

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 TANZILA SHAHREEN	Social security number 820-94-7708
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	1	24,720.
2	Total tax	2	1,208.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,676.
4	Amount you want refunded to you	4	2,468.
5	Amount you owe	5	

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

4	7	7	0	8
---	---	---	---	---

 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 ▶ Tanzila Shahreen Date ▶ 02/03/2023

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

--	--	--	--	--

 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:

Personal information section including name (TANZILA SHAHREEN), social security number (820-94-7708), and home address (6 VILLAGE DRIVE, CAPE GIRARDEAU, MO 63701).

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. Total income is 24,720 and taxable income is 11,770.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 1,208.

Table for Payments (lines 25-33). Includes federal income tax withheld (3,676) and total payments (3,676).

Table for Refund (lines 34-36). Shows overpaid amount of 2,468 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including date and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.



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

1555			
------	--	--	--

Filing Status

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

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number	Deceased in 2022	Spouse's Social Security Number	Deceased in 2022
820 - 94 - 7708			
First Name	M.I.	Last Name	Suffix
TANZILA		SHAHREEN	
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)

6 VILLAGE DRIVE APT 5

City, Town, or Post Office State ZIP Code

CAPE GIRARDEAU MO 63701 -

County of Residence

CAPE

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	24720	.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	24720	.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	24720	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6		24720	.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	1208	.00
10. Other tax from federal return.	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	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	%

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	423	.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	13373	<input type="text"/>	.00
26. Subtotal - Subtract Line 25 from Line 6					26	11347	<input type="text"/>	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S		27Y	11347	<input type="text"/>	.00	27S	<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"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27		29Y	11347	<input type="text"/>	.00	29S	<input type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions).		30Y	417	<input type="text"/>	.00	30S	<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"/>	.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	417	<input type="text"/>	.00	33S	<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"/>	.00
35. Subtotal - Add Lines 33 and 34		35Y	417	<input type="text"/>	.00	35S	<input type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S						36	417	.00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099		37	1093	<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	1093	<input type="text"/>	.00



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

45. Amount paid on original return.

46. Overpayment as shown (or adjusted) on original return

Indicate Reason for Amending

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)

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

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

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

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

Total Donation - Add amounts from Boxes 50a through 50n and enter here

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

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here

a. Routing Number c. Checking Savings

b. Account Number



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="3148280281"/>		
Preparer's Signature	<input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/>		Date (MM/DD/YY)	<input type="text" value="02"/>	<input type="text" value="01"/>	<input type="text" value="23"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="88-2145487"/>		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 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: 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/.



IN
REV 01/20/23 PRO
MO-1040 Page 5