

For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.

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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).								
	ng a fiscal year return enter the beginning and ending dates here. al Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) 1555 Department Use Only							
Filing Status	X Single Claimed as a Married Filing Married Filing Head of Underwork Combined Separately Household Widow(er							
	Age 62 through 64	Spouse						
Name	Social Security Number in 2022 Spouse's Social Security Number 835 - 07 - 9246 First Name M.I. Last Name RADHA YASASWINI UPPALA Spouse's First Name M.I. Spouse's Last Name In Care Of Name (Attorney, Executor, Personal Representative, etc.)	Suffix Suffix						
Address	Present Address (Include Apartment Number or Rural Route) 502 S MAIN STREET APT B13 City, Town, or Post Office State ZIP Code WARRENSBURG MO 64093 - County of Residence JOHN							
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 infor	mation.						

































Lead Testing Fund



Organ Donor Program Fund

City Regional Law Enforcement Memorial Foundation Fund

Soldiers Memorial Military Museum in St. Louis Fund

					Yourself (Y)			Spouse (S)				
ne	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y		80688		18			00		
	0		2Y] [26		[
	2.	Total additions (from Form MO-A , Part 1, Line 7)				IJ L 기 [2S		, ₋ L [00		
	3.	Total income - Add Lines 1 and 2	3Y		80688		3S].[00		
Income	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		80688)	58		.	00		
	6.	Total Missouri adjusted gross income - Add columns 5Y and 53	3		6	80	688	00				
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		100	% [78		C	%		
	8.	Pension, Social Security and Social Security Disability exempti Section D)					8			00		
		,										
	9.	Tax from federal return		9	10517	. 00	<u>)</u> 					
	10.	Other tax from federal return		10		. 00	<u>)</u>					
	11.	1. Total tax from federal return. Do not enter federal income tax withheld. 10517. 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											
Deductions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 3: \$25,001 to \$50,000 2: \$50,001 to \$100,000 15 \$100,001 to \$125,000 5 \$125,001 or more 0	5% 5% 5% 5%	cent	age:							
s and	13.	Federal income tax deduction – Multiply Line 11 by the percent amount not to exceed \$5,000 for an individual or \$10,000 for co	_				13	1578		00		
ption	14.	Missouri standard deduction or itemized deductions. (If itemizin	g, Se	e Fo	rm MO-A, Part 2)		[10]			00]		
Exem		 Single or Married Filing Separate-\$12,950 Head of House Married Filing Combined or Qualifying Widow(er)-\$25,900 					14	12950].[00		
	15.	Additional Exemption for Head of Household and Qualified Wid					15].[00		
	16.	Long-term care insurance deduction					16].[00		
		Health care sharing ministry deduction					17			00		
		· ·					18] [00		
	10.	Active Duty Military income deduction] [
	19.	Inactive Duty Military income deduction					19			00		
	20.	Bring jobs home deduction					20		.	00		
	21.	Transportation facilities deduction					21			00		
		A. Port Cargo Expansion B. International Trade Fa	cility		C. Qualified Trade	Acti	ivities	IN				



	22.	First time home buyers deduction. A.	В.			22			00
	23.	Long term dignity savings account deduction				23		. [00
tinued	24.	Foster parent tax deduction				24		. [00
us Con	25.	Total deductions - Add Lines 8 and 13 through 24				25	14528		00
Deductions Continued	26.	Subtotal - Subtract Line 25 from Line 6				26	66160	. [00
De	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	6616	0 . 00	278		. [00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	28S		. [00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	6616	0 . 00	298		. [00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	332	2 . 00	30S		. [00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		. 00	31S		. [00
×	32.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y	10	0 %	328		%	6
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	332	2 . 00	33S		. [00
	34.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (<u>Form 4972</u>)						_	
		Recapture of low income housing credit (Form 8611)	34Y			348		. [00
	35.	Subtotal - Add Lines 33 and 34	35Y	332	2 00	35S		. [00
	36.	Total Tax - Add Lines 35Y and 35S				. 36	3322	. [00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 37	3826	. [00
	38.	2022 Missouri estimated tax payments - Include overpayment from	. 38		. [00			
Payments and Credits	39.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP	. 39		. [00			
its and	40.	Missouri tax payments for nonresident entertainers - Attach Fo	. 40		. [00			
aymen	41.	Amount paid with Missouri extension of time to file (Form MO-	. 41		. [00			
Ъ	42.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attack	. 42		. [00			
	43.	Property tax credit - Attach Form MO-PTS				. 43		. [00
	44.	Total payments and credits - Add Lines 37 through 43				. 44	3826		00

	SK	ip Lines 45 thro	ugn 47 if you are not filing an amended return.		
Amended Return	45.	Amount paid on	original return.	45	. 00
	46.	Overpayment as	s shown (or adjusted) on original return	46	. 00
		Indicate Reaso			
		A. Federa	Enter date of IRS report (MM/DD/YY) al audit		
		B. Net Op	perating Loss carryback		
		C. Investr	nent tax credit carryback Enter date of federal amended return, if file	d. (MM/DD/YY)	
		D. Correc	tion other than A, B, or C		
	47.		n total payments and credits - Add Lines 44 and 45; subtract Line 46.	47	. 00
	48.	·	mended return, Line 47, is larger than Line 36, enter the difference. RPAYMENT	48 50	04 . 00
	49.	Amount of Line	48 to be applied to your 2023 estimated tax	49	. 00
	50.	Enter the amou	nt of your donation in the trust fund boxes below. See instructions for additiona	al trust fund codes.	
	50	Children's a. Trust Fund	. 00 50b. Veterans . 00 50c. Trust Fund . 00	Missouri National Guard 50d. Trust Fund	. 00
	50	Workers' e. Memorial Fund	Kanaga City Soldiers	50h. General Revenue Fund	. 00
Refund	50i	. Organ Donor I. Program Fund	Regional Law Military Museum in	MIssouri Medal of Honor Fund	. 00
Re	50	Additional Fund M. Code	Additional Fund Amount 50n. Code Additional Fund Amount		
		Total Donation -	Add amounts from Boxes 50a through 50n and enter here	50	. 00
	51.		48 to be deposited into a Missouri 529 Education Plan (MOST) he total deposit amount from <u>Form 5632</u>	51	. 00
	52.	REFUND - Subf	tract Lines 49, 50, and 51 from Line 48 and enter here	52 50	04 . 00
		a. Routing Number	101200453 c. 🔀	Checking Sav	rings
		b. Account Number	152321966144		

	53.	If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT	e 47, enter the differe	ence.		53			00	
t Due	54.	Underpayment of estimated tax penalt	y - Attach Form MO	- 2210 . Enter penal	ty amount her	re 54			00	
Amount Due		Select this box if you are a farm	·	underpayment of e	estimated tax p	penalty.				
	55.	AMOUNT DUE - Add Lines 53 and 54		onus to process the	, ab a alc					
		If you pay by check, you authorize the electronically. Any returned check may	•	•		55			00	
	of r the bas imp una alie RS	der penalties of perjury, I declare that I hany knowledge and belief it is true, correct, Department of Revenue with my signatured on all information of which he or shosed on any individual who files a futhorized aliens as defined under federans. I am aware of any applicable reporting. Mo. hature	and complete. By sig re as required under e has knowledge. A rivolous return. I a al law and that I am r	ning or entering my Section 143.561, RS as provided in <u>Char</u> Iso declare under not eligible for any ta	name in the "S SMo. Declarati oter 143, RSM penalties of ax exemption, Mo, and the p	signature" fiel ion of prepar <u>Mo.</u> , a penal perjury tha credit, or ab	d(s) below, I a er (other than ty of up to \$5 t I employ n atement if I e sions of <u>Secti</u>	am prov taxpaye 500 sha o illega employ	riding er) is all be al or such	
		Olimantum (If filling a combined DOTH as				Date (MM/DD				
	Spo	use's Signature (If filing combined, BOTH m	ust sign)			Date (MIM/DD	7 7 7 7			
	E-n	nail Address				Daytime Tele	phone			
ture									\neg	
Signature		ZAM@GTAXFILE.COM parer's Signature				660238 Date (MM/DD				
S										
		NKATA SAI PAVAN KUMAR	DUDIPALLI			03	15	23		
	Preparer's FEIN, SSN, or PTIN						Preparer's Telephone			
		3-2145487				678965				
		parer's Address				State	ZIP Code			
	24	5 ROONEY CT E BRUNSWI	CK			NJ	08816			
	or an	uthorize the Director of Revenue or delany member of the preparer's firm you pay a tax return preparer to complete the complete th	ete your return, but the dentification number ber in the applicable	ne preparer failed to ? If you marked yes sections of the sigr	sign the returs, please inser	rn or provide		×	No No	
			22322	 						
				nt Use Only						
	Α	FA E10	DE	F						
	I to:	Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200	Refund or No An Missouri Departme P.O. Box 500 Jefferson City, MC Phone: (573) 75 ²	ent of Revenue 0 65105-0500 1-3505		ometaxproc n of Individe ome@dor.m	_	r.mo.go	ov	

If yes, visit <u>dor.mo.gov/military/</u> 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/.