

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

| | | | | | | | | | | | |
|--|--|--|--|------|--|--|--|--|--|------|--|
| Virginia Submission Identification Number (SID) | | | | | | | | | | | |
| First Name & Middle Initial (if joint or combined return, enter both) | | | | | | Last Name | | | B Your Social Security Number | | |
| RAJESH | | | | | | VANKADARU | | | 077-15-4532 | | |
| Present Home Address | | | | | | A Spouse's Social Security Number | | | | | |
| 411 JEFFERSON STREET APT # 17 | | | | | | | | | | | |
| City, State and Zip Code | | | | | | Online Filed Return | | | <input type="checkbox"/> | | |
| WARRENSBURG MO 64093 | | | | | | | | | | | |
| Part I Tax Return Information | | | | | | A Spouse | | | B Yourself | | |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) | | | | | | | | | 218,304. | | |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | | | | | | | | 218,304. | | |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | | | | | | | | 54,856. | | |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) | | | | | | | | | 2,897. | | |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | | | | | | | | 3,018. | | |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35) | | | | | | | | | | | |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) | | | | | | | | | 121. | | |
| Part II Declaration of Taxpayer | | | | | | | | | | | |
| 8a. <input checked="" type="checkbox"/> I consent that my refund be directly deposited as designated on my 2022 Virginia 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. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. | | | | | | | | | | | |
| 8b. <input type="checkbox"/> I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me. | | | | | | | | | | | |
| 8c. <input type="checkbox"/> I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state 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. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. | | | | | | | | | | | |
| I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual 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 Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. | | | | | | | | | | | |
| Your Signature | | | | Date | | Spouse's Signature (If Filing Status 2 or 4, BOTH must sign) | | | | Date | |
| Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer | | | | | | | | | | | |
| I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that 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. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. | | | | | | | | | | | |
| ERO's Signature | | | | | | Date | | | SSN/PTIN | | |
| GLOBAL TAXES LLC | | | | | | 04-15-23 | | | | | |
| Firm's name (or yours if self-employed) | | | | | | Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N | | | Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | 882145487 | | | | | |
| Address, City, State and Zip | | | | | | EIN | | | P02082703 | | |
| Paid Preparer's Signature | | | | | | Date | | | SSN/PTIN | | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | | | | | | 04-15-23 | | | | | |
| Firm's name (or yours if self-employed) | | | | | | Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | 843171965 | | | | | |
| Address, City, State and Zip | | | | | | EIN | | | | | |

2022 Virginia Nonresident Income Tax Return

Due May 1, 2023



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

| | | | | | |
|--|---|------------------------|-------------------|--|--|
| First Name RAJESH | MI | Last Name VANKADARU | Suffix | Your Social Security Number 077-15-4532 | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only) | MI | Last Name | Suffix | Spouse's Social Security Number | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route) 411 JEFFERSON STREET APT 17 | | | | Your Birth Date (mm-dd-yyyy) 07 - 07 - 1996 | Spouse's Birth Date (mm-dd-yyyy) - - |
| City, Town or Post Office WARRENSBURG | | State MO | ZIP Code 64093 | | |
| State of Residence MO | Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. ARLINGTON | | | | Locality Code 013 |
| <input type="checkbox"/> City OR <input checked="" type="checkbox"/> County | | | | | |

| | | | |
|-------------------------------|--|--|---|
| Check Applicable Boxes | <input type="checkbox"/> Amended Return Reason Code | <input type="checkbox"/> Name(s) or Address Different than Shown on 2021 VA Return | <input type="checkbox"/> Overseas on Due Date |
| | <input type="checkbox"/> Dependent on Another's Return | <input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman | EIC Claimed on federal return \$ _____ .00 |

Filing Status Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

| | | | | |
|----------------|--------------------------------|------------|------------------------|------------------------|
| You | Spouse if Filing Status 2 or 3 | Dependents | Total Section 1 | |
| 1 | | | = 1 | X \$930 = 930 |
| You 65 or over | Spouse 65 or over | You Blind | Spouse Blind | Total Section 2 |
| | | | | X \$800 = |

| | | | | |
|-----|--|-----|--------|----|
| 1 | Adjusted Gross Income from federal return - <i>Not federal taxable income</i> | 1 | 218304 | 00 |
| 2 | Additions from Schedule 763 ADJ, Line 3. | 2 | | 00 |
| 3 | Add Lines 1 and 2 | 3 | 218304 | 00 |
| 4 | Age Deduction (See instructions and the Age Deduction Worksheet) You | 4a | | 00 |
| | Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. Spouse | 4b | | 00 |
| 5 | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. | 5 | | 00 |
| 6 | State income tax refund or overpayment credit reported as income on your federal return. | 6 | | 00 |
| 7 | Subtractions from Schedule 763 ADJ, Line 7..... | 7 | | 00 |
| 8 | Add Lines 4a, 4b, 5, 6, and 7 | 8 | | 00 |
| 9 | Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3 | 9 | 218304 | 00 |
| 10 | Itemized Deductions from Virginia Schedule A, if applicable. See instructions..... | 10 | | 00 |
| 11 | If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. | 11 | 8000 | 00 |
| 12 | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. | 12 | 930 | 00 |
| 13 | Deductions from Schedule 763 ADJ, Line 9..... | 13 | | 00 |
| 14 | Add Lines 10, 11, 12 and 13 | 14 | 8930 | 00 |
| 15 | Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9..... | 15 | 209374 | 00 |
| 16 | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only)..... | 16 | 26.2 | % |
| 17 | Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16)..... | 17 | 54856 | 00 |
| 18 | Income Tax from Tax Table or Tax Rate Schedule..... | 18 | 2897 | 00 |
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1..... | 19a | 3018 | 00 |

LTD

\$ _____

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

XXXXXX



| | |
|-------------------------------|-------------------------|
| Your Name RAJESH VANKADARU | Your SSN 077-15-4532 |
|-------------------------------|-------------------------|

| | | | | |
|-----|--|-----|------|----|
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1. | 19b | | 00 |
| 20 | 2022 Estimated Tax Payments. | 20 | | 00 |
| 21 | 2021 overpayment credited to 2022 estimated tax. | 21 | | 00 |
| 22 | Extension Payment - submitted using Form 760IP. | 22 | | 00 |
| 23 | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17. | 23 | | 00 |
| 24 | Total credits from Schedule OSC. | 24 | | 00 |
| 25 | Credits from Schedule CR, Section 5, Line 1A. | 25 | | 00 |
| 26 | Total payments and credits. Add Lines 19a through 25. | 26 | 3018 | 00 |
| 27 | If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE. | 27 | | 00 |
| 28 | If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT. | 28 | 121 | 00 |
| 29 | Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCOME TAX. | 29 | | 00 |
| 30 | Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6. | 30 | | 00 |
| 31 | Other Voluntary Contributions from Schedule VAC, Section II, Line 14. | 31 | | 00 |
| 32 | Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here. <input type="checkbox"/> | 32 | | 00 |
| 33 | Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/> | 33 | | 00 |
| 34 | Add Lines 29 through 33. | 34 | | 00 |
| 35 | If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE. Enclose payment or pay at www.tax.virginia.gov . Check here if paying by credit or debit card - See instructions. <input type="checkbox"/> | 35 | | 00 |
| 36 | If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU. | 36 | 121 | 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

| | | | | |
|---|---|---------------------------------|--|----------------------------------|
| DIRECT BANK DEPOSIT | Your Bank Routing Transit Number | Your Bank Account Number | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only No International Deposits | 1 0 3 0 0 0 6 4 8 | 8 6 6 0 8 8 9 3 0 | | |

Nonresident Allocation Percentage

| | | A - All Sources | | B - Virginia Sources | |
|--|----|-----------------|----|----------------------|----|
| 1. Wages, salaries, tips, etc. | 1 | 231804 | 00 | 57200 | 00 |
| 2. Interest income | 2 | | 00 | | 00 |
| 3. Dividends | 3 | | 00 | | 00 |
| 4. Alimony received | 4 | | 00 | | 00 |
| 5. Business income or loss | 5 | | 00 | | 00 |
| 6. Capital gain or loss/capital gain distributions | 6 | | 00 | | 00 |
| 7. Other gains or losses | 7 | | 00 | | 00 |
| 8. Taxable pensions, annuities and IRA distributions | 8 | | 00 | | |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc. | 9 | -13500 | 00 | 0 | 00 |
| 10. Farm income or loss | 10 | | 00 | | 00 |
| 11. Other income | 11 | | 00 | | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1. | 12 | | 00 | | |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3. | 13 | | 00 | | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here. | 14 | 218304 | 00 | 57200 | 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 | | | 26.2% | |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

| | | | | |
|---|---|---|------------------------------|---------------------|
| Your Signature | | Your Phone Number (313) 424-5330 | Date | |
| Spouse's Signature (If a joint return, both must sign) | | Spouse's Phone Number | Preparer's PTIN P02082703 | Vendor Code 1555 |
| Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC | Preparer's Phone Number (678) 965-9522 | Filing Election Code 7 | ID Theft PIN |

2022 Schedule INC/CG

077154532

Report all W-2s, 1099s & VK-1s with VA Withholding



RAJESH

VANKADARU

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 077154532 | W | 3018. | 820544687 | 30820544687F001 | 57200. |

| Total VA Withholding | SSN | VA Withholding |
|----------------------|-----------|----------------|
| You | 077154532 | 3018. |
| Spouse | | |

| | |
|--------------------------------|----|
| Total # of W-2s, 1099s & VK-1s | 01 |
|--------------------------------|----|

To avoid delays - be sure to enter all information, including the Employer's FEIN.



2023 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



23352011555

Social Security Number

077 - 15 - 4532

Name Control

VANK

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 1980 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

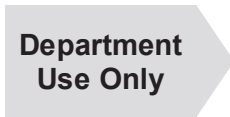
Your Name (Last, First, Initial)

VANKADARU, RAJESH

Spouse's Name (Last, First, Initial)

Address (Number and Street), City, State, and ZIP Code

411 JEFFERSON STREET # 17 WARRENSBURG MO 64093



[] . []
[] [] []

(Revised 12-2022)

250 555 000000 0771545321 220114110 0000000000 23 000198000 3



2023 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



23352011555

Social Security Number

077 - 15 - 4532

Name Control

VANK

1st Qtr. [X] 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 1980 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)
VANKADARU, RAJESH
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
411 JEFFERSON STREET # 17 WARRENSBURG MO 64093

Department Use Only [] [] []

(Revised 12-2022)

250 555 000000 0771545321 220114110 0000000000 23 000198000 3



2023 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



23352011555

Social Security Number

077 - 15 - 4532

Name Control

VANK

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 1980 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial) VANKADARU, RAJESH
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code 411 JEFFERSON STREET # 17 WARRENSBURG MO 64093

Department Use Only [] [] []

(Revised 12-2022)

250 555 000000 0771545321 220114110 0000000000 23 000198000 3



2023 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



23352011555

Social Security Number

077 - 15 - 4532

Name Control

VANK

1st Qtr. 2nd Qtr. 3rd Qtr. [X] 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 1980 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial) VANKADARU, RAJESH
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code 411 JEFFERSON STREET # 17 WARRENSBURG MO 64093

Department Use Only [] [] []

(Revised 12-2022)

250 555 000000 0771545321 220114110 0000000000 23 000198000 3



MISSOURI DEPARTMENT OF REVENUE

REV 02/24/23 PRO

2022 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

| | | |
|--|-------|----------|
| Name | | |
| RAJESH VANKADARU | | |
| Spouse's Name | | |
| | | |
| Street Address | | |
| 411 JEFFERSON STREET #17 | | |
| City | State | ZIP Code |
| WARRENSBURG | MO | 64093 |
| Full payment of taxes must be submitted by April 18, 2023 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. | | |
| 1555 (12-2022) | | |

Social Security Number 077 - 15 - 4532

Name Control VANK

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 8112.00



22347011555

Department Use Only

Department Use Only

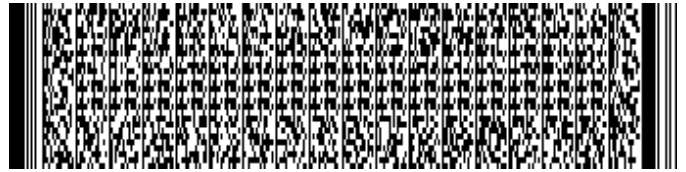
055 555 000000 0771545321 220114110 0000000000 22 000811200 9



MISSOURI DEPARTMENT OF
REVENUE
2022 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.



Amended Return **Composite Return**
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Vendor Code

Department Use Only

| | | | |
|------|--|--|--|
| 1555 | | | |
|------|--|--|--|

Filing Status

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

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

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

| | | | |
|------------------------|------------------|---------------------------------|------------------|
| Social Security Number | Deceased in 2022 | Spouse's Social Security Number | Deceased in 2022 |
| 077 - 15 - 4532 | | | |
| First Name | M.I. | Last Name | Suffix |
| RAJESH | | VANKADARU | |
| 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)

411 JEFFERSON STREET APT 17

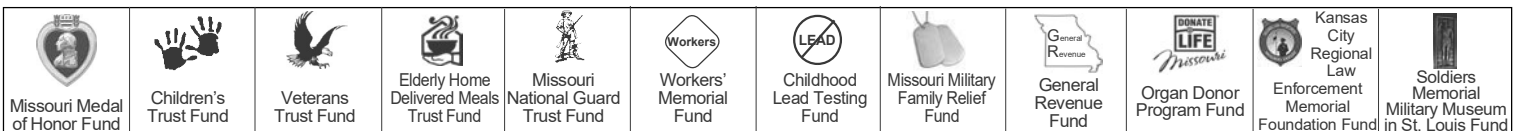
City, Town, or Post Office State ZIP Code

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 information.



Income

| | Yourself (Y) | | | Spouse (S) | | |
|---|--------------|--------|----|------------|--|----|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 218304 | 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 | 218304 | 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 | 218304 | 00 | 5S | | 00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 218304 | 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 | 45945 | 00 |
| 10. Other tax from federal return. | 10 | | 00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 45945 | 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 | 0.00 | % |

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 | 0 | 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"/> |
| 23. Long term dignity savings account deduction | | | 23 | <input type="text"/> | <input type="text"/> |
| 24. Foster parent tax deduction | | | 24 | <input type="text"/> | <input type="text"/> |
| 25. Total deductions - Add Lines 8 and 13 through 24 | | | 25 | 12950 | <input type="text"/> |
| 26. Subtotal - Subtract Line 25 from Line 6 | | | 26 | 205354 | <input type="text"/> |
| 27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | 205354 | <input type="text"/> | 00 | 27S <input type="text"/> |
| 28. Enterprise zone or rural empowerment zone income modification | 28Y | <input type="text"/> | <input type="text"/> | 00 | 28S <input type="text"/> |

Tax

| | | | | | |
|---|-----|----------------------|----------------------|------|--------------------------|
| 29. Taxable income - Subtract Line 28 from Line 27 | 29Y | 205354 | <input type="text"/> | 00 | 29S <input type="text"/> |
| 30. Tax (see tax chart on page 26 of the instructions). | 30Y | 10699 | <input type="text"/> | 00 | 30S <input type="text"/> |
| 31. Resident credit - Attach Form MO-CR and other states' income tax return(s). | 31Y | 2782 | <input type="text"/> | 00 | 31S <input type="text"/> |
| 32. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100% | 32Y | 100 | % | | 32S <input type="text"/> |
| 33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | 7917 | <input type="text"/> | 00 | 33S <input type="text"/> |
| 34. Other taxes - Select box and attach federal form indicated. | | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | | | | | |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 34Y | <input type="text"/> | <input type="text"/> | 00 | 34S <input type="text"/> |
| 35. Subtotal - Add Lines 33 and 34 | 35Y | 7917 | <input type="text"/> | 00 | 35S <input type="text"/> |
| 36. Total Tax - Add Lines 35Y and 35S | | | 36 | 7917 | <input type="text"/> |

Payments and Credits

| | | | |
|--|----|----------------------|----------------------|
| 37. MISSOURI tax withheld - Attach Forms W-2 and 1099 | 37 | <input type="text"/> | <input type="text"/> |
| 38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 | 38 | <input type="text"/> | <input type="text"/> |
| 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"/> |
| 40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 40 | <input type="text"/> | <input type="text"/> |
| 41. Amount paid with Missouri extension of time to file (Form MO-60). | 41 | <input type="text"/> | <input type="text"/> |
| 42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC | 42 | <input type="text"/> | <input type="text"/> |
| 43. Property tax credit - Attach Form MO-PTS | 43 | <input type="text"/> | <input type="text"/> |
| 44. Total payments and credits - Add Lines 37 through 43 | 44 | <input type="text"/> | <input type="text"/> |



Skip 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

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. 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.

| | | | |
|--|--|---|--|
| 50a. Children's Trust Fund <input type="text"/> . <input type="text"/> 00 | 50b. Veterans Trust Fund <input type="text"/> . <input type="text"/> 00 | 50c. Elderly Home Delivered Meals Trust Fund <input type="text"/> . <input type="text"/> 00 | 50d. Missouri National Guard Trust Fund <input type="text"/> . <input type="text"/> 00 |
| 50e. Workers' Memorial Fund <input type="text"/> . <input type="text"/> 00 | 50f. Childhood Lead Testing Fund <input type="text"/> . <input type="text"/> 00 | 50g. Missouri Military Family Relief Fund <input type="text"/> . <input type="text"/> 00 | 50h. General Revenue Fund <input type="text"/> . <input type="text"/> 00 |
| 50i. Organ Donor Program Fund <input type="text"/> . <input type="text"/> 00 | 50j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> . <input type="text"/> 00 | 50k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> . <input type="text"/> 00 | 50l. Missouri Medal of Honor Fund <input type="text"/> . <input type="text"/> 00 |
| 50m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text"/> 00 | 50n. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text"/> 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 **Form 5632**. 51 . 00

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here 52 . 00

a. Routing Number c. Checking Savings

b. Account Number



Amount Due

53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
 Amount of UNDERPAYMENT

| | | |
|----|------|----|
| 53 | 7917 | 00 |
|----|------|----|

54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . .

| | | |
|----|-----|----|
| 54 | 195 | 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 | 8112 | 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 | Date (MM/DD/YY) | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> |
| Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY) | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> |
| E-mail Address | Daytime Telephone | | |
| <input style="width: 100%;" type="text" value="INFO@GTAXFILE.COM"/> | <input style="width: 100%;" type="text" value="3134245330"/> | | |
| Preparer's Signature | Date (MM/DD/YY) | | |
| <input style="width: 100%;" type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> | <input style="width: 25%;" type="text" value="04"/> | <input style="width: 25%;" type="text" value="15"/> | <input style="width: 25%;" type="text" value="23"/> |
| Preparer's FEIN, SSN, or PTIN | Preparer's Telephone | | |
| <input style="width: 100%;" type="text" value="84-3171965"/> | <input style="width: 100%;" type="text" value="6789659522"/> | | |
| Preparer's Address | State | ZIP Code | |
| <input style="width: 100%;" type="text" value="245 ROONEY CT E BRUNSWICK"/> | <input style="width: 25%;" type="text" value="NJ"/> | <input style="width: 50%;" 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
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/.





MISSOURI DEPARTMENT OF
REVENUE
**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.

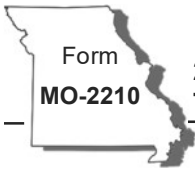
| | |
|------------------|---------------------------------|
| Name | Social Security Number |
| RAJESH VANKADARU | 077 - 15 - 4532 |
| Spouse's Name | Spouse's Social Security Number |
| | |

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.

| | Yourself (Y) | | Spouse (S) | |
|--|--------------|--------------|------------|-----------|
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) | 1Y | 218304 .00 | 1S | .00 |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. | | State of: VA | | State of: |
| _____ | 2Y | 10699 .00 | 2S | .00 |
| 3. Wages and commissions | 3Y | 57200 .00 | 3S | .00 |
| 4. Other income (Describe nature _____) | 4Y | 0 .00 | 4S | .00 |
| 5. Total - Add Lines 3 and 4 | 5Y | 57200 .00 | 5S | .00 |
| 6. Minus, related adjustments (Federal Form 1040 or 1040-SR, Line 10) | 6Y | .00 | 6S | .00 |
| 7. Net amounts - Subtract Line 6 from Line 5 | 7Y | 57200 .00 | 7S | 0 .00 |
| 8. Percentage of your income taxed - Divide Line 7 by Line 1 | 8Y | 26.00 % | 8S | 0.00 % |
| 9. Maximum credit - Multiply Line 2 by percentage on Line 8 | 9Y | 2782 .00 | 9S | .00 |
| 10. Income tax imposed by another state or political subdivision. This is not income tax withheld. The income tax must generally be reduced by all credits, except withholding and estimated tax. (See instructions.) | 10Y | 2897 .00 | 10S | 0 .00 |
| 11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 31Y or Line 31S | 11Y | 2782 .00 | 11S | 0 .00 |

Form MO-CR

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.



MISSOURI DEPARTMENT OF
REVENUE
2022 Underpayment of Estimated
Tax By Individuals

Department Use Only
(MM/DD/YY)

Social Security Number

- -

Spouse's Social Security Number

- -

Taxpayer Name

Spouse's Name

Address, City, State, and ZIP Code

You may qualify for the Short Method to calculate your penalty. You may use the Short Method if:

- a. All withholding and estimated tax payments were made equally throughout the year **and**
- b. You **do not** annualize your income.

If both (a) and (b) apply to you, complete Part I, Required Annual Payment and Part II, Short Method. Otherwise, complete Part I, Required Annual Payment and Part III, Regular Method.

| | | | |
|---|---|---|-------|
| Part I - Required Annual Payment | 1. Enter your 2022 tax after credits (Form MO-1040, Line 36 minus approved credits from Line 42 and Property Tax Credit from Line 43) | 1 | 7917. |
| | 2. Multiply Line 1 by 90% (66 2/3% for qualified farmers) | 2 | 7125. |
| | 3. Withholding Taxes - Do not include any estimated tax payments on this line | 3 | |
| | 4. Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty. | 4 | 7917. |
| | 5. Enter the tax shown on your 2021 tax return. If you did not file a 2021 Missouri return or only filed a Property Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Line 6. | 5 | |
| | 6. Required Annual Payment - Enter the smaller of Line 2 or Line 5 (Note: If Line 3 is equal to or more than Line 6, stop here; you do not owe the penalty. Do not file Form MO-2210). | 6 | 7125. |

| | | | |
|-------------------------------|--|----|-------|
| Part II - Short Method | 7. Enter the amount, if any, from Line 3 above | 7 | |
| | 8. Enter the total amount, if any, of 2022 estimated tax payments you made | 8 | |
| | 9. Add Lines 7 and 8 | 9 | |
| | 10. Total Underpayment for Year - Subtract Line 9 from Line 6. If zero or less, stop here; you do not owe the penalty. Do not file Form MO-2210. | 10 | 7125. |
| | 11. Multiply Line 10 by 0.02735 | 11 | 195. |
| | 12. If the amount on Line 10 was paid on or after 04/15/23, enter 0 (zero). If the amount on Line 10 was paid before 04/15/23, make the following computation to find the amount to enter on Line 12. Amount on Line 10 X Number of days paid before 04/15/23 X 0.0001644 | 12 | |
| | 13. Penalty - Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 54 | 13 | 195. |

Part II Instructions - Short Method

- A. **Purpose of the Form** - Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.
- B. **Short Method** - You may qualify for the Short Method to calculate your penalty if all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.

If you do not qualify to use the Short Method, you must use the Regular Method.

Section A - Figure Your Underpayment

Complete Lines 14 through 19. If you meet any of the exceptions (see instruction D) to the penalty for all quarters, omit Lines 14 through 19 and go directly to Line 20.

| | | | | |
|---|---------------------------|---------------|----------------|---------------|
| 14. Required annual payment (Enter payment as computed on Part I, Line 6) | 14 | | | |
| | Due Dates of Installments | | | |
| | April 15, 2022 | June 15, 2022 | Sept. 15, 2022 | Jan. 15, 2023 |
| 15. Required installment payments (See Instructions) | | | | |
| 16. Estimated tax paid | | | | |
| 17. Overpayment of previous installments | | | | |
| 18. Total payments | | | | |
| 19. Underpayment of current installment | | | | |
| 19a. Overpayment of current installment | | | | |
| 19b. Underpayment of previous installments | | | | |
| 19c. Total overpayment | | | | |
| 19d. Total underpayment | | | | |

Section B - Exceptions To The Penalty

See instruction D - For special exceptions see instruction I for service in a "combat zone", and instruction J for farmers.

| | | | | |
|--|-----------------|-----------------|-----------------|------------------|
| 20. Total amount paid and withheld from January 1 through the installment date indicated | | | | |
| 21. Exception No. 1 - prior year's tax 2021 tax | 25% of 2021 Tax | 50% of 2021 Tax | 75% of 2021 Tax | 100% of 2021 Tax |
| 22. Exception No. 2 - tax on prior year's income using 2022 rates and exemptions | 25% of Tax | 50% of Tax | 75% of Tax | 100% of Tax |
| 23. Exception No. 3 - tax on annualized 2022 income | 22.5% of Tax | 45% of Tax | 67.5% of Tax | |
| 24. Exception No. 4 - tax on 2022 income (See Instructions) .. | 90% of Tax | 90% of Tax | 90% of Tax | |

Section C - Figure the Penalty

Complete Lines 25 through 29

| | | | | |
|---|--|--|--|--|
| 25. Amount of underpayment | | | | |
| 26. Date of payment, due date of installment, or April 15, 2023, whichever is earlier | | | | |
| 27a. Number of days between the due date of installment, and either date of payment, the due date of the next installment, or December 31, 2022, whichever is earlier .. | | | | |
| 27b. Number of days from January 1, 2023 or installment date to date of payment or April 15, 2023 | | | | |
| 28a. Multiply the 3% annual interest rate times the amount on Line 25 for the number of days shown on Line 27a | | | | |
| 28b. Multiply the 6% annual interest rate times the amount on Line 25 for the number of days shown on Line 27b | | | | |
| 28c. Total Penalty (Line 28a plus Line 28b) | | | | |
| 29. Total amount on Line 28c. Show this amount on Line 54 of Form MO-1040 as "Underpayment of Estimated Tax Penalty". If you have an underpayment on Line 53 of Form MO-1040, enclose your check or money order for payment in the amount equal to the total of Line 53 and the penalty amount on Line 54. If you have an overpayment on Line 52, the Department of Revenue will reduce your overpayment by the amount of penalty | | | | |

Note: If this form is not filed with Form MO-1040, attach check or money order payable to "Department of Revenue" and mail.

Taxation Division
P.O. Box 329
Jefferson City, MO 65107-0329

E-mail: income@dor.mo.gov (For inquiry and correspondence)
E-mail: incometaxprocessing@dor.mo.gov
(For submission of Individual Income Tax and Property Tax Credit return)