]- 89 - 9346 SYED
\$ 54.00
347011555
ly ly



For Calendar Year January 1 - December 31, 2022

Amended Return	CHAST BILLINGS B
Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) 1555 Single Claimed as a Dependent Combined Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated S	68).
Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated S	
Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse	
Social Security Number in 2022 Spouse's Social Security Number in 180 - 89 - 9346 First Name M.I. Last Name AYEEN UZ ZEHRA Spouse's First Name M.I. Spouse's Last Name	eceased n 2022 Suffix
In Care Of Name (Attorney, Executor, Personal Representative, etc.) Present Address (Include Apartment Number or Rural Route)	

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.



IN

Address



City, Town, or Post Office

SAINT LOUIS

County of Residence



1226 OLIVE ST UNIT











State

MO





ZIP Code

63103





STCO



					Yourself (Y)			Spouse (S)				
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y		139897	00	18			00		
		(See Welliest on page 7 of the metactions)] [
	2.	Total additions (from Form MO-A , Part 1, Line 7)	2Y		[00	2S].[00		
a)	3.	Total income - Add Lines 1 and 2	3Y		139897	00	3S			00		
Income	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		. [00	48].[00		
	5	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y		139897	00	5S] [00		
	Ο.	Wildow adjusted gross moonie - Subtract Eine 4 nom Eine 5			6] - [00		
	6.	Total Missouri adjusted gross income - Add columns 5Y and 58	9897	. 00								
	7.	Income percentages - Divide columns 5Y and 5S by total on	0/			ا (. /					
		Line 6. (Must equal 100%)	7Y		100	%	7S		,	%		
	8.	Pension, Social Security and Social Security Disability exempti	on (fro	om F	orm MO-A, Part 3,				[\neg		
		Section D)					8			00		
	9.	Tax from federal return		9	24303	. [00					
				40		7 [
	10.	Other tax from federal return		10].L	00					
	11.	Total tax from federal return. Do not enter federal income tax withheld. 11 24303.00										
	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		\$25,000 or less	5% 5% 5% 5%									
sand	13.	Federal income tax deduction – Multiply Line 11 by the percent	_				13	0		00		
TIOUS	14.	amount not to exceed \$5,000 for an individual or \$10,000 for co Missouri standard deduction or itemized deductions. (If itemizin					[13]	0	J . l	00		
emp		• Single or Married Filing Separate-\$12,950 • Head of House	seholo	-\$19	,400			10050] [
Ü		Married Filing Combined or Qualifying Widow(er)-\$25,900					14	12950].[] [00		
	15.	Additional Exemption for Head of Household and Qualified Wid	ow(er)			15].[00		
	16.	Long-term care insurance deduction					16			00		
	17.	Health care sharing ministry deduction					17			00		
	18.	Active Duty Military income deduction					18			00		
	19.	Inactive Duty Military income deduction					19			00		
	20.	Bring jobs home deduction					20].[00		
	21.	Transportation facilities deduction					21].[00		
		A. Port Cargo Expansion B. International Trade Fa	cility		C. Qualified Trad	e Ac	tivities	IN				



	22.	First time home buyers deduction. A.	В.			22		. 0	00
	23.	Long term dignity savings account deduction				23			00
tinued	24.	Foster parent tax deduction				24			00
ıs Con	25.	Total deductions - Add Lines 8 and 13 through 24				25	12950		00
Deductions Continued	26.	Subtotal - Subtract Line 25 from Line 6				26	126947	. 0	00
Dec	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	12694	17.00	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	12694	17.00	298			00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	654	14.00	30S		. C	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	00 %	328		%	, 0
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	654	14.00	33S			00
	34.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (Form 4972)						_	
		Recapture of low income housing credit (Form 8611)	34Y		. 00	34S			00
	35.	Subtotal - Add Lines 33 and 34	35Y	654	14.00	35S			00
	36.	Total Tax - Add Lines 35Y and 35S				. 36	6544	. c	00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 37	6490	. [00
	38.	2022 Missouri estimated tax payments - Include overpayment from	. 38		. c	00			
Payments and Credits	39.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP	. 39			00			
ts 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			
Δ.	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	6490	. 0	00

	Sk	tip Lines 45 through 47 if you are not filing an amended return.		
	45.	Amount paid on original return	. 45	. 00
	46.	Overpayment as shown (or adjusted) on original return	. 46	. 00
Amended Return		Indicate Reason for Amending Enter date of IRS report (MM/DD/YY)		
		A. Federal audit		
		B. Net Operating Loss carryback Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed	i. (MM/DD/YY)	
		D. Correction other than A, B, or C		
	47.	Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46. Enter on Line 47	. 47	. 00
	48.	If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference. Amount of OVERPAYMENT	. 48	. 00
	49.	Amount of Line 48 to be applied to your 2023 estimated tax	. 49	. 00
	50.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional	trust fund codes.	
	50	Children's a. Trust Fund Children's believered Meals contract Fund Children's believered Meals contract Fund con	Missouri National Guard 50d. Trust Fund	. 00
Refund	50	Soldiers Kansas City Memorial	50h. General Revenue Fund	. 00
	50	Organ Donor Endography Military Museum in Managerial	MIssouri Medal of 501. Honor Fund	. 00
	50	Additional Fund Fund Fund Amount . 00 50n. Code Additional Fund Amount . 00		
		Total Donation - Add amounts from Boxes 50a through 50n and enter here	. 50	. 00
	51.	Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from <u>Form 5632</u>	. 51	. 00
	52.	REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here	. 52	. 00
		a. Routing Number c. b. Account Number	Checking Sa	avings

	53.	If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT		ence.		53		54	. 00		
ong:	54.	Underpayment of estimated tax penal	ty - Attach <u>Form MC</u>	<u>-2210</u> . Enter pena	Ity amount he	ere 54			. 00		
Amount Due		Select this box if you are a farr	ner exempt from the	underpayment of	estimated tax	penalty.					
1	55.	AMOUNT DUE - Add Lines 53 and 54 If you pay by check, you authorize the electronically. Any returned check ma	Department of Reve	•		55		54	. 00		
	of r the bas imp una alie	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 shoosed on any individual who files a patthorized aliens as defined under federens. I am aware of any applicable reportimo.	and complete. By sig re as required under so he has knowledge. A frivolous return. I a al law and that I am r	ning or entering my Section 143.561, R s provided in <u>Cha</u> lso declare under not eligible for any t	name in the "SMo. Declara pter 143, RS penalties of ax exemption	Signature" fiel tion of prepar Mo. , a penal ^c 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	m provitaxpay 600 sha o illeg mploy	viding ver) is all be al or such		
	Sig	nature				Date (MM/DD	/YY)				
	L										
	Spo	ouse's Signature (If filing combined, BOTH m	ust sign)			Date (MM/DD	/YY)				
		anil Address				Douting Tales					
nre		nail Address				Daytime Tele	pnone				
Signature	SYAM@GTAXFILE.COM Preparer's Signature						D-4- (MM/DDAG)				
S							Date (MM/DD/YY)				
		ENKATA SAI PAVAN KUMAR parer's FEIN, SSN, or PTIN	DUDIPALLI			04	09	23			
	88-2145487					Preparer's Telephone 6789659522					
		parer's Address				State	ZIP Code				
		·	OV				08816				
	4	45 ROONEY CT E BRUNSWI	.CK			NJ	00010				
		uthorize the Director of Revenue or del any member of the preparer's firm				e preparer	. Yes	X	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										
		I II		 							
	Department Use Only										
	Α	☐ FA ☐ E10	DE	F							
Mail 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 Departm P.O. Box 500 Jefferson City, MC Phone: (573) 75	ent of Revenue 0 65105-0500 I-3505	Submissio Email: <u>inc</u>	<u>ometaxproc</u>	-	.mo.g	<u>ov</u>		
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							IN	I			

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veteranbenefits.mo.gov/state-benefits/.