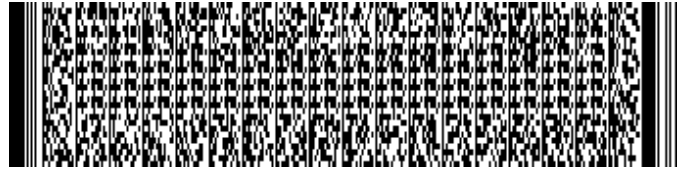


2021 Individual Income Tax Return - Long Form

For Calendar Year January 1 - December 31, 2021



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)

Input boxes for fiscal year beginning and ending dates.

Vendor Code

Department Use Only

Input boxes for Vendor Code (1555) and Department Use Only.

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

Input boxes for age and disability categories, including 'Yourself' and 'Spouse' options.

Name

Form fields for Social Security Number, Name (First, Last, M.I., Suffix), and Spouse's information.

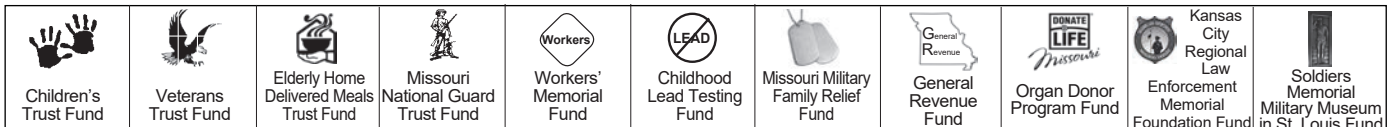
In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Input box for In Care Of Name.

Address

Form fields for Present Address (7777 ADELAIDE ST APT 3078), City (FRISCO), State (TX), ZIP Code (75034), and County of Residence (GREE).

You may contribute to any one or all of the trust funds on Line 48. 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 | 3192 | 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 | 3192 | 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 | 3192 | 00 | 5S | 00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 3192 | 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 | 0 | 00 |
| 10. Other tax from federal return. | 10 | | 00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 0 | 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 | 35.00 | % |

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-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 | 14 | 12550 | 00 |
| 15. Long-term care insurance deduction | 15 | | 00 |
| 16. Health care sharing ministry deduction. | 16 | | 00 |
| 17. Active Duty Military income deduction | 17 | | 00 |
| 18. Inactive Duty Military income deduction | 18 | | 00 |
| 19. Bring jobs home deduction | 19 | | 00 |
| 20. Transportation facilities deduction | 20 | | 00 |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | | |
|--|--|--|-----|---|---|-----|
| 21. First Time Home Buyers deduction. | A. <input style="width: 40px;" type="text"/> | B. <input style="width: 40px;" type="text"/> | 21 | <input style="width: 60px;" type="text"/> | .00 | |
| 22. Long Term Dignity Savings Account Deduction..... | | | 22 | <input style="width: 60px;" type="text"/> | .00 | |
| 23. Total deductions - Add Lines 8 and 13 through 22..... | | | 23 | 12550 | .00 | |
| 24. Subtotal - Subtract Line 23 from Line 6..... | | | 24 | 0 | .00 | |
| 25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S..... | 25Y | <input style="width: 40px;" type="text"/> | .00 | 25S | <input style="width: 40px;" type="text"/> | .00 |
| 26. Enterprise zone or rural empowerment zone income modification..... | 26Y | <input style="width: 40px;" type="text"/> | .00 | 26S | <input style="width: 40px;" type="text"/> | .00 |

Tax

| | | | | | | |
|--|-----|---|-------|-----|---|-----|
| 27. Taxable income - Subtract Line 26 from Line 25..... | 27Y | <input style="width: 40px;" type="text"/> | .00 | 27S | <input style="width: 40px;" type="text"/> | .00 |
| 28. Tax (see tax chart on page 26 of the instructions)..... | 28Y | <input style="width: 40px;" type="text"/> | .00 | 28S | <input style="width: 40px;" type="text"/> | .00 |
| 29. Resident credit - Attach Form MO-CR and other states' income tax return(s)..... | 29Y | <input style="width: 40px;" type="text"/> | .00 | 29S | <input style="width: 40px;" type="text"/> | .00 |
| 30. 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%..... | 30Y | <input style="width: 40px;" type="text"/> | 100 % | 30S | <input style="width: 40px;" type="text"/> | % |
| 31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30..... | 31Y | <input style="width: 40px;" type="text"/> | .00 | 31S | <input style="width: 40px;" type="text"/> | .00 |
| 32. 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) | 32Y | <input style="width: 40px;" type="text"/> | .00 | 32S | <input style="width: 40px;" type="text"/> | .00 |
| 33. Subtotal - Add Lines 31 and 32..... | 33Y | <input style="width: 40px;" type="text"/> | .00 | 33S | <input style="width: 40px;" type="text"/> | .00 |
| 34. Total Tax - Add Lines 33Y and 33S..... | | | | 34 | <input style="width: 40px;" type="text"/> | .00 |

Payments and Credits

| | | | |
|--|----|---|-----|
| 35. MISSOURI tax withheld - Attach Forms W-2 and 1099..... | 35 | <input style="width: 60px;" type="text"/> | .00 |
| 36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021..... | 36 | <input style="width: 60px;" type="text"/> | .00 |
| 37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 37 | <input style="width: 60px;" type="text"/> | .00 |
| 38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 38 | <input style="width: 60px;" type="text"/> | .00 |
| 39. Amount paid with Missouri extension of time to file (Form MO-60)..... | 39 | <input style="width: 60px;" type="text"/> | .00 |
| 40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC..... | 40 | <input style="width: 60px;" type="text"/> | .00 |
| 41. Property tax credit - Attach Form MO-PTS | 41 | <input style="width: 60px;" type="text"/> | .00 |
| 42. Total payments and credits - Add Lines 35 through 41..... | 42 | <input style="width: 60px;" type="text"/> | .00 |



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Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT 51

52. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here . . . 52

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53

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.

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" value="4793260152"/> | | |
| Preparer's Signature | <input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> | | | Date (MM/DD/YY) | <input type="text" value="04"/> | <input type="text" value="17"/> | <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



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Department Use Only

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Form MO-1040 (Revised 12-2021)

Mail to: **Balance Due:**
 Missouri Department of Revenue
 P.O. Box 3370
 Jefferson City, MO 65105-3370
Phone: (573) 751-7200

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 3222
 Jefferson City, MO 65105-3222
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: income@dor.mo.gov



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/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.