

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name PRAGNATHMIKA GUDLADONA	Social security number 113-06-6888
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	51,441.
2 Total tax	2	4,412.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,417.
4 Amount you want refunded to you	4	1,005.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. 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 further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. 6 6 8 8 8
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 3 1 9 8 9
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial: PRAGNATHMIKA
Last name: GUDLADONA
Your social security number: 113-06-6888
Home address: 1032 WESTMEADE DR, CHESTERFIELD, MO 63005
Presidential Election Campaign: [] You [] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 56,377.

Table for lines 2a through 15, including tax-exempt interest, qualified dividends, IRA distributions, pensions, and total taxable income of 38,491.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	4,412.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,412.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,412.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	4,412.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	5,417.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,417.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	5,417.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,005.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,005.
Direct deposit? See instructions.	b	Routing number 061092387	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number 537113099		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation RECRUITING COORDINATOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (248) 434-7719 Email address PGUDLADONA@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/10/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PRAGNATHMIKA GUDLADONA

Your social security number
113-06-6888

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-4,936.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-4,936.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **13**

Name(s) shown on return

PRAGNATHMIKA GUDLADONA

Your social security number

113-06-6888

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	FLAT NO 101, YAGANTI BUDS 3/15 BRODIPET, GUNTUR ANDHRA PRADESH IN 522002
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	<input type="checkbox"/>
A 3		254		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 438.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 600.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 714.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,845.		
15 Supplies	15 1,352.		
16 Taxes	16		
17 Utilities	17 863.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 5,374.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -4,936.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (4,936.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 438.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 5,374.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (4,936.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -4,936.		



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: GUDLADONA
First Name or Business DBA: PRAGNATHMIKA
Middle Initial:
Spouse's Last Name:
First Name:
Middle Initial:
Taxpayer SSN or ITIN: 113-06-6888
Spouse SSN or ITIN:
FEIN:
Taxpayer or Business Address: 1032 WESTMEADE DR
City: CHESTERFIELD
State: MO
ZIP: 63005

Part I - Tax Return Information

Table with 4 rows: 1. Total Income from your federal return (51441), 2. Taxable Income (38491), 3. Colorado Tax from your Colorado return (347), 4. Colorado Tax Withheld or Payments (444)

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...

Signature and Date fields for Taxpayer and Spouse's Signature (If Joint Return, Both Must Sign)

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...

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): 04/10/23



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
GUDLADONA		PRAGNATHMIKA		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
08/02/1996	113-06-6888	<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 current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
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"/>		
		<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	
1032 WESTMEADE DR			(248) 434-7719	
City	State	ZIP Code	Foreign Country (if applicable)	
CHESTERFIELD	MO	63005		
<input type="checkbox"/> To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> 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. 				
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	38491 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
PRAGNATHMIKA GUDLADONA		113-06-6888
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	38491 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	38491 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	347 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	347 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	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	347 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	347 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	444 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: PRAGNATHMIKA GUDLADONA
SSN or ITIN: 113-06-6888

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 27 444 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 51441 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 51441 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. 00
34. Sum of lines 28 and 33 444 00
35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 97 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) 97 00

Direct Deposit
Routing Number: 061092387
Type: [X] Checking [] Savings [] CollegenInvest 529
Account Number: 537113099

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



220104 41555

Name: PRAGNATHMIKA GUDLADONA
SSN or ITIN: 113-06-6888

Table with 3 columns: Description, Amount, and Balance. Rows include Net Tax Due, Delinquent Payment Penalty, Delinquent Payment Interest, Estimated Tax Penalty, and Amount You Owe.

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. [X] 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: GLOBAL TAXES LLC, Paid Preparer's Phone: (678) 965-9522

Paid Preparer's Address: 245 ROONEY CT, City: E BRUNSWICK, State: NJ, ZIP Code: 08816

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

Instructions for filing with or without a check or payment, including mailing addresses for the Colorado Department of Revenue in Denver, CO.



220104PN11555



DR 0104PN (11/07/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 3

Form 104PN
Part-Year Resident/Nonresident
Tax Calculation Schedule 2022

Table with 2 columns: Taxpayer's Name (PRAGNATHMIKA GUDLADONA) and SSN or ITIN (113-06-6888)

Use this form if you and/or your spouse were a resident of another state for all or part of 2022. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.

1. Taxpayer is (mark one): [X] Full-Year Nonresident [] Part-Year Resident from [] Full-Year Resident [] Nonresident 305-day rule Military

2. Spouse is (mark one): [] Full-Year Nonresident [] Part-Year Resident from [] Full-Year Resident [] Nonresident 305-day rule Military

3. Mark the federal form you filed: [X] 1040 [] 1040 NR [] 1040 SR [] Other

Table with 3 columns: Line number, Federal Information, and Colorado Information. Rows 4-11 detailing income entries.



220104PN21555

Name		SSN or ITIN	
PRAGNATHMIKA GUDLADONA		113-06-6888	
		Federal Information	Colorado Information
12. Enter the sum of all income from form 1040, 1040 SR, or 1040 SP lines 4b, 5b and 6b. ● 12		00	
13. Enter income from line 12 that was received during that part of the year you were a Colorado resident. ● 13			00
14. Enter the sum of all business and farm income from form 1040, 1040 SR, or 1040 SP, Schedule 1, lines 3 and 6. ● 14		00	
15. Enter income from line 14 that was earned during that part of the year you were a Colorado resident and/or was earned from Colorado sources. ● 15			00
16. Enter all Schedule E income from form 1040, 1040 SR, or 1040 SP, Schedule 1, line 5. ● 16	-4936	00	
17. Enter income from line 16 that was earned from Colorado sources; and/or rent and royalty income received or credited to your account during the part of the year you were a Colorado resident; and/or partnership/S corporation/fiduciary income that is taxable to Colorado during the tax year. ● 17			00
18. Enter the sum of all other income from form 1040, 1040 SR, or 1040 SP, Schedule 1, lines 1, 2a and 9. ● 18		00	
List Type			
19. Enter income from line 18 that was earned during that part of the year you were a Colorado resident and/or was derived from Colorado sources. ● 19			00
List Type			
20. Total Income. Enter amount from form 1040, 1040 SR, or 1040 SP, line 9. ● 20	51441	00	
21. Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 13, 15, 17 and 19. ● 21			10559 00
22. Enter all federal adjustments from form 1040, 1040 SR, or 1040 SP, line 10. ● 22		00	
List Type			
23. Enter adjustments from line 22 as follows ● 23			00
List Type			
<ul style="list-style-type: none"> • Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income. • Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20). • Penalty paid on early withdrawals made while a Colorado resident. • Moving expenses for members of the Armed Forces. <p>For treatment of other adjustments reported on federal form 1040, 1040 SR, or 1040 SP, line 10, see the Colorado Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.</p>			



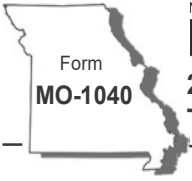
220104PN31555



Name		SSN or ITIN	
PRAGNATHMIKA GUDLADONA		113-06-6888	
		Federal Information	Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11. 24	51441	00	
25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. 25			10559 00
26. Additions to Adjusted Gross Income. Enter the sum of lines 3 through 6 of Colorado Form 104 excluding any charitable contribution adjustments. 26		00	
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.* 27			00
28. Total of lines 24 and 26 28	51441	00	
29. Total of lines 25 and 27 29			10559 00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. 30		00	
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: 31			00
<ul style="list-style-type: none"> • The state income tax refund subtraction to the extent included on line 19 above • The federal interest subtraction to the extent included on line 7 above • The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above • The Colorado Agricultural capital gain subtraction to the extent included on line 20 above <p>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.</p>			
32. Modified Adjusted Gross Income. Subtract line 30 from line 28. 32	51441	00	
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. 33			10559 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx 34	20.5264	%	
35. Tax from the tax table based on income reported on the DR 0104 line 9 35			1692 00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10. 36	347	00	

* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.

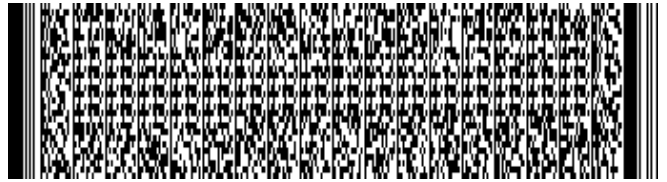




MISSOURI DEPARTMENT OF
REVENUE
2022 Individual Income
Tax Return - Long Form

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		
<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: 113 - 06 - 6888

Deceased in 2022:

Spouse's Social Security Number: - -

Deceased in 2022:

First Name: PRAGNATHMIKA M.I.: Last Name: GUDLADONA Suffix:

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

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

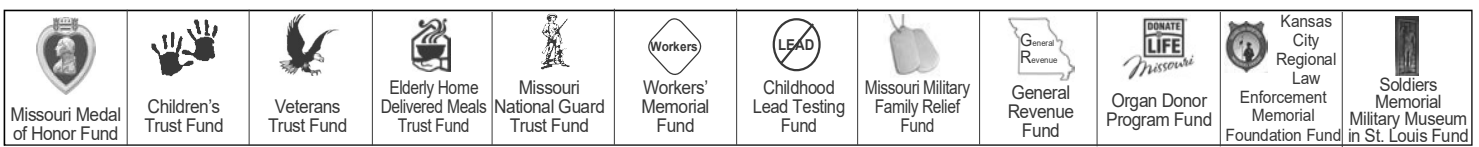
Address

Present Address (Include Apartment Number or Rural Route): 1032 WESTMEADE DR

City, Town, or Post Office: CHESTERFIELD State: MO ZIP Code: 63005 -

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	51441	.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	51441	.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	51441	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	51441	.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	4412	.00
10. Other tax from federal return.	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	4412	.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	15.00	%

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	662	.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	13612	.00
26. Subtotal - Subtract Line 25 from Line 6			26	37829	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	37829	.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	37829	.00	29S	.00
30. Tax (see tax chart on page 26 of the instructions)	30Y	1821	.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	18	%	32S	%
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	328	.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	328	.00	35S	.00
36. Total Tax - Add Lines 35Y and 35S	36	328	.00		

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099	37	360	.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	360	.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 32 . 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 32 . 00

a. Routing Number 061092387
b. Account Number 537113099
c. [X] Checking [] Savings



Amount Due

- 53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
Amount of UNDERPAYMENT 53 .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 .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		
INFO@GTAXFILE.COM	2484347719		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	04	10	23
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
84-3171965	6789659522		
Preparer's Address	State	ZIP Code	
245 ROONEY CT E BRUNSWICK	NJ	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

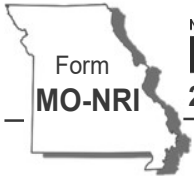
Form MO-1040 (Revised 12-2022)

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

113 - 06 - 6888

Name

GUDLADONA , PRAGNATHMIKA

Address

1032 WESTMEADE DR

City, State, ZIP Code

CHESTERFIELD MO 63005

1. Nonresident of Missouri
State of residence during 2022 NORTH CAROLINA

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	9330	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	0	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	9330	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	9330	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	9330	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	51441	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	18	%	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/.

D-400 (50) 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

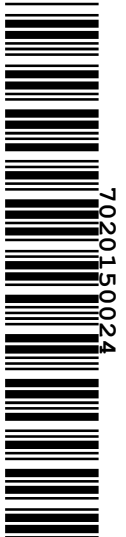
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2022, or fiscal year beginning <u>22</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
PRAGNATHMIKA GUDLADONA 1032 WESTMEADE DR CHESTER MO 63005		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 113066888 Spouse's SSN: _____		Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 4. Head of Household	<input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 5. Qualifying Widow(er)	Year spouse died: _____
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Return for deceased taxpayer. Date of death: _____	
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Return for deceased spouse. Date of death: _____	
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	N	VT	N	SVT	N
GUDL	1032	63005	DS	N	EA	N	TD			SD				FDEXT	N
PRAGNATHMIKA		GUDLADONA								113066888					
											MO	63005			
1032	WESTMEADE	DR						CHESTERFIELD							
06		51441		16				675		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				1433		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		12750		21C				0		31				0	
13		00000		21D				0		32				0	
14		38691		26A				0		34				177	
15		1931		26B				0							
TN	2484347719			PN				6789659522		PP				P02082703	



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>177</u> <input type="checkbox"/> Payment Due <u>0</u>	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____	Date _____ Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ Contact Phone No. (Include area code) <u>2484347719</u>
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT <u>04 10 23</u> <u>6789659522</u>	<u>P02082703</u>
Paid Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640	

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	51441
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	51441
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	38691
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	38691
15.	N.C. Income Tax	15.	1931
16.	Tax Credits	16.	675
17.	Subtract Line 16 from Line 15	17.	1256
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1256

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1433
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	1433
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1433
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	177

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	177

D-400TC (50)

8-8-22

2022 Individual Income Tax Credits

North Carolina Department of Revenue

DOR
Use
Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters)	GUDLADONA	Your Social Security Number	113066888
---------------------------------	-----------	-----------------------------	-----------

01	0	07B	2	10A	0	13	0
02	0	08A	0	10B	0	14	0
04	0	08B	0	11A	0	15	0
06	0	09A	0	11B	0	19	0
07A	675	09B	0	12	0		

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

1. Total income from all sources while a resident of N.C. modified by N.C. adjustments to federal gross income	1.	0
2. Portion of Line 1 that was taxed by another state or country	2.	0
3. Divide Line 2 by Line 1	3.	0.0000
4. Total North Carolina income tax (From Form D-400, Line 15)	4.	0
5. Multiply Line 4 by Line 3	5.	0
6. Amount of net tax paid to the other state or country on the income shown on Line 2	6.	0
7a. Credit for Income Tax Paid to Another State or Country	7a.	675
7b. Number of states or countries for which a credit is claimed	7b.	2

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken.

Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

8a. An income-producing historic structure (Article 3D)	8a.	0
8b. Enter installment amount of credit	8b.	0
9a. A nonincome-producing historic structure (Article 3D)	9a.	0
9b. Enter installment amount of credit	9b.	0
10a. An income-producing historic mill facility (Article 3H)	10a.	0
10b. Enter amount of credit	10b.	0
11a. A nonincome-producing historic mill facility (Article 3H)	11a.	0
11b. Enter installment amount of credit	11b.	0
12. An income-producing historic structure (Article 3L)	12.	0
13. A nonincome-producing historic structure (Article 3L)	13.	0

(If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.)

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2022

14. Tax credits carried over from previous year	14.	0
15. Reserved for Future Use	15.	0
16. Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15	16.	675
17. North Carolina income tax (From Form D-400, Line 15)	17.	1931
18. Enter the lesser of Line 16 or Line 17	18.	675
19. Business incentive and energy tax credits (Attach Form NC-478 and any required supporting schedules to the front of Form D-400.)	19.	0
20. Total Tax Credits to be Taken for Tax Year 2022	20.	675

