



228454 11555

State of Colorado Income Tax Declaration
for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY) 12/31/22
or Fiscal Year beginning (MM/DD/YY)

Tax Type
[X] Individual Income (DR 0104)
Corporate Income (DR 0112)
Partnership/S-Corp Income (DR 0106)
Fiduciary Income (DR 0105)
Taxpayer Last Name or Business Name ANNASARAPU
First Name or Business DBA if different from Business Name KEERTHI
Middle Initial
Spouse's Last Name (if applicable)
First Name
Middle Initial
Taxpayer SSN or ITIN 354-89-3149
Spouse SSN or ITIN (if applicable)
FEIN
Taxpayer or Business Address 2316 ESPINOSA PL APT 207
City LITTLETON
State CO
ZIP 80129

Part I - Tax Return Information

Table with 4 rows: 1. Total Income from your federal return (see instructions for more information) 1 \$ 19615
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 6665
3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$ 253
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$ 644

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief.

Signature
Date (MM/DD/YY)
Spouse's Signature (If Joint Return, Both Must Sign)
Date (MM/DD/YY)

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here []

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief.

ERO's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM
Preparer Identification Number, Your SSN, or ITIN P02082703

Check if also Preparer [X]

Date (MM/DD/YY) 04/05/23



211778 11555

E-Filer Attachment Form

For Tax Year (MM/DD/YY)	or fiscal year beginning (MM/DD/YY)
01/01/22	
Tax Type	
<input checked="" type="checkbox"/> Individual Income	<input type="checkbox"/> C Corporation Income
<input type="checkbox"/> LP Income	<input type="checkbox"/> LLP Income
<input type="checkbox"/> Partnership Income	<input type="checkbox"/> LLLP Income
<input type="checkbox"/> S Corporation Income	<input type="checkbox"/> Association Income
<input type="checkbox"/> LLC Income	<input type="checkbox"/> Non-Profit Income

Please print or type

Taxpayer Last Name	First Name	Middle Initial
ANNASARAPU	KEERTHI	
Spouse's Last Name (if applicable)	First Name	Middle Initial
Taxpayer SSN or ITIN	Spouse SSN or ITIN (if applicable)	FEIN
354-89-3149		
Taxpayer Address		
2316 ESPINOSA PL APT 207		
City	State	ZIP
LITTLETON	CO	80129

Mark the box for the documents submitted. See the Colorado Department of Revenue, Taxation Division website at Tax.Colorado.gov for more information about these credits.

<input checked="" type="checkbox"/> Other state(s) income tax return(s)	<input type="checkbox"/> Colorado Source Capital Gain Subtraction: DR 1316
<input type="checkbox"/> Enterprise Zone Credit: DR 1366 and any applicable certification forms from the Zone Administrator	<input type="checkbox"/> Job Growth Incentive Tax Credit: Certification letter from the Colorado Economic Development Commission
<input type="checkbox"/> Gross Conservation Easement: DR 1305, DR 1305G, and supplemental documentation	<input type="checkbox"/> Affordable Housing Credit: CHFA certification letter
<input type="checkbox"/> Aircraft Manufacturer New Employee Credit: DR 0085 and/or DR 0086	<input type="checkbox"/> Nonresident Partner, Shareholder or Members Agreement: DR 0107
<input type="checkbox"/> Innovative Motor Vehicle Credit: Vehicle registration and the purchase invoice.	<input type="checkbox"/> Plastic Recycling Credit: Required documentation to substantiate credit (receipts, bills, etc)
<input type="checkbox"/> Child Care Contribution Credit: DR 1317	<input type="checkbox"/> School-to-Career Investment Credit: Certification letter.
<input type="checkbox"/> Claim for refund on behalf of deceased taxpayer: DR 0102, death certificate, and, if applicable, court documents	<input type="checkbox"/> Other documentation for credits/subtractions claimed (mark the Other box below and enter details)
<input type="checkbox"/> Other	Explain

Signature of Taxpayer or Preparer	Date (MM/DD/YY)
SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/05/23



220104 11555



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4
(0013)

2022 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PN Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
ANNASARAPU		KEERTHI		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
01/20/1997	354-89-3149	If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0001	11/29/22
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)		Spouse's SSN or ITIN		Deceased <input type="checkbox"/>
				If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
2316 ESPINOSA PL APT 207			(813) 647-5367	
City		State	ZIP Code	Foreign Country (if applicable)
LITTLETON		CO	80129	
<p>To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:</p> <p><input type="checkbox"/> • You are a Colorado resident and at least one person in your household does not have health coverage AND • You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing.</p>				
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.			• 1	6665 00
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00



220104 21555



Name		SSN or ITIN
KEERTHI ANNASARAPU		354-89-3149
4. Itemized Deduction addback (see instructions)	• 4	00
5. CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions)	• 5	00
6. Other Additions, explain (see instructions)	• 6	00
Explain:		
7. Subtotal, sum of lines 1 through 6	7	6665 00
Colorado Subtractions		
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the DR 0104AD schedule with your return.	• 8	00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	6665 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule		
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 10	293 00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11	00
12. Recapture of prior year credits	• 12	00
13. Subtotal, sum of lines 10 through 12	13	293 00
14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14	40 00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	• 15	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	• 16	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	253 00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18	00
19. Net Colorado Tax, sum of lines 17 and 18	19	253 00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20	644 00
21. Prior-year Estimated Tax Carryforward	• 21	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22	00
23. Extension Payment remitted with the DR 0158-I	• 23	00





220104 31555

Name: KEERTHI ANNASARAPU
SSN or ITIN: 354-89-3149

24. Other Prepayments: 00
25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. 00
26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. 0
27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. 00
28. Subtotal, sum of lines 20 through 27 644 00

Modified AGI for TABOR

Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11 19615 00
30. Nontaxable Social Security Income 00
31. Nontaxable interest income from state and local bonds 00
32. Sum of lines 29 through 31: Modified AGI for TABOR 19615 00

Modified AGI Tiers for State Sales Tax Refund

Table with 7 columns: If line 32 is: \$48,000 or less, \$48,001 - \$95,000, \$95,001 - \$151,000, \$151,001 - \$209,000, \$209,001 - \$268,000, \$268,001 - or more. Rows for Single Filers Enter and Joint Filers Enter.

33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension. 153 00
34. Sum of lines 28 and 33 797 00
35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 544 00
36. Estimated Tax Credit Carryforward to 2023 first quarter, if any. 00

If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

37. Refund, subtract line 36 from line 35 (see instructions) 544 00

Direct Deposit
Routing Number: 1 2 3 1 0 3 7 1 6
Type: [X] Checking [] Savings [] CollegenInvest 529
Account Number: 1 3 9 1 0 5 2 3 6 5 1 4

For questions regarding CollegenInvest direct deposit or to open an account, visit CollegenInvest.org or call 800-448-2424.



220104 41555

Name	SSN or ITIN
KEERTHI ANNASARAPU	354-89-3149

38. Net Tax Due, subtract line 34 from line 19	38	00
39. Delinquent Payment Penalty (see instructions)	• 39	00
40. Delinquent Payment Interest (see instructions)	• 40	00
41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 41	00
42. Amount You Owe, sum of lines 38 through 41	• 42	

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Third Party Designee

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. • No • Yes. Complete the following:

Designee's Name	Phone Number

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature	Date (MM/DD/YY)		
Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)		
Paid Preparer's Name	Paid Preparer's Phone		
GLOBAL TAXES LLC	(678) 965-9522		
Paid Preparer's Address	City	State	ZIP Code
245 ROONEY CT	E BRUNSWICK	NJ	08816

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

<p>If you are filing this return with a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return without a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	



220104CR11555



Form 104CR

Individual Credit Schedule 2022

Taxpayer's Last Name	First Name	Middle Initial	SSN or ITIN
ANNASARAPU	KEERTHI		354-89-3149

Use this schedule to calculate your income tax credits. For best results, visit Tax.Colorado.gov to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, include all required documents with your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, submit with your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

Part I — Refundable Credits

1. CO Child tax credit from line 24 (or 26) of the DR 0104CN. You must submit the DR 0104CN with your return. ● 1	0	00
2. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with your return. ● 2		00

SSN Filers Only - Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and Income Tax Topics: Earned Income Tax Credit for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2022 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

3. Enter the amount of Earned Income calculated for your federal return. ● 3		00
4. The federal EITC you claimed. ● 4		00

Qualifying Child's Last Name	Qualifying Child's First Name	Year of Birth	● SSN	Deceased*
				● <input type="checkbox"/>
				● <input type="checkbox"/>
				● <input type="checkbox"/>
				● <input type="checkbox"/>

*Check only if child was deceased before SSN was assigned in 2022, see instructions.



220104CR21555

Name	SSN or ITIN
KEERTHI ANNASARAPU	354-89-3149
5. COEITC, multiply line 4 by 20% (0.20)	5 00
6. <i>Part-year residents only</i> , multiply line 5 by the percentage on line 34 of the DR 0104PN (If the percentage exceeds 100%, use 100%).	6 00
7. Business Personal Property Credit: Use the worksheet in the 104 Book instructions to calculate. You must submit copy of the assessor's statement with your return.	• 7 00
8. Refundable Renewable Energy Tax Credit from line 86 of the DR 1366. You must submit the DR 1366 with your return.	• 8 00
9. <i>ITIN Filers or Certain Filers Under Age 25 Only</i> - COEITC from line 20 (or 21) of DR 0104TN. You must submit DR 0104TN with your return.	• 9 00
10. Early Childhood Educator Income Tax Credit. You must submit the DR 1703 with your return.	• 10 00
11. Income Qualified Senior Housing Income Tax Credit. See Instructions.	• 11 00
12. Electing Pass-Through Entity Owner Tax Credit (see instructions).	• 12 00
13. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return.	• 13 00
14. Total refundable credits, sum of lines 1, 2, 5 (or 6), 7, 8, 9, 10, 11, 12 and 13. Enter the sum on the DR 0104 line 27.	14 00

Part II — Credit for Tax Paid to Another State

- Colorado nonresidents do not qualify for this credit.
- Part-year residents generally do not qualify for this credit.
- If you have income and/or losses from two or more states, you must separately calculate lines 16 through 22 for each state, regardless of whether any tax was paid on such income. If you do not file electronically, you must submit the DR 0104CR for each state. Then, enter "Combined" on line 15 and complete lines 16 through 22 to disclose the combined total for each line. A summary schedule is not acceptable. **The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return.**

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for the other state.

15. Name of other state:	MO
16. Total of lines 10 and 11 Form 104	• 16 293 00
17. Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17.	• 17 4602 00
18. Total modified Colorado adjusted gross income	• 18 19615 00
19. Divide line 17 by line 18. Round to four significant digits, e.g. xxx.xxxx	19 023.4616 %
20. Multiply line 16 by the percentage on line 19	20 69 00
21. Tax liability to the other state	• 21 40 00
22. Allowable credit , the smaller of lines 20 or 21	• 22 40 00



220104CR31555

Name	SSN or ITIN
KEERTHI ANNASARAPU	354-89-3149

Part III — Other Credits

Visit *Tax.Colorado.gov* for limitations that are specific to each credit. To report this properly, use the first column to report the total credit that is available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

	Available Credit Column (A) ●	Credit Used Column (B) ●
23. Plastic recycling investment credit, you must submit required receipts with your return. ● 23	00	00
● Plastic recycling net expenditures amount (fill below):		
24. Colorado Minimum Tax Credit ● 24	00	00
● 2022 Federal Minimum Tax Credit (fill below):		
25. Carry forward of prior year Historic Property Preservation credit (per §39-22-514, C.R.S.). ● 25	00	00
26. Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 26	00	00
27. Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 27	00	00
28. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● 28	00	00
29. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 29	00	00
30. Child Care Contribution credit, you must submit each DR 1317 with your return. ● 30	00	00
31. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 31	00	00
32. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● 32	00	00
33. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● 33	00	00
34. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● 34	00	00
35. Certified Colorado Disability Funding Committee License Fee credit, you must submit a copy of the certification with your return. ● 35	00	00
36. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● 36	00	00
37. Affordable Housing credit, you must submit CHFA certification with your return. ● 37	00	00



220104CR41555



Name		SSN or ITIN	
KEERTHI ANNASARAPU		354-89-3149	
	Available Credit Column (A) ●	Credit Used Column (B) ●	
38. Carry forward of prior year Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● 38	00		00
39. Preservation of Historic Structures credit (per §39- 22-514.5, C.R.S.) carried forward from a prior year. ● 39	00		00
40. Preservation of Historic Structures credit (per §39-22- 514.5, C.R.S.), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. ● 40	00		00
41. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT, History Colorado, or local granting authority. ● 41			
42. Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● 42	00		00
43. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● 43	00		00
44. Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. ● 44	00		00
● If you are claiming a Retrofitting a Residence to Increase a Residence's Visitability Credit, enter your credit certificate number issued by Division of Housing			
45. Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. ● 45	00		00
46. Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. ● 46	00		00
47. Total of column A lines 23 through 46 (exclude line 41 certificate number) ● 47	0		00
48. Nonrefundable Credits Used, total of column B plus any amount from line 22, exclude line 41 certificate number. Also enter this amount on the DR 0104 line 14. Credit used cannot exceed credit available. ● 48		40	00





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 KEERTHI ANNASARAPU		
Spouse's Name		
Street Address 2316 ESPINOSA PL #207		
City LITTLETON	State CO	ZIP Code 810129
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 354 - 89 - 3149

Name Control ANNA

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 38.00

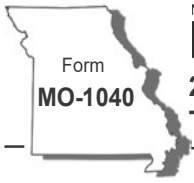


22347011555

Department Use Only

Department Use Only

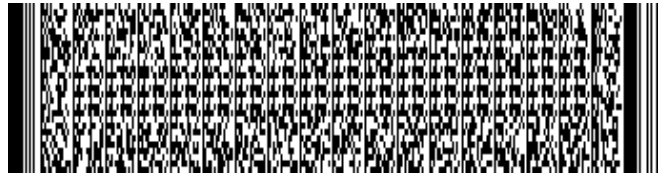
055 555 000000 3548931494 011414018 0000000000 22 000003800 6



MISSOURI DEPARTMENT OF
REVENUE
Form
MO-1040
**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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>

Name

Social Security Number: 354 - 89 - 3149 Deceased in 2022: Spouse's Social Security Number: - - Deceased in 2022:

First Name: KEERTHI M.I.: Last Name: ANNASARAPU Suffix:

Spouse's First Name: M.I.: Spouse's Last Name: Suffix:

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

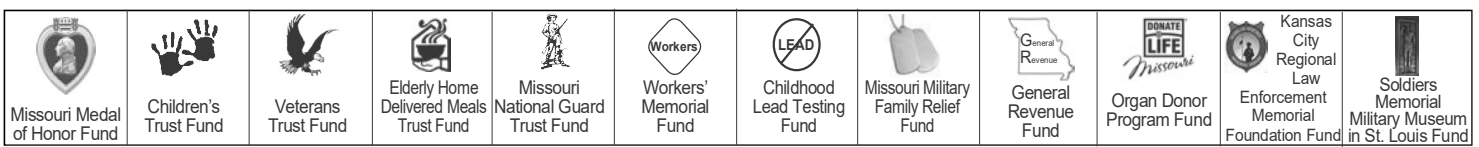
Address

Present Address (Include Apartment Number or Rural Route): 2316 ESPINOSA PL APT 207

City, Town, or Post Office: LITTLETON State: CO ZIP Code: 80129 -

County of Residence: NONR

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 19615 .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 19615 .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 19615 .00	5S .00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6 19615 .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	9 668 .00
10. Other tax from federal return.	10 .00
11. Total tax from federal return. Do not enter federal income tax withheld.	11 668 .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.	13 234 .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"/>	.00
23. Long term dignity savings account deduction			23	<input type="text"/>	.00
24. Foster parent tax deduction			24	<input type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24			25	13184	.00
26. Subtotal - Subtract Line 25 from Line 6			26	6431	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	6431	.00	27S	.00
28. Enterprise zone or rural empowerment zone income modification	28Y	<input type="text"/>	.00	28S	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27	29Y	6431	.00	29S	.00
30. Tax (see tax chart on page 26 of the instructions)	30Y	173	.00	30S	.00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y	<input type="text"/>	.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	23	%	32S	%
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	40	.00	33S	.00
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"/>	.00	34S	.00
35. Subtotal - Add Lines 33 and 34	35Y	40	.00	35S	.00
36. Total Tax - Add Lines 35Y and 35S	36	40	.00		

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099	37	2	.00		
38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022	38	<input type="text"/>	.00		
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	39	<input type="text"/>	.00		
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input type="text"/>	.00		
41. Amount paid with Missouri extension of time to file (Form MO-60)	41	<input type="text"/>	.00		
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input type="text"/>	.00		
43. Property tax credit - Attach Form MO-PTS	43	<input type="text"/>	.00		
44. Total payments and credits - Add Lines 37 through 43	44	2	.00		



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 .00 50b. Veterans Trust Fund .00 50c. Elderly Home Delivered Meals Trust Fund .00 50d. Missouri National Guard Trust Fund .00

50e. Workers' Memorial Fund .00 50f. Childhood Lead Testing Fund .00 50g. Missouri Military Family Relief Fund .00 50h. General Revenue Fund .00

50i. Organ Donor Program Fund .00 50j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 50k. Soldiers Memorial Military Museum in St. Louis Fund .00 50l. Missouri Medal of Honor Fund .00

50m. Additional Fund Code Additional Fund Amount .00 50n. Additional Fund 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 **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

Amended Return

Refund



Amount Due

- 53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
Amount of UNDERPAYMENT 53 38 .00
- 54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here ... 54 .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 38 .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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone		
<input type="text" value="INFO@GTAXFILE.COM"/>	<input type="text" value="8136475367"/>		
Preparer's Signature	Date (MM/DD/YY)		
<input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="23"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
<input type="text" value="84-3171965"/>	<input type="text" value="6789659522"/>		
Preparer's Address	State	ZIP Code	
<input type="text" value="245 ROONEY CT E BRUNSWICK"/>	<input type="text" value="NJ"/>	<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



22322051555

Department Use Only

A 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 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

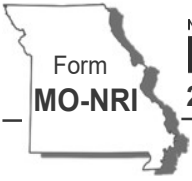
Form MO-1040 (Revised 12-2022)

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/.



IN
REV 02/24/23 PRO
MO-1040 Page 5

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



Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

354 - 89 - 3149

Name

ANNASARAPU, KEERTHI

Address

2316 ESPINOSA PL APT 207

City, State, ZIP Code

LITTLETON CO 80129

1. Nonresident of Missouri
State of residence during 2022 COLORADO

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

_____ - _____ - _____

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2022 _____

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)			
		Missouri Sources		Missouri Sources			
A. Wages, salaries, tips, etc.	1z	A	4602	00	A		00
B. Taxable interest income.	2b	B		00	B		00
C. Dividend income.	3b	C		00	C		00
D. State and local income tax refunds (from schedule 1, part 1)	1	D		00	D		00
E. Alimony received (from schedule 1, part 1)	2a	E		00	E		00
F. Business income or (loss) (from schedule 1, part 1)	3	F		00	F		00
G. Capital gain or (loss)	7	G		00	G		00
H. Other gains or (losses) (from schedule 1, part 1)	4	H		00	H		00
I. Taxable IRA distributions.	4b	I		00	I		00
J. Taxable pensions and annuities.	5b	J		00	J		00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K		00	K		00
L. Farm income or (loss) (from schedule 1, part 1)	6	L		00	L		00
M. Unemployment compensation (from schedule 1, part 1)	7	M		00	M		00
N. Taxable social security benefits.	6b	N		00	N		00
O. Other income (from schedule 1, part 1)	9	O		00	O		00
P. Total - Add Lines A through O.		P	4602	00	P		00
Q. Minus: federal adjustments to income.	10	Q		00	Q		00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	4602	00	R		00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S		00	S		00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T		00	T		00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1.		U		00	U		00

Missouri Income Percentage

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	4602	00	1S		00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	19615	00	2S		00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S.	3Y	23	%	3S		%

Signature

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature _____ Date (MM/DD/YY) _____

Spouse's Signature (if filing combined, BOTH must sign) _____ Date (MM/DD/YY) _____

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/.