

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SRIKANTH GOUD MERUGU	Social security number 690-89-8366
Spouse's name PRABANDHA BURRA	Spouse's social security number 170-37-9266

## 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	100,048.
2	Total tax . . . . .	2	8,484.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	12,020.
4	Amount you want refunded to you . . . . .	4	3,536.
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 

9	8	3	6	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 ▶ Srikanth Goud Merugu Date ▶ 02/25/2023

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	9	2	6	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Form fields for personal information: Your first name and middle initial (SRIKANTH GOUD), Last name (MERUGU), Your social security number (690-89-8366), Spouse's social security number (170-37-9266), Home address (306 ROSEWOOD PARK LN, CHARLOTTE, NC 28262), and Presidential Election Campaign checkboxes.

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: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for tax calculations: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount, 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Total income, 10 Adjustments to income, 11 Adjusted gross income, 12 Standard deduction or itemized deductions, 13 Qualified business income deduction, 14 Adjusted taxable income, 15 Taxable income.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	8,484.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	8,484.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	8,484.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	8,484.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	12,020.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	12,020.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	12,020.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,536.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,536.
Direct deposit? See instructions.	<b>b</b>	Routing number <u>1 2 1 0 0 0 3 5 8</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <u>3 2 5 0 6 2 7 6 1 6 5 1</u>		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

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

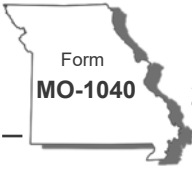
Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address <u>SRIKANTHGOUD599@GMAIL.COM</u>		

**Paid Preparer Use Only**

Preparer's name <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u>	Preparer's signature <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u>	Date <u>02/25/2023</u>	PTIN <u>P02470833</u>	Check if: <input type="checkbox"/> Self-employed
Firm's name <u>GLOBAL TAXES LLC</u>	Firm's address <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>			Phone no. (678) 965-9522
Firm's EIN				<u>88-2145487</u>



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  Spouse    
 Yourself  Spouse    
 Yourself  Spouse    
 Yourself  Spouse    
 Yourself  Spouse

**Name**

Social Security Number	Deceased in 2022	Spouse's Social Security Number	Deceased in 2022
690 - 89 - 8366	<input type="checkbox"/>	170 - 37 - 9266	<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
SRIKANTH GOUD	<input type="text"/>	MERUGU	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
PRABANDHA	<input type="text"/>	BURRA	<input type="text"/>

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

**Address**

Present Address (Include Apartment Number or Rural Route)

306 ROSEWOOD PARK LN APT 820

City, Town, or Post Office    State    ZIP Code

CHARLOTTE    NC    28262 -

County of Residence

NONR

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	100048	.00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		.00	2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	100048	.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	100048	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	100048	.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	8484	.00		
10. Other tax from federal return. . . . .	10		.00		
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	8484	.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	5.00	%		

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	424	.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	25900	.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	26324	<input type="text"/>	00
26.	Subtotal - Subtract Line 25 from Line 6 . . . . .					26	73724	<input type="text"/>	00
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	73724	<input type="text"/>	00	27S	0	<input type="text"/>	00
28.	Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input type="text"/>	<input type="text"/>	00	28S	<input type="text"/>	<input type="text"/>	00

Tax

29.	Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	73724	<input type="text"/>	00	29S	0	<input type="text"/>	00
30.	Tax (see tax chart on page 26 of the instructions). . . . .	30Y	3723	<input type="text"/>	00	30S	0	<input type="text"/>	00
31.	Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input type="text"/>	<input type="text"/>	00	31S	<input type="text"/>	<input type="text"/>	00
32.	Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . .	32Y	100	%		32S	100	%	
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	3723	<input type="text"/>	00	33S	0	<input type="text"/>	00
34.	Other taxes - Select box and attach federal form indicated.								
	<input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )								
	<input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<input type="text"/>	<input type="text"/>	00	34S	<input type="text"/>	<input type="text"/>	00
35.	Subtotal - Add Lines 33 and 34 . . . . .	35Y	3723	<input type="text"/>	00	35S	0	<input type="text"/>	00
36.	Total Tax - Add Lines 35Y and 35S. . . . .					36	3723	<input type="text"/>	00

Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	4433	<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 <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input type="text"/>	<input type="text"/>	00
40.	Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>	<input type="text"/>	00
41.	Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>	<input type="text"/>	00
42.	Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>	<input type="text"/>	00
43.	Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>	<input type="text"/>	00
44.	Total payments and credits - Add Lines 37 through 43 . . . . .	44	4433	<input type="text"/>	00





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"/>		
Preparer's Signature	<input type="text" value="VENKATA SAI PAVAN KUMAR DUDIPALLI"/>			Date (MM/DD/YY)	<input type="text" value="02"/>	<input type="text" value="25"/>	<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 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](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto: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/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).







**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

690 - 89 - 8366

Name

MERUGU, SRIKANTH GOUD

Address

306 ROSEWOOD PARK LN APT 820

City, State, ZIP Code

CHARLOTTE NC 28262

- 1. Nonresident of Missouri  
State of residence during 2022 NORTH CAROLINA
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

- A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
- B. Indicate the other state of residence and dates you resided there \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

170 - 37 - 9266

Spouse's Name

BURRA, PRABANDHA

Address

306 ROSEWOOD PARK LN APT 820

City, State, ZIP Code

CHARLOTTE NC 28262

- 1. Nonresident of Missouri  
State of residence during 2022 NORTH CAROLINA
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

- A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
- B. Indicate the other state of residence and dates you resided there \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
- Missouri Home of Record  
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.
- Non-Missouri Home of Record  
I resided in Missouri during 2022 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
- Missouri Home of Record  
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.
- Non-Missouri Home of Record  
I resided in Missouri during 2022 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

**Worksheet for Missouri Source Income**

**Part B**

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)			
		Missouri Sources		Missouri Sources			
A. Wages, salaries, tips, etc. ....	1z	A	100048	00	A		00
B. Taxable interest income. ....	2b	B		00	B		00
C. Dividend income ....	3b	C		00	C		00
D. State and local income tax refunds (from schedule 1, part 1) ....	1	D		00	D		00
E. Alimony received (from schedule 1, part 1) ....	2a	E		00	E		00
F. Business income or (loss) (from schedule 1, part 1) ....	3	F		00	F		00
G. Capital gain or (loss) ....	7	G		00	G		00
H. Other gains or (losses) (from schedule 1, part 1) ....	4	H		00	H		00
I. Taxable IRA distributions ....	4b	I		00	I		00
J. Taxable pensions and annuities ....	5b	J		00	J		00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....	5	K		00	K		00
L. Farm income or (loss) (from schedule 1, part 1) ....	6	L		00	L		00
M. Unemployment compensation (from schedule 1, part 1) ....	7	M		00	M		00
N. Taxable social security benefits ....	6b	N		00	N		00
O. Other income (from schedule 1, part 1) ....	9	O		00	O		00
P. Total - Add Lines A through O ....		P	100048	00	P		00
Q. Minus: federal adjustments to income ....	10	Q		00	Q		00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....	11	R	100048	00	R		00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) ....		S		00	S		00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) ....		T		00	T		00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1. ....		U		00	U		00

**Missouri Income Percentage**

**Part C**

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....	1Y	100048	00	1S	0	00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....	2Y	100048	00	2S		00
3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S ....	3Y	100	%	3S		%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

**Signature**

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

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

Form fields for personal information: Your first name and middle initial (SRIKANTH GOUD), Last name (MERUGU), Your social security number (690-89-8366), Spouse's social security number (170-37-9266), Home address (306 ROSEWOOD PARK LN, CHARLOTTE, NC 28262), and Presidential Election Campaign checkboxes.

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: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15. Includes sub-rows for tax-exempt interest, qualified dividends, IRA distributions, pensions, and social security benefits. Total income is 100,048 and taxable income is 74,148.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	8,484.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	8,484.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	8,484.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	8,484.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	12,020.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	12,020.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	12,020.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,536.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,536.
Direct deposit? See instructions.	<b>b</b>	Routing number 1 2 1 0 0 0 3 5 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 3 2 5 0 6 2 7 6 1 6 5 1		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, <b>both</b> must sign. _____	Date _____	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. _____	Email address SRIKANTHGOUD599@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 02/25/2023	PTIN P02470833	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 88-2145487				

**D-400 (50)** 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2022, or fiscal year beginning <u>22</u> and ending <u>22</u>		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SRIKANTH GOUD MERUGU PRABANDHA BURRA		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
306 ROSEWOOD PARK LN 820 Your SSN: 690898366		Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CHARLOT NC 28262 JONES Spouse's SSN: 170379266		
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Year spouse died: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Return for deceased taxpayer. Date of death: <input type="checkbox"/>
Was your spouse a resident for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death: <input type="checkbox"/>
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
MERU	306	28262	DS	N	EA	N	TD			SD				FDEXT	N
SRIKANTH GOUD		MERUGU						690898366				JONES			
PRABANDHA		BURRA						170379266		NC	28262				
306 ROSEWOOD PARK LN							820	CHARLOTTE							
06		100048		16			3720	26C				0			
07		0		18	Y		0	26E				0			
09		0		20A			0	EU				0			
10A		0		20B			0	27				0			
10B		0		21A			0	29				0			
11	S	Y	I	N			21B	0	30			0			
11		25500		21C			0	31				0			
13		00000		21D			0	32				0			
14		74548		26A			0	34				0			
15		3720		26B			0								
TN	5108767079			PN		6789659522		PP				P02470833			



<b>Sign Return Below</b> <input type="checkbox"/>		<b>Refund Due</b> <u>0</u> <input type="checkbox"/>		<b>Payment Due</b> <u>0</u> <input type="checkbox"/>	
I declare and certify 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.				<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____		Date _____		Spouse's Signature (If filing joint return, both must sign.) _____	
				Date _____	
				Contact Phone No. (Include area code) <u>5108767079</u>	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.					
VENKATA SAI PAVAN KUMAR D		02 25 23		6789659522	
Paid Preparer's Signature		Date		Preparer's Contact Phone Number (Include area code)	
				Preparer's FEIN, SSN, or PTIN <u>P02470833</u>	
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640					

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	100048
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	100048
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	74548
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	74548
15.	N.C. Income Tax	15.	3720
16.	Tax Credits	16.	3720
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	0
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>0</b>
28.	<b>Overpayment</b>	28.	<b>0</b>

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>0</b>

D-400TC (50)

8-8-22

2022 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) MERUGU Your Social Security Number 690898366

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Count, Amount. Rows 01-07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken.

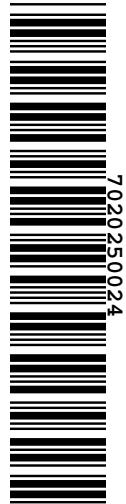
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

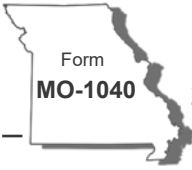
On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2022

Table with 3 columns: Description, Line, Amount. Rows 14-20.





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  Spouse    
 Yourself  Spouse    
 Yourself  Spouse    
 Yourself  Spouse    
 Yourself  Spouse

**Name**

Social Security Number	Deceased in 2022	Spouse's Social Security Number	Deceased in 2022
690 - 89 - 8366	<input type="checkbox"/>	170 - 37 - 9266	<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
SRIKANTH GOUD	<input type="text"/>	MERUGU	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
PRABANDHA	<input type="text"/>	BURRA	<input type="text"/>
In Care Of Name (Attorney, Executor, Personal Representative, etc.)			
<input type="text"/>			

**Address**

Present Address (Include Apartment Number or Rural Route)

306 ROSEWOOD PARK LN APT 820

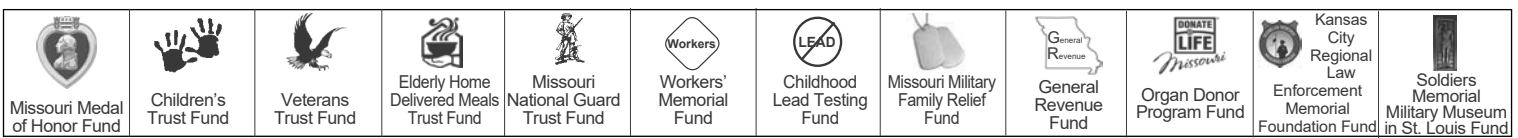
City, Town, or Post Office    State    ZIP Code

CHARLOTTE    NC    28262 -

County of Residence

NONR

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	100048	.00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		.00	2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	100048	.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	100048	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	100048	.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	8484	.00		
10. Other tax from federal return. . . . .	10		.00		
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	8484	.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	5.00	%		

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	424	.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	25900	.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	26324	<input type="text"/>	.00
26.	Subtotal - Subtract Line 25 from Line 6 . . . . .					26	73724	<input type="text"/>	.00
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	73724	<input type="text"/>	.00	27S	0	<input type="text"/>	.00
28.	Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input type="text"/>	<input type="text"/>	.00	28S	<input type="text"/>	<input type="text"/>	.00

Tax

29.	Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	73724	<input type="text"/>	.00	29S	0	<input type="text"/>	.00
30.	Tax (see tax chart on page 26 of the instructions). . . . .	30Y	3723	<input type="text"/>	.00	30S	0	<input type="text"/>	.00
31.	Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input type="text"/>	<input type="text"/>	.00	31S	<input type="text"/>	<input type="text"/>	.00
32.	Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . .	32Y	100	%		32S	100	%	
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	3723	<input type="text"/>	.00	33S	0	<input type="text"/>	.00
34.	Other taxes - Select box and attach federal form indicated.								
	<input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )								
	<input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<input type="text"/>	<input type="text"/>	.00	34S	<input type="text"/>	<input type="text"/>	.00
35.	Subtotal - Add Lines 33 and 34 . . . . .	35Y	3723	<input type="text"/>	.00	35S	0	<input type="text"/>	.00
36.	Total Tax - Add Lines 35Y and 35S. . . . .					36	3723	<input type="text"/>	.00

Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	4433	<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 <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input type="text"/>	<input type="text"/>	.00
40.	Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>	<input type="text"/>	.00
41.	Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>	<input type="text"/>	.00
42.	Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>	<input type="text"/>	.00
43.	Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>	<input type="text"/>	.00
44.	Total payments and credits - Add Lines 37 through 43 . . . . .	44	4433	<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"/>		
Preparer's Signature	<input type="text" value="VENKATA SAI PAVAN KUMAR DUDIPALLI"/>			Date (MM/DD/YY)	<input type="text" value="02"/>	<input type="text" value="25"/>	<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 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](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto: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/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).





**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

690 - 89 - 8366

Name

MERUGU, SRIKANTH GOUD

Address

306 ROSEWOOD PARK LN APT 820

City, State, ZIP Code

CHARLOTTE NC 28262

- 1. Nonresident of Missouri  
State of residence during 2022 NORTH CAROLINA
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

- A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
- B. Indicate the other state of residence and dates you resided there \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

170 - 37 - 9266

Spouse's Name

BURRA, PRABANDHA

Address

306 ROSEWOOD PARK LN APT 820

City, State, ZIP Code

CHARLOTTE NC 28262

- 1. Nonresident of Missouri  
State of residence during 2022 NORTH CAROLINA
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

- A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
- B. Indicate the other state of residence and dates you resided there \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
- Missouri Home of Record  
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.
- Non-Missouri Home of Record  
I resided in Missouri during 2022 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
- Missouri Home of Record  
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.
- Non-Missouri Home of Record  
I resided in Missouri during 2022 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

**Worksheet for Missouri Source Income**

**Part B**

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)			
		Missouri Sources		Missouri Sources			
A. Wages, salaries, tips, etc. ....	1z	A	100048	00	A		00
B. Taxable interest income. ....	2b	B		00	B		00
C. Dividend income ....	3b	C		00	C		00
D. State and local income tax refunds (from schedule 1, part 1) ....	1	D		00	D		00
E. Alimony received (from schedule 1, part 1) ....	2a	E		00	E		00
F. Business income or (loss) (from schedule 1, part 1) ....	3	F		00	F		00
G. Capital gain or (loss) ....	7	G		00	G		00
H. Other gains or (losses) (from schedule 1, part 1) ....	4	H		00	H		00
I. Taxable IRA distributions ....	4b	I		00	I		00
J. Taxable pensions and annuities ....	5b	J		00	J		00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....	5	K		00	K		00
L. Farm income or (loss) (from schedule 1, part 1) ....	6	L		00	L		00
M. Unemployment compensation (from schedule 1, part 1) ....	7	M		00	M		00
N. Taxable social security benefits ....	6b	N		00	N		00
O. Other income (from schedule 1, part 1) ....	9	O		00	O		00
P. Total - Add Lines A through O ....		P	100048	00	P		00
Q. Minus: federal adjustments to income ....	10	Q		00	Q		00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....	11	R	100048	00	R		00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) ....		S		00	S		00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) ....		T		00	T		00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1. ....		U		00	U		00

**Missouri Income Percentage**

**Part C**

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....	1Y	100048	00	1S	0	00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....	2Y	100048	00	2S		00
3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S ....	3Y	100	%	3S		%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

**Signature**

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).