

For Calendar Year January 1 - December 31, 2022

Prin	t 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).
	ing 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 Dependent Combined Separately Household Widow(er)
	Age 62 through 64
Name	Social Security Number in 2022 Spouse's Social Security Number in 2022  661 - 28 - 6893
Address	Present Address (Include Apartment Number or Rural Route)  7777 ADELAIDE ST APT 3078  City, Town, or Post Office  State ZIP Code  TX 75034 -  County of Residence

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























GREE



				Yourself (Y)			Spouse (S)					
Income	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	8492	00	18		].[	00			
	2.	Total additions (from <b>Form MO-A</b> , Part 1, Line 7)	2Y		00	28		].[	00			
	3.	Total income - Add Lines 1 and 2	3Y	8492	00	38		].[	00			
	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	8492	00	58		].[	00			
	6.	. Total Missouri adjusted gross income - Add columns 5Y and 5S										
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	78		9	6			
	8.	Pension, Social Security and Social Security Disability exemption Section D)	,	·	s, 	8		].[	00			
	9.	Tax from federal return		9 (	).[	00						
	10.	Other tax from federal return		10	. [	00						
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11	).[c	00						
and Deductions	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage										
		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% 6%	rcentage:								
	13.	Federal income tax deduction – Multiply Line 11 by the percentary amount not to exceed \$5,000 for an individual or \$10,000 for co	mbin	ed filers		13	0	].[	00			
Exemptions	14.	Missouri standard deduction or itemized deductions. (If itemizin  • Single or Married Filing Separate-\$12,950  • Head of House  • Married Filing Combined or Qualifying Widow(er)-\$25,900	seholo	d-\$19,400		14	12950	].[	00			
	15.	Additional Exemption for Head of Household and Qualified Wide	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 Trac	de Ac	tivities	IN					



	22.	First time home buyers deduction. A.	В.			22		. [	00
	23.	Long term dignity savings account deduction				23		. [	00
<b>Deductions Continued</b>	24.	Foster parent tax deduction				24		. [	00
ıs Con	25.	Total deductions - Add Lines 8 and 13 through 24				25	12950	. [	00
duction	26.	Subtotal - Subtract Line 25 from Line 6				26	0	. [	00
Dec	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y		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		0.00	298		. [	00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y		0 . 00	30S		. [	00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		. 00	318		. [	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		0.00	338		. [	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		00	348		. [	00
	35.	Subtotal - Add Lines 33 and 34	35Y		0 . 00	35S		. [	00
	36.	Total Tax - Add Lines 35Y and 35S				. 36	0	. [	00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099	· · · · · · ·			. 37	6	. [	00
	38.	2022 Missouri estimated tax payments - Include overpayment from		. [	00				
Payments and Credits	39.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms  MO-2NR and MO-NRP							
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	6		00

	SK	tip Lines 45 thro	lugh 47 if you are not filling an amended return.		
Amended Return	45.	Amount paid on	original return	45	. 00
	46.	Overpayment a	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	ment tax credit carryback	d. (MM/DD/YY)	
		D. Correct	etion 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	6 . 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	Il trust fund codes.	
	50	Children's a. Trust Fund	. 00 50b. Trust Fund . 00 50c. Trust Fund . 00	Missouri National Guard 50d. Trust Fund	. 00
	50	Workers'  e. Memorial Fund	Kenaca 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
ž	50	Additional Fund M. Code	Additional Fund Amount . 00 Son. Code Additional Fund Amount . 00		
		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) the total deposit amount from <u>Form 5632</u>	. 51	. 00
	52.	REFUND - Sub	tract Lines 49, 50, and 51 from Line 48 and enter here	. 52	6 . 00
		a. Routing Number	082000073 c. >	Checking S	Savings
		b. Account Number	487008234404		

	53.	If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT		ence.		53			00		
Due	54.	Underpayment of estimated tax penal	ty - Attach <b>Form MO</b>	<u>-2210</u> . Enter pena	ılty amount he	ere 54			00		
Amount Due		Select this box if you are a farr	ner exempt from the	underpayment of	estimated tax	penalty.					
∢	55.	<b>AMOUNT DUE</b> - Add Lines 53 and 54 If you pay by check, you authorize the electronically. Any returned check materials	Department of Reve			55		[	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 suthorized aliens as defined under federens. I am aware of any applicable reportimo.	and complete. By sig re as required under some 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> Iso declare under not eligible for any t	name in the " SMo. Declara pter 143, RS r penalties of tax exemption	Signature" fieltion of prepare Mo., a penalifiperjury that , credit, or aba	d(s) below, I a er (other than ty of up to \$5 t I employ r atement if I e	am provid taxpayer 500 shall no illegal employ si	ding r) is I be I or uch		
	Sig	nature				Date (MM/DD	/YY)				
	Spo	ouse's Signature (If filing combined, BOTH m	ust sign)			Date (MM/DD	/YY)				
	_ 	nail Address				Doutime Tolor	hono				
inre						Daytime Telep					
Signature	INFO@GTAXFILE.COM  Preparer's Signature					4793260152 Date (MM/DD/YY)					
O						0.4	17	23			
	SYAM PRIYA RAM SAGAR GUPTA TALLAM  Preparer's FEIN, SSN, or PTIN						L I /	23			
	84-3171965						6789659522				
	Preparer's Address						State ZIP Code				
	245 ROONEY CT E BRUNSWICK						08816				
	or a	uthorize the Director of Revenue or del any member of the preparer's firm  I you pay a tax return preparer to compl Internal Revenue Service preparer tax in parer's name, address, and phone num	ete your return, but the	ne preparer failed t ? If you marked ye sections of the sig	o sign the retues, please inse	urn or provide	. Yes		No No		
				051555 nt Use Only							
	Α	☐ FA ☐ E10	DE	F							
	l 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 1-3505	Submission Email: <u>inc</u>	522-1762 cometaxproce on of Individu come@dor.m d correspon	ual Income <sup>-</sup> 10.gov	r.mo.gov	<u>v</u>		
Ever served on active duty in the United If yes, visit dor.mo.gov/military/ to see the services an individuals. A list of all state agency resources and be			nd benefits we offer to				II	N			

veteranbenefits.mo.gov/state-benefits/