

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 SHRAVYA MALLADI	Social security number 775-35-2011
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	20,164.
2	Total tax	2	91.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,752.
4	Amount you want refunded to you	4	2,661.
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

5	2	0	1	1
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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.

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:

Personal information section including name (SHRAVYA MALLADI), social security number (775-35-2011), address (5510 PERSHING AVE, SAINT LOUIS, MO 63112), and marital status 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)? [] 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 Total amount from Form(s) W-2, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, and Taxable income.

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	723.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	723.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	632.
	21	Add lines 19 and 20	21	632.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	91.
	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	91.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	2,752.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	2,752.
	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	2,752.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,661.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,661.
Direct deposit? See instructions.	b	Routing number 1 0 3 0 0 0 6 4 8	c Type:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number 7 6 6 9 5 9 2 0 6		
	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 STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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. (405) 719-3555	Email address SHRAVYA296@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/14/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

No

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHRAVYA MALLADI

Your social security number
775-35-2011

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	632.
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	632.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
775-35-2011

SHRAVYA MALLADI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3 3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6 3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 3,650.
9	Employer contributions made to your HSAs for 2022	9 162.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 162.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 3,488.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2022
Attachment
Sequence No. **54**

Name(s) shown on return

Your social security number

SHRAVYA MALLADI

775-35-2011



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2019 and **before** the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	1,264.	
3	1,264.	
4		
5	1,264.	
6	1,264.	
7		1,264.
8	20,164.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9—				
---	\$20,500	0.5	0.5	0.5
\$20,500	\$22,000	0.5	0.5	0.2
\$22,000	\$30,750	0.5	0.5	0.1
\$30,750	\$33,000	0.5	0.2	0.1
\$33,000	\$34,000	0.5	0.1	0.1
\$34,000	\$41,000	0.5	0.1	0.0
\$41,000	\$44,000	0.2	0.1	0.0
\$44,000	\$51,000	0.1	0.1	0.0
\$51,000	\$68,000	0.1	0.0	0.0
\$68,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- | | |
|-----------|------|
| 9 | x .5 |
| 10 | 632. |
| 11 | 723. |
| 12 | 632. |
- Multiply line 7 by line 9
 - Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
 - Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2022
Form 511-EF

Your first name and middle initial SHRAVYA	Last name MALLADI
If a joint return, spouse's first name and middle initial	Last name
Mailing address (number and street, including apartment number, rural route or PO Box) 5510 PERSHING AVE 327	
City, State, ZIP SAINT LOUIS MO 63112	

Your social security number:	775352011
Spouse's social security number:	
Filing status:	1
Total number of exemptions:	1

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	20164	00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	11	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3		00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	0	00
5	Balance Due (511, Line 42 or 511-NR, Line 43)	5	11	00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2022 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here:

_____ Your Signature	_____ Date	_____ Spouse's Signature (If joint return, both must sign)	_____ Date
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PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only

_____ ERO or Paid Preparer's Signature	02/14/2023 Date	_____ PTIN
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Paid Preparer Use Only

_____ Paid Preparer Signature	02/14/2023 Date	P02082703 PTIN
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Firm Name (or yours if self-employed): SYAM PRIYA RAM SAGAR GUPTA TALLAM

Address and ZIP: 245 ROONEY CT E BRUNSWICK NJ 08816

Phone Number: (678) 965-9522

State of Oklahoma
Individual Income Tax Payment Voucher
Instructions

What is Form 511-V and Do You Have to Use It?

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2022 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

Due Date

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. To make a payment online, visit **OkTAP** at tax.ok.gov and click on the Make a Payment link.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when the Oklahoma Tax Commission (OTC) offices are closed, your payment is due the next business day.

How To Prepare Your Payment

- Remit only one check or money order per voucher.
- Make your check or money order payable to the Oklahoma Tax Commission. Do not send cash.
- Make sure your name and address appear on your check or money order.

How To Send In Your 2022 Tax Payment, and Form 511-V

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- **Do not include a copy of your income tax return.** To use this form, your income tax return (either paper or electronic) should already be filed with the OTC.
- Mail your 2022 tax payment and Form 511-V to:

Oklahoma Tax Commission
PO Box 26890
Oklahoma City, OK 73126-0890

● Do not fold, staple, or paper clip

Detach Here and Return Voucher with Payment

● Do not tear or cut below line

ITI-I

State of Oklahoma
Individual Income Tax Payment Voucher

FORM **511-V** 2022

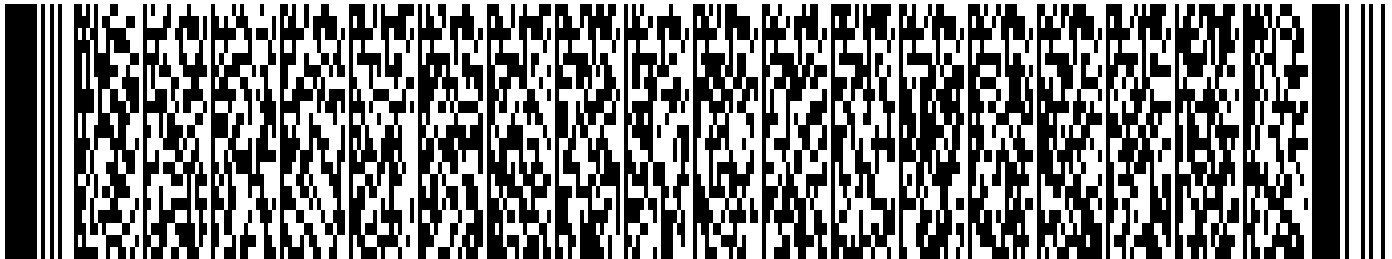
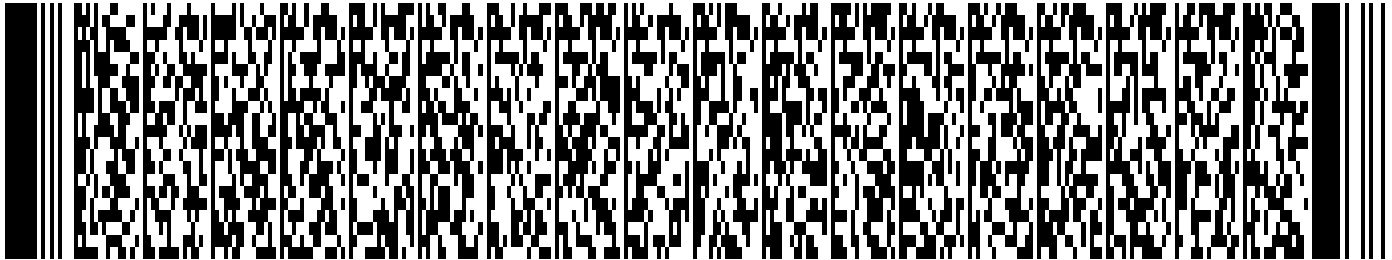


Reporting Period 01-01-2022 to 12-31-2022	Due Date (Penalty and interest may be assessed if payment is not sent by the due date) 04-15-2023
Your first name, middle initial and last name SHRAVYA MALLADI	Your Social Security Number (if filing a joint return, enter the SSN shown first on your return) 775-35-2011
If joint return, spouse's first name, middle initial and last name	Spouse's Social Security Number (if filing a joint return)
Mailing address (number and street, including apartment number, rural route or PO Box) 5510 PERSHING AVE APT 327	Daytime phone number (optional)
City, State, ZIP SAINT LOUIS MO 63112	Do not enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission
PO Box 26890
Oklahoma City, OK 73126-0890

Balance Due	\$ 11
Amount of Payment	\$

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.



Oklahoma Nonresident/Part-Year Income Tax Return

Your Social Security Number	Spouse's Social Security Number (joint return only)	AMENDED RETURN!
775352011		
Place an 'X' in this box if this taxpayer is deceased →	Place an 'X' in this box if this taxpayer is deceased →	Place an 'X' in this box if this is an amended 511-NR. See Schedule 511-NR-H. →

Name and Address - Please Print or Type

Your First Name	Middle Initial	Last Name	If a Joint Return, Spouse's First Name	Middle Initial	Last Name	
SHRAVYA		MALLADI				
Mailing Address (Number and street, including apartment number, rural route or PO Box)			City	State	ZIP or Postal Code	Country
5510 PERSHING AVE APT 327			SAINT LOUIS	MO	63112	

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
 • If spouse is also filing, list Name: _____
 name and SSN in the boxes: SSN: _____

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
 • Please list the year spouse died in box at right: _____

*** Note:** If claiming **Special Exemption**, see instructions on page 10 of 511NR Packet.

Exemptions	Regular	* Special	Blind		
	1	+	+	E	1
Spouse	0	+	+	E	(b)
Number of dependents					
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:					
					E 1

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Residency Status

Nonresident(s) State of Residence: MO

Part-Year Resident(s) From _____ to _____

Resident/Part-Year Resident/Nonresident
 State of Residence: Yourself _____ Spouse _____

Age 65 or Older? (Please see instructions) Yourself Spouse

Not Required to File - Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)

Complete Schedule 511-NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2). Round to nearest whole dollar.

		Federal Amount	Oklahoma Amount
1	Oklahoma source income (Schedule 511-NR-1, line 18)	526	00
2	Federal adjusted gross income (Schedule 511-NR-1, line 19)	20164	00
3	Oklahoma additions (Schedule 511-NR-A, line 8)	00	00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	20164	00
5	Oklahoma subtractions (Schedule 511-NR-B, line 17)	00	00
6	Adjusted gross income: Oklahoma Source (line 4 minus line 5)	526	00
7	Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8	20164	00
8	Adjusted gross income: All Sources (from line 7)	20164	00
9	Oklahoma Adjustments (Schedule 511-NR-C, line 7)	00	00
10	Income after adjustments (line 8 minus line 9)	20164	00



Name(s) Shown on Form 511NR: **SHRAVYA MALLADI**

Your Social Security Number: **775352011**

Amount from line 10 on page 1

			20164	00
11	Oklahoma itemized deductions (Schedule 511-NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350) ..	11	6350	00
12	Exemptions: Enter the total number of exemptions claimed on page 1 <input type="text" value="1"/> X \$1,000.....	12	1000	00
13	Total deductions and exemptions (add lines 11 and 12)	13	7350	00
14	Oklahoma Taxable Income: (line 10 minus line 13).....	14	12814	00
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15... 15a <input type="text" value="421"/> 00			
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15..... 15b <input type="text" value="0"/> 00			
	Oklahoma Income Tax (line 15a plus line 15b)	15	421	00
STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511-NR-E.				
16	Oklahoma child care/child tax credit (see instructions)	16		00
17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero).....	17	421	00

18	Tax percentage: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Oklahoma Amount (from line 6)</td> <td>•</td> <td>Federal Amount (from line 7)</td> </tr> <tr> <td>a) <input type="text" value="526"/></td> <td>•</td> <td>b) <input type="text" value="20164"/></td> </tr> </table>	Oklahoma Amount (from line 6)	•	Federal Amount (from line 7)	a) <input type="text" value="526"/>	•	b) <input type="text" value="20164"/>	18	2.609	%
Oklahoma Amount (from line 6)	•	Federal Amount (from line 7)								
a) <input type="text" value="526"/>	•	b) <input type="text" value="20164"/>								
19	Oklahoma Income Tax. Multiply line 17 by line 18. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box)..... <input type="text"/>	19	11	00						
20	Credit for taxes paid to another state (provide Form 511-TX) nonresidents do not qualify	20		00						
21	Form 511-CR - Other Credits Form - List 511-CR line number claimed here: <input type="text"/>	21		00						
22	Line 19 minus lines 20 and 21	22	11	00						
23	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma. If you certify that no use tax is due, place an 'X' here: <input type="checkbox"/>	23		00						
24	Balance (add lines 22 and 23).....	24	11	00						
25	Oklahoma withholding (provide W-2s, 1099s or withholding statement) ..	25		00						
26	2022 Oklahoma estimated tax payments. If you are a qualified farmer, place an 'X' here: <input type="checkbox"/>	26		00						
27	2022 payment with extension	27		00						
28	Credit from Form 578	28		00						
29	Oklahoma earned income credit (Sch. 511-NR-F, line 4).....	29		00						
30	Amount paid with original return plus additional paid after it was filed (amended return only)	30		00						
31	Payments and credits (add lines 25-30)	31		00						



Name(s) Shown on Form 511NR: **SHRAVYA MALLADI**

Your Social Security Number: **775352011**

Amount from line 31 on page 2

32	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	32	00
33	Total payments and credits (line 31 minus line 32)	33	00
34	If line 33 is more than line 24, subtract line 24 from line 33. This is your overpayment	34	0 00
35	Amount of line 34 to be applied to 2023 estimated tax (original return only) (see page 4 of 511NR Packet for further information).....	35	00

Schedule 511-NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations.

Place the line number of the organization from Schedule 511-NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-NR-G ...

36	Donations from your refund (total from Schedule 511NR-G)	36	00
37	Total deductions from refund (add lines 35 and 36)	37	00
38	Amount to be refunded (line 34 minus line 37)	38	0 00

Direct Deposit Note:
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a **debit card**. See the 511NR Packet for direct deposit and debit card information.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my:

Checking Account Routing Number:

Savings Account Account Number:

39	If line 24 is more than line 33, subtract line 33 from line 24. This is your tax due	39	11 00
40	Donation: Public School Classroom Support Fund (original return only)	40	00
41	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>)	41	00
42	For delinquent payment add penalty of 5% \$ _____ plus interest of 1.25% per month \$ _____	42	00
43	Total tax, donation, penalty and interest (add lines 39-42)	43	11 00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.....

Taxpayer's Signature	Date
Taxpayer's Occupation	
STUDENT	
Daytime Phone Number (optional)	

Spouse's Signature	Date
Spouse's Occupation	

Paid Preparer's Signature	Date
SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/14/2023	
Paid Preparer's Address and Phone Number (678) 965-9522	
245 ROONEY CT	
E BRUNSWICK NJ 08816	
Paid Preparer's PTIN P02082703	

A COPY OF FEDERAL RETURN MUST BE PROVIDED.

Do not staple documentation to this form. To attach items, please use a paper clip.
Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800
The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Note: Provide this page with your return.



Name(s) Shown on Form 511NR: SHRAVYA MALLADI

Your Social Security Number: 775-35-2011

Schedule 511-NR-1: Income Allocation for Nonresidents and Part-Year Residents

See instructions on pages 10-12.

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

		Federal Amount		Oklahoma Amount	
1	Wages, salaries, tips, etc.....	20164	00	1	526 00
2	Taxable interest income.....		00	2	00
3	Dividend income.....		00	3	00
4	Taxable IRA distribution.....		00	4	00
5	Taxable pensions and annuities.....		00	5	00
6	Taxable Social Security benefits (also enter on line 2 of Sch. 511-NR-B).....		00	6	00
7	Capital gains or losses (Federal Schedule D).....		00	7	00
8	Taxable refunds (state income tax).....		00	8	00
9	Alimony received (divorce/separation agreement date: _____)		00	9	00
10	Business income or (loss) (Federal Schedule C).....		00	10	00
11	Other gains or losses (Federal Form 4797).....		00	11	00
12	Rental real estate, royalties, partnerships, etc.....		00	12	00
13	Farm income or (loss).....		00	13	00
14	Unemployment compensation.....		00	14	00
15	Other income (identify: _____)		00	15	00
16	Add lines 1 through 15.....	20164	00	16	526 00
17	Total Federal adjustments to income (identify: _____)		00	17	00
18	Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1.....			18	526 00
19	Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2.....	20164	00	19	



Name(s) Shown on Form 511NR: SHRAVYA MALLADI

Your Social Security Number: 775-35-2011

Schedule 511-NR-A: Oklahoma Additions
 See instructions on pages 19-21.

1	State and municipal bond interest
2	Lump sum distributions (not included in your Federal AGI).....
3	Federal net operating loss.....
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.....
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)
6	Oklahoma loss distributed by an electing PTE.....
7	Miscellaneous: Other additions (enter number in box for the type of addition <input type="text"/>)
8	Total additions (add lines 1-7, enter total here and on line 3 of Form 511-NR).....

Federal Amount		Oklahoma Amount	
00	1		00
00	2		00
00	3		00
00	4		00
00	5		00
00	6		00
00	7		00
00	8		00

Schedule 511-NR-B: Oklahoma Subtractions
 See instructions on pages 21-25.

1	Interest on U.S. government obligations
2	Taxable Social Security (from Schedule 511-NR-1, line 6).....
3	Federal civil service retirement in lieu of social security..... <u>Taxpayer Number</u> <u>Spouse Number</u> - Retirement Claim Number: <input type="text"/> <input type="text"/>
4	Military Retirement.....
5	Oklahoma government or Federal civil service retirement.....
6	Other retirement income.....
7	U.S. Railroad Retirement Board Benefits.....
8	Additional depletion.....
9	Oklahoma net operating loss (Loss Year[s] <input type="text"/>) (provide Schedules).....
10	Exempt tribal income (see instructions for qualifications).....
11	Gains from the sale of exempt government obligations
12	Nonresident military wages (provide W-2)
13	Oklahoma Capital Gain Deduction (provide Form 561-NR).....
14	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)
15	Oklahoma income distributed by an electing PTE.....
16	Miscellaneous: Other subtractions (enter number in box for the type of deduction..... <input type="text"/>).....
17	Total subtractions (add lines 1-16, enter total here and on line 5 of Form 511-NR)

Federal Amount		Oklahoma Amount	
00	1		00
00	2		00
00	3		00
00	4		00
00	5		00
00	6		00
00	7		00
00	8		00
00	9		00
00	10		00
00	11		00
00	12		00
00	13		00
00	14		00
00	15		00
00	16		00
00	17		00



Name(s) Shown on Form 511NR: SHRAVYA MALLADI

Your Social Security Number: 775-35-2011

Schedule 511-NR-C: Oklahoma Adjustments See instructions on pages 25-28.

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement)	1	00
2	Qualifying disability deduction (residents and part-year residents only).....	2	00
3	Qualified adoption expense.....	3	00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	4	00
5	Deductions for providing foster care.....	5	00
6	Miscellaneous: Other adjustments (enter number in box for the type of deduction..... <input type="text"/>).....	6	00
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 511-NR)	7	00

Schedule 511-NR-D: Oklahoma Itemized Deductions See instructions on page 28.

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17	1	00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)	2	00
3	Line 1 minus line 2.....	3	00
4	Medical and Dental expenses from Federal Sch. A, line 4.....	4	00
5	Gifts to Charity from Federal Sch. A, line 14	5	00
6	Line 3 minus lines 4 and 5.....	6	00
7	Is line 6 more than \$17,000? <input type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 and 10. Go to line 11.		
8	Maximum amount allowed for itemized deductions. (Exception, lines 9 and 10).....	8	17,000 00
9	Medical and Dental expenses from Federal Sch. A, line 4.....	9	00
10	Gifts to Charity from Federal Sch. A, line 14	10	00
11	Oklahoma Itemized Deductions If you responded YES on line 7: Add lines 8, 9 and 10. If you responded NO on line 7: Enter the amount from line 3.....	11	00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511-NR.



Name(s) Shown on Form 511NR: **SHRAVYA MALLADI**

Your Social Security Number: **775-35-2011**

Schedule 511-NR-E: Child Care/Child Tax Credit See instructions on page 28.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code.
- OR**
- 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. **Provide** a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child care credit	1		00
2	Multiply line 1 by 20%	2		00
3	Enter your Federal child tax credit (total of child tax credit & additional child tax credit).....	3		00
4	Multiply line 3 by 5%	4		00
5	Enter the larger of line 2 or line 4	5		00
6	Divide the amount on line 7 of Form 511-NR by the amount on line 2 of Form 511-NR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div> <div style="text-align: center; margin-right: 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	6		%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511-NR.....	7		00

Schedule 511-NR-F: Earned Income Credit See instructions on page 28.

Residents and part-year residents are allowed a credit equal to 5% of the federal earned income credit calculated using the same requirements for calculating the earned income tax credit for federal income tax purposes in effect for the 2020 income tax year. **Provide** a copy of your Federal return.

Nonresidents do not qualify.

1	Federal earned income credit	1		00
2	Multiply line 1 by 5%	2		00
3	Divide the amount on line 6 of Form 511-NR by the amount on line 2 of Form 511-NR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div> <div style="text-align: center; margin-right: 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	3		%
4	Oklahoma earned income credit (multiply line 2 by line 3, enter total here and on line 29 of Form 511-NR).....	4		00



Note: Provide this page if you have an amount shown on a schedule or are filing an Amended Return.

Name(s) Shown on Form 511NR: **SHRAVYA MALLADI**

Your Social Security Number: **775-35-2011**

Schedule 511-NR-G: Donations from Refund (Original Return Only) See instructions on page 29.

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511-NR-G Information on pages 29-30 of the 511-NR Packet. If you are not receiving a refund but would like to make a donation to one of these organizations, Schedule 511-NR-G Information lists the mailing address to mail your donation to the organization. If you are not receiving a refund and wish to donate to the Public School Classroom Fund, see line 40 of Form 511-NR.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right. When you carry your figure back to line 36 of Form 511-NR, please list the line number of the organization to which you donated. If you donate to more than one organization, please write a "99" in the box at line 36 of Form 511-NR.

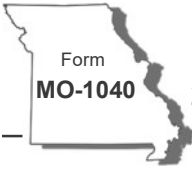
1	Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children.....	\$2	\$5	\$		1	00
2	Y.M.C.A. Youth and Government Program.....	\$2	\$5	\$		2	00
3	Support Wildlife Diversity Fund.....	\$2	\$5	\$		3	00
4	Support of Programs for Regional Food Banks in Oklahoma.....	\$2	\$5	\$		4	00
5	Public School Classroom Support Fund.....	\$2	\$5	\$		5	00
6	Oklahoma Pet Overpopulation Fund.....	\$2	\$5	\$		6	00
7	Support the Oklahoma AIDS Care Fund.....	\$2	\$5	\$		7	00
8	Support Oklahoma Silver Haired Legislature and Alumni Association Program.....	\$2	\$5	\$		8	00
9	Total donations (add lines 1-8, enter total here and on line 36 of Form 511-NR).....					9	00

Schedule 511-NR-H: Amended Return Information See instructions on page 29.

Did you file an amended Federal return? Yes No

If Yes, provide a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as a copy of the IRS "Statement of Adjustment," IRS check or deposit slip. IRS documents submitted after filing this Oklahoma amended return may delay processing.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason. If more space is needed, provide a separate schedule.



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"/>	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

775 - 35 - 2011 - -

First Name M.I. Last Name Suffix

SHRAVYA MALLADI

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)

5510 PERSHING AVE APT 327

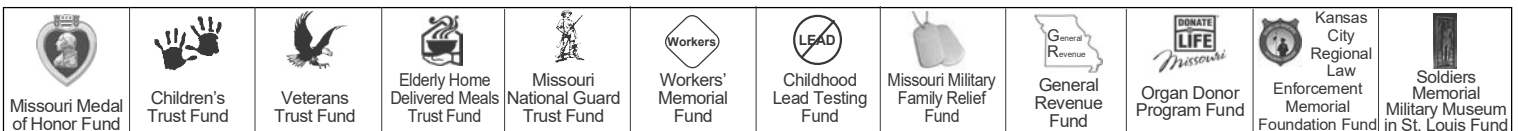
City, Town, or Post Office State ZIP Code

SAINT LOUIS MO 63112 -

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	20164	.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	20164	.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	20164	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	20164	.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	91	.00		
10. Other tax from federal return.	10		.00		
11. Total tax from federal return. Do not enter federal income tax withheld.	11	91	.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	32	.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	12982	<input type="text"/>	.00
26.	Subtotal - Subtract Line 25 from Line 6					26	7182	<input type="text"/>	.00
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	<input type="text"/>	7182	<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"/>	<input type="text"/>	.00	28S	<input type="text"/>	.00

Tax

29.	Taxable income - Subtract Line 28 from Line 27	29Y	<input type="text"/>	7182	<input type="text"/>	.00	29S	<input type="text"/>	.00
30.	Tax (see tax chart on page 26 of the instructions).	30Y	<input type="text"/>	206	<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"/>	6	<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	<input type="text"/>	100	%		32S	<input type="text"/>	%
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	<input type="text"/>	200	<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"/>	<input type="text"/>	.00	34S	<input type="text"/>	.00
35.	Subtotal - Add Lines 33 and 34	35Y	<input type="text"/>	200	<input type="text"/>	.00	35S	<input type="text"/>	.00
36.	Total Tax - Add Lines 35Y and 35S						36	200	.00

Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099	37	<input type="text"/>	845	<input type="text"/>	.00
38.	2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022	38	<input type="text"/>	<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"/>	<input type="text"/>	.00
40.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input type="text"/>	<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"/>	<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"/>	<input type="text"/>	.00
43.	Property tax credit - Attach Form MO-PTS	43	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
44.	Total payments and credits - Add Lines 37 through 43	44	<input type="text"/>	845	<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" value="00"/>	50b. Veterans Trust Fund <input type="text"/> . <input type="text" value="00"/>	50c. Elderly Home Delivered Meals Trust Fund <input type="text"/> . <input type="text" value="00"/>	50d. Missouri National Guard Trust Fund <input type="text"/> . <input type="text" value="00"/>
50e. Workers' Memorial Fund <input type="text"/> . <input type="text" value="00"/>	50f. Childhood Lead Testing Fund <input type="text"/> . <input type="text" value="00"/>	50g. Missouri Military Family Relief Fund <input type="text"/> . <input type="text" value="00"/>	50h. General Revenue Fund <input type="text"/> . <input type="text" value="00"/>
50i. Organ Donor Program Fund <input type="text"/> . <input type="text" value="00"/>	50j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> . <input type="text" value="00"/>	50k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> . <input type="text" value="00"/>	50l. Missouri Medal of Honor Fund <input type="text"/> . <input type="text" value="00"/>
50m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>	50n. Additional Fund Code <input type="text"/> Additional Fund Amount <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
- 54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . .
 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

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="4057193555"/>		
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="14"/>	<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



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Department Use Only

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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/.





2022 Credit for Income Taxes Paid to Other States or Political Subdivisions

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision. Attach Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

Name: SHRAVYA MALLADI, Social Security Number: 775-35-2011, Spouse's Name: [blank], Spouse's Social Security Number: [blank]

If you are claiming a resident credit as a shareholder of an S corporation with income earned in a non-taxed jurisdiction, complete MO-CR, Schedule 1 and see Instructions.

Main table with 11 rows for income, taxes, and credits. Columns for Yourself (Y) and Spouse (S) with sub-columns for state abbreviations. Includes a vertical 'Form MO-CR' label on the left.

Note: If you have completed Form MO-CR for credits in multiple states, add the amounts on Line 11 from each Form MO-CR and the amounts on Line 5, from each Form MO-CR, Schedule 1, before entering on Form MO-1040. The cumulative amount of credit reported on MO-1040, Line 31Y and 31S cannot exceed the Missouri tax liability.