## 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

Subm	ission Identification Number (SID)		-		
Taxpaye	er's name	Social securit	y numb	per	
TAN	ZILA SHAHREEN	820-94	-770	8	
Spouse	's name	Spouse's soc	ial secu	urity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	_ ∣ er year you a	re au	thorizing	g.)
Enter	whole dollars only on lines 1 through 5.			`	<u> </u>
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1		4,720.
2	Total tax		2		1,208.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3 <b>,</b> 676.
4	Amount you want refunded to you		4		2,468.
5	Amount you owe		5	<u> </u>	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende				
to send for any Agent to payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for revidelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial institution account in the financial axes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residus prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lal identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tr U.S. Treasury a dicated in the tr tion to debit the atte the authoriza quests must be the processing of payment. I furt	ansmised ax preparties of the elements of the	ssion, (b) designate paration s to this acronic revoke ved no la ectronic reknowledge	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the
	onic Funds Withdrawal Consent.				٦
	ayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate	4	7   7	7 0 8	
×	I authorize GLOBAL TAXES LLC to enter or generate FRO firm name	ř En	er five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	ii t ente	r all zeros	1
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN merbelow.				
Yours	signature ▶ Date ▶				
Snous	se's PIN: check one box only				_
	I authorize to enter or generate	a my PIN			as my
	ERO firm name	_	er five	digits, but	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	i
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	w			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 6	1 9	8 9
		Don't ent	er all ze	eros	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	accordano	) I am now ce with the
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately (N	(IFS)	Head of	household (HO	H) [		ifying sun	viving
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spouse. If vou cl	necke	ed the HOH or	QSS box, ente	er the		ise (QSS) name if th	ne qualifying
	-	on is a child but not your dependent	-				,				
Your first name	and mi	ddle initial	Last name						our so	cial securi	ty number
TANZILA SHAHREEN 8						820-94-7708					
									curity number		
	/	ward stood (form book a D.O. book as					A				
		er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	- 1		i <b>tial Electi</b> ere if you,	on Campaign
6 VILLA			manlata au	aaaa balaw	Ctat		5 7ID and a				ntly, want \$3
		ce. If you have a foreign address, also co	mpiete sp	paces below.	Stat		ZIP code	to	go to	this fund.	Checking a
CAPE GIE		<u>EAU</u>			MO		63701			ow will not or refund.	0
Foreign country	y name			Foreign province/state/o	county	y	Foreign postal or	ode y	our tax	You	. Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	nent for prope	rty or services)	; or (b	) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset)? (See in	struct	ions.)	Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua	ıry 2, <sup>-</sup>	1958	ls bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check ti	ne box	if qualif	ies for (see	instructions):
If more		rst name Last name		number		to you	Child to	ax cred	it	Credit for ot	her dependents
than four											
dependents, see instructions											
and check	3 —										
here	]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a	1	24,720.
	b	Household employee wages not re	eported	on Form(s) W-2					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ir	nstru	ctions)			1d		
W-2G and	е	e Taxable dependent care benefits from Form 2441, line 26							1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instruct	ions) .						1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i					
	Z	Add lines 1a through 1h							1z	1	24 <b>,</b> 720.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			2b		
if required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> Or	rdinary divide	nds		3b		
	4a	<del>-</del>	4a			axable amoun			4b		
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun			5b		
Single or	6a	,	6a			axable amoun	t		6b		
Married filing separately,	С	If you elect to use the lump-sum e		•	`	,		. 📙	_		
\$12,950	7	Capital gain or (loss). Attach Sche						. Ц	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin		This is a second of the second					8	+	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	+	24,720.
\$25,900	10	Adjustments to income from Sche	-						10	+	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is							11	1	24,720.
\$19,400	12	Standard deduction or itemized		`	,	· · · ·			12	<del> </del>	12 <b>,</b> 950.
If you checked any box under	13	Qualified business income deduct							13	+	10 050
Standard Deduction,	14								14		12 <b>,</b> 950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our <b>t</b> a	axable incom	ie		15	1	11,770.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 7 4972	3 🗍		16	1,208.
Credits	17	Amount from Schedule 2, lir	-					17	
	18	Add lines 16 and 17					[	18	1,208.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lir	ne 8				[	20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	1,208.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21		[	23	0.
	24	Add lines 22 and 23. This is	your total tax					24	1,208.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 3	,676.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	3,676.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	3,676.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	2,468.
riorana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗆 📗	35a	2,468.
Direct deposit?	b	Routing number 0 8 1				Checking :	Savings		
See instructions.	d	Account number 1 5 2	3 2 2 0	7 7 7 1	5 0				
-	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		rn with the IRS?		omplete be	elow.	<b>⋈</b> No
		signee's		Phone			onal identific	ation	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare tilef, they are true, correct, and com							
11010	Yo	ur signature		Date	Your occupation		I		nt you an Identity IN, enter it here
Joint return?					STUDENT		(see in		IN, enter it here
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on	If the II	RS ser	nt your spouse an
Keep a copy for your records.	·	, ,	· ·				Identity (see in:	•	ection PIN, enter it here
	Ph	one no. (314) 828-028	1	Email address	SHAHREENTAN	ZILA@GMAIL.CC	М		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/01/2023	P02082	703	Self-employed
Preparer Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone	no. (	678) 965-9522
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/24/23 PRO			Form 1040 (2022)



MO-1040 2022 Individual Income Tax Return - Long Form	TARREST STATE	
For Calendar Year January 1 - December 31, 2022  Print in BLACK ink only and DO NOT STAPLE.	P. PREFEREN	
Amended Return Composite Return (For use by S corporations or Partnerships)  Federal Extension - Select this box if you have an approved federal extension.	extension. Attach a cop	by 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
(For use by S corporations or Partnerships)  Federal Extension - Select this box if you have an approved federal of the filing a fiscal year return enter the beginning and ending dates here.	Vendor Code	

Fisca	al Year Beginning (MM/DD/YY) Fiscal Year End	ing (MM/DD/YY)	Vendor Code	Department Use Or	าเง
			1555		
Filing Status	X Single Claimed as a Dependent	Married Filing Combined		Head of Qualify Household Widow(	•
	Age 62 through 64 Age 65 or Older urself Spouse Yourself Spouse		100% Dis		ed Spouse
Name	Social Security Number  820 = 94 = 7708  First Name  TANZILA  Spouse's First Name  In Care Of Name (Attorney, Executor, Personal R	M.I. Last Name  SHAHREE  M.I. Spouse's Last I		nber _	Deceased in 2022  Suffix  Suffix
Address	Present Address (Include Apartment Number or R  6 VILLAGE DRIVE APT 5  City, Town, or Post Office  CAPE GIRARDEAU  County of Residence	tural Route)	State MO	ZIP Code 63701 -	

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.

























CAPE





				Yourself (Y)		Spouse (S)		
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	24720 . 00	18		].[	00
	2.	Total additions (from <b>Form MO-A</b> , Part 1, Line 7)	2Y	. 00	28		].[	00
4	3.	Total income - Add Lines 1 and 2	3Y	24720 . 00	3S		].[	00
ncome	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	. 00	48		] [	00
_		Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	2472000	58		].[	00
	6.	Total Missouri adjusted gross income - Add columns 5Y and 59	S	6 2	24720	00		
		Income percentages - Divide columns 5Y and 5S by total on					l	
		Line 6. (Must equal 100%)	7Y	100 %	78		9	6
	8.	Pension, Social Security and Social Security Disability exemptic Section D)	,		8			00
								_
	9.	Tax from federal return		9 1208	00			
	10.	Other tax from federal return		10	00			
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11 1208	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 35.00	%			
and Deductions		Missouri Adjusted Gross Income Range, Line 6:       Federal Ta         \$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	5% 5% 5% 6%	centage:				
	13.	Federal income tax deduction – Multiply Line 11 by the percentary amount not to exceed \$5,000 for an individual or \$10,000 for co	_		13	423		00
ptio	14.	Missouri standard deduction or itemized deductions. (If itemizin						
Exemptions		<ul> <li>Single or Married Filing Separate-\$12,950</li> <li>Head of House</li> <li>Married Filing Combined or Qualifying Widow(er)-\$25,900</li> </ul>			14	12950	].[	00
	15.	Additional Exemption for Head of Household and Qualified Wide	ow(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 Fa	cility	C. Qualified Trade A	ctivities	IN		



	22.	First time home buyers deduction. A.	В.			22		. 0	00
	23.	Long term dignity savings account deduction				23		. 0	00
tinued	24.	Foster parent tax deduction				24		. 0	00
ıs Con	25.	Total deductions - Add Lines 8 and 13 through 24				25	13373	. 0	00
<b>Deductions Continued</b>	26.	Subtotal - Subtract Line 25 from Line 6				26	11347	. 0	00
De	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	1134	7 . 00	278		. 0	00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	28S		. 0	00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	1134	7.00	298		. 0	00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	41	7 . 00	308		. 0	00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		. 00	31S		. 0	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	10	0 %	328		%	, D
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	41	7.00	338		. 0	00
	34.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (Form 4972)							_
		Recapture of low income housing credit (Form 8611)	34Y		00	348		. 0	00
	35.	Subtotal - Add Lines 33 and 34	35Y	41	7 . 00	358		. 0	00
	36.	Total Tax - Add Lines 35Y and 35S				. 36	417	. 0	00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 37	1093	. 0	00
	38.	2022 Missouri estimated tax payments - Include overpayment from	om 2021	applied to 2022		. 38		. 0	00
Payments and Credits	39.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP				. 39		. 0	00
ts and	40.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MO-	2ENT		. 40		. 0	00
aymen	41.	Amount paid with Missouri extension of time to file (Form MO-	<u>-60</u> )			. 41		. 0	00
ď	42.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	h Form N	ио-тс		. 42		. 0	00
	43.	Property tax credit - Attach Form MO-PTS				. 43		. 0	00
	44.	Total payments and credits - Add Lines 37 through 43				. 44	1093	.0	00

	Sk	ip Lines 45 thro	ough 47 if you are	e not filing an a	mended retu	rn.					
	45.	Amount paid on	ı original return						45		. 00
	46.	Overpayment as	s shown (or adjus	ted) on original	return				46		. 00
		Indicate Reaso	on for Amending				(444,475,500,000)				
Amended Return		A. Federa	al audit		Enter date of Enter year of		(MM/DD/YY)				
Amende		B. Net Op	perating Loss carr	yback	. Enter year o	f credit (YY)					
		C. Investr	ment tax credit ca	rryback	. Enter date of	f federal ame	ended return,	, if filed. (	MM/DD/YY)		
		D. Correct	ction other than A,	B, or C							
	47.		n total payments a 7						47		. 00
	48.		mended return, Lir	-					48	676	. 00
	49.	Amount of Line	48 to be applied to	o your 2023 est	imated tax				49		. 00
	50.	Enter the amou	nt of your donation	n in the trust fun	id boxes below	/. See instrud	ctions for add	ditional tr			
	50	Children's a. Trust Fund	. 00 50b.	Veterans Trust Fund	. 00 50	Elderly Home Delivered Me C. Trust Fund		00 50	Missouri National Guard D. Trust Fund		00
	50	Workers'  e. Memorial Fund	. 00 50f.	Childhood Lead Testing Fund	. 00 50	Missouri Military Fami Og. Relief Fund Soldiers Memorial	ily .	00 50	General 1. Revenue Fund	[	00
Refund	50	. Organ Donor I. Program Fund	. 00 50j.	Regional Law Enforcement Memorial Foundation Fund	. 00 50	Military Museum in Ok. St. Louis Fun	nd .	00 50	MIssouri Medal of . Honor Fund	[	00
ž	50	Additional Fund M. Code	Additional Fund Amount	. 00 50n	Additional Fund I. Code	Additional Fund Amount	. 00				
		Total Donation -	- Add amounts fro	m Boxes 50a th	rough 50n and	enter here			50		. 00
	51.		48 to be deposited the total deposit an			n Plan (MOS	ST) 		51		. 00
	52.	REFUND - Subi	tract Lines 49, 50,	, and 51 from Lii	ne 48 and ente	er here			52	676	. 00
		a. Routing Number	081000210					c. <b>X</b>	Checking	Savings	3
		b. Account	152322077	750							

	53.	If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT	e 47, enter the difference.		53		. 00	
enc	54.	Underpayment of estimated tax penals	tv - Attach <b>Form MO-2210</b> . Enter pena	altv amount he	ere 54		. 00	
Amount Due			ner exempt from the underpayment of					
Am		•		commuted tax	pondity.			
	55.	<b>AMOUNT DUE</b> - Add Lines 53 and 54 If you pay by check, you authorize the electronically. Any returned check ma	Department of Revenue to process the		55		. 00	
	Пр	der nanation of national I dealers that I be	ave examined this return including each	anan ing ook	adulas and state	omente and	to the best	
	of r the bas imp una alie	der penalties of perjury, I declare that I have the knowledge and belief it is true, correct, Department of Revenue with my signatured on all information of which he or shoused on any individual who files a sauthorized aliens as defined under federens. I am aware of any applicable reportimo.	and complete. By signing or entering my re as required under <b>Section 143.561, F</b> he has knowledge. As provided in <b>Cha</b> frivolous return. I also declare under all law and that I am not eligible for any	y name in the "RSMo. Declara apter 143, RS or penalties of tax exemption	Signature" field(stion of preparer Mo., a penalty for perjury that I , credit, or abate	s) below, I an (other than to of up to \$50 employ no ement if I en	n providing axpayer) is 00 shall be illegal or nploy such	
	Sig	nature			Date (MM/DD/Y)	Y)		
	Spo	ouse's Signature (If filing combined, BOTH m	ust sign)		Date (MM/DD/Y)	Y)		
ıre	E-n	nail Address	Daytime Telepho	one				
Signature	S	YAM@GTAXFILE.COM			31482802	281		
Š	Pre	parer's Signature	Date (MM/DD/YY)					
	S	YAM PRIYA RAM SAGAR GU	02	01	23			
	Pre	parer's FEIN, SSN, or PTIN		Preparer's Telephone				
	88	3-2145487			6789659	 522		
	Pre	parer's Address			State Z	IP Code		
	24	45 ROONEY CT E BRUNSWI	CK		NJ (	08816		
	or Dic an	uthorize the Director of Revenue or del any member of the preparer's firm I you pay a tax return preparer to compl Internal Revenue Service preparer tax is parer's name, address, and phone num	ete your return, but the preparer failed dentification number? If you marked y	to sign the retues, please inse	urn or provide	X Yes	□ No	
			Department Use Only					
	Α	☐ FA ☐ E10	☐ DE ☐ F			[		
	l 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	Submissio Email: <u>inc</u>		I Income Ta .gov	mo.gov	
If ye	s, vis	erved on active duty in the United it dor.mo.gov/military/ to see the services a s. A list of all state agency resources and bo	nd benefits we offer to all eligible military			IN	/ 01/20/23 PPO	

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veteranbenefits.mo.gov/state-benefits/.