SAMUEL DR

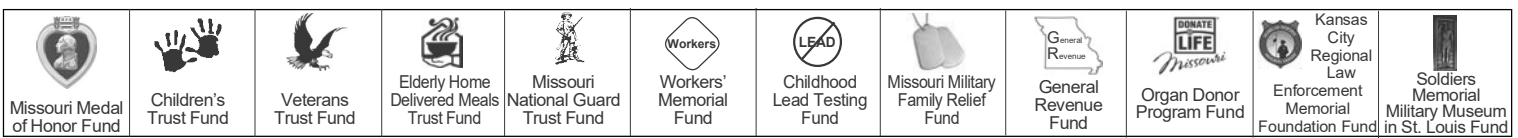
City, Town, or Post Office State ZIP Code

BRIDGETON MO 63044 -

County of Residence

STCO

You may contribute to any one or all of the trust funds on Line 50. 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 | 88301 | .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 | 88301 | .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 | 88301 | .00 | 5S | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 88301 | .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 | 12200 | .00 | | |
| 10. Other tax from federal return. | 10 | | .00 | | |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 12200 | .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 | 1830 | .00 | | |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,950 • Head of Household-\$19,400 • Married Filing Combined or Qualifying Widow(er)-\$25,900 | 14 | 12950 | .00 | | |
| 15. Additional Exemption for Head of Household and Qualified Widow(er) | 15 | | .00 | | |
| 16. Long-term care insurance deduction | 16 | | .00 | | |
| 17. Health care sharing ministry deduction. | 17 | | .00 | | |
| 18. Active Duty Military income deduction | 18 | | .00 | | |
| 19. Inactive Duty Military income deduction | 19 | | .00 | | |
| 20. Bring jobs home deduction | 20 | | .00 | | |
| 21. Transportation facilities deduction | 21 | | .00 | | |

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



Deductions Continued

| | | | | | | | | | |
|-----|--|-----|----------------------|----------------------|----------------------|-----|----------------------|----------------------|-----|
| 22. | First time home buyers deduction. | A. | <input type="text"/> | B. | <input type="text"/> | 22 | <input type="text"/> | <input type="text"/> | .00 |
| 23. | Long term dignity savings account deduction | | | | | 23 | <input type="text"/> | <input type="text"/> | .00 |
| 24. | Foster parent tax deduction | | | | | 24 | <input type="text"/> | <input type="text"/> | .00 |
| 25. | Total deductions - Add Lines 8 and 13 through 24 | | | | | 25 | 14780 | <input type="text"/> | .00 |
| 26. | Subtotal - Subtract Line 25 from Line 6 | | | | | 26 | 73521 | <input type="text"/> | .00 |
| 27. | Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | 73521 | <input type="text"/> | .00 | 27S | <input type="text"/> | <input type="text"/> | .00 |
| 28. | Enterprise zone or rural empowerment zone income modification | 28Y | <input type="text"/> | <input type="text"/> | .00 | 28S | <input type="text"/> | <input type="text"/> | .00 |

Tax

| | | | | | | | | | |
|-----|---|-----|----------------------|----------------------|-----|-----|----------------------|----------------------|-----|
| 29. | Taxable income - Subtract Line 28 from Line 27 | 29Y | 73521 | <input type="text"/> | .00 | 29S | <input type="text"/> | <input type="text"/> | .00 |
| 30. | Tax (see tax chart on page 26 of the instructions). | 30Y | 3712 | <input type="text"/> | .00 | 30S | <input type="text"/> | <input type="text"/> | .00 |
| 31. | Resident credit - Attach Form MO-CR and other states' income tax return(s). | 31Y | <input type="text"/> | <input type="text"/> | .00 | 31S | <input type="text"/> | <input type="text"/> | .00 |
| 32. | 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% | 32Y | 100 | % | | 32S | <input type="text"/> | % | |
| 33. | Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | 3712 | <input type="text"/> | .00 | 33S | <input type="text"/> | <input type="text"/> | .00 |
| 34. | 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) | 34Y | <input type="text"/> | <input type="text"/> | .00 | 34S | <input type="text"/> | <input type="text"/> | .00 |
| 35. | Subtotal - Add Lines 33 and 34 | 35Y | 3712 | <input type="text"/> | .00 | 35S | <input type="text"/> | <input type="text"/> | .00 |
| 36. | Total Tax - Add Lines 35Y and 35S | | | | | 36 | 3712 | <input type="text"/> | .00 |

Payments and Credits

| | | | | | | | | | |
|-----|---|----|----------------------|----------------------|-----|--|--|--|--|
| 37. | MISSOURI tax withheld - Attach Forms W-2 and 1099 | 37 | 4486 | <input type="text"/> | .00 | | | | |
| 38. | 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 | 38 | <input type="text"/> | <input type="text"/> | .00 | | | | |
| 39. | Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 39 | <input type="text"/> | <input type="text"/> | .00 | | | | |
| 40. | Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 40 | <input type="text"/> | <input type="text"/> | .00 | | | | |
| 41. | Amount paid with Missouri extension of time to file (Form MO-60). | 41 | <input type="text"/> | <input type="text"/> | .00 | | | | |
| 42. | Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC | 42 | <input type="text"/> | <input type="text"/> | .00 | | | | |
| 43. | Property tax credit - Attach Form MO-PTS | 43 | <input type="text"/> | <input type="text"/> | .00 | | | | |
| 44. | Total payments and credits - Add Lines 37 through 43 | 44 | 4486 | <input type="text"/> | .00 | | | | |



Skip Lines 45 through 47 if you are not filing an amended return.

45. Amount paid on original return. 45 [] . 00
46. Overpayment as shown (or adjusted) on original return 46 [] . 00

Indicate Reason for Amending

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

47. Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46.
Enter on Line 47. 47 [] . 00

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.
Amount of OVERPAYMENT 48 [774] . 00

49. Amount of Line 48 to be applied to your 2023 estimated tax 49 [] . 00

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

50a. Children's Trust Fund [] . 00
50b. Veterans Trust Fund [] . 00
50c. Elderly Home Delivered Meals Trust Fund [] . 00
50d. Missouri National Guard Trust Fund [] . 00
50e. Workers' Memorial Fund [] . 00
50f. Childhood Lead Testing Fund [] . 00
50g. Missouri Military Family Relief Fund [] . 00
50h. General Revenue Fund [] . 00
50i. Organ Donor Program Fund [] . 00
50j. Kansas City Regional Law Enforcement Memorial Foundation Fund [] . 00
50k. Soldiers Memorial Military Museum in St. Louis Fund [] . 00
50l. Missouri Medal of Honor Fund [] . 00
50m. Additional Fund Code [] Additional Fund Amount [] . 00
50n. Additional Fund Code [] Additional Fund Amount [] . 00

Total Donation - Add amounts from Boxes 50a through 50n and enter here 50 [] . 00

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632. 51 [] . 00

52. REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here 52 [774] . 00

a. Routing Number [061092387]
b. Account Number [827852752]
c. [X] Checking [] Savings



Amount Due

53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
 Amount of UNDERPAYMENT 53 .00

54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 54 .00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

55. **AMOUNT DUE** - Add Lines 53 and 54.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 55 .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. I am aware of any applicable reporting requirements of **Section 135.805, RSMo.**, and the penalty provisions of **Section 135.810, RSMo.**

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="6166358885"/> | | |
| Preparer's Signature | <input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> | | | Date (MM/DD/YY) | <input type="text" value="03"/> | <input type="text" value="09"/> | <input type="text" value="23"/> |
| Preparer's FEIN, SSN, or PTIN | <input type="text" value="84-3171965"/> | | | Preparer's Telephone | <input type="text" value="6789659522"/> | | |
| Preparer's Address | <input type="text" value="245 ROONEY CT E BRUNSWICK"/> | | | State | <input type="text" value="NJ"/> | ZIP Code | <input type="text" value="08816"/> |

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



22322051555

Department Use Only

A FA E10 DE F .

Form MO-1040 (Revised 12-2022)

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: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

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/.

