



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



23352011555

Social Security Number

695 - 25 - 0623

Name Control

AGIR

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

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ [] 28 . [] 00

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

Your Name (Last, First, Initial)
AGIRU, SAI KIRAN
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
6214 E LAKE SAMMAMISH PKWY NE # 209 REDMOND WA 98052

Department Use Only [] [] [] [] [] []

(Revised 12-2022)



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Spouse's Social Security Number

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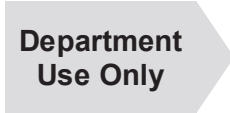
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Amount Paid \$ 28 . 00

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Your Name (Last, First, Initial)
AGIRU, SAI KIRAN
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
6214 E LAKE SAMMAMISH PKWY NE # 209 REDMOND WA 98052



[] . []
[] [] []

(Revised 12-2022)



MISSOURI DEPARTMENT OF REVENUE

REV 02/07/23 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 | | |
| SAI KIRAN AGIRU | | |
| Spouse's Name | | |
| | | |
| Street Address | | |
| 6214 E LAKE SAMMAMISH PKWY NE #209 | | |
| City | State | ZIP Code |
| REDMOND | WA | 98052 |
| 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 695 - 25 - 0623

Name Control AGIR

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 111.00

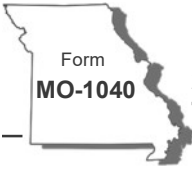


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Department Use Only

Department Use Only

055 555 000000 6952506239 010709189 0000000000 22 000011100 6



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"/> | 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: 695 - 25 - 0623 Deceased in 2022: Spouse's Social Security Number: - - Deceased in 2022:

First Name: SAI KIRAN M.I.: Last Name: AGIRU Suffix:

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

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

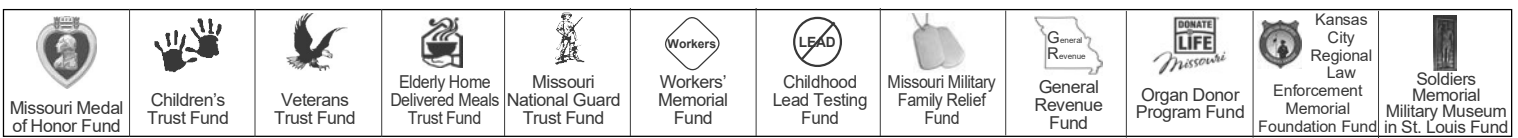
Address

Present Address (Include Apartment Number or Rural Route): 6214 E LAKE SAMMAMISH PKWY NE APT 209

City, Town, or Post Office: REDMOND State: WA ZIP Code: 98052 -

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 | 88299 | .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 | 88299 | .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 | 88299 | .00 | 5S | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | | 88299 | .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 | 12189 | .00 |
| 10. Other tax from federal return. | 10 | | .00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 12189 | .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 | 1828 | .00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,950 • Head of Household-\$19,400 • Married Filing Combined or Qualifying Widow(er)-\$25,900 | 14 | 12950 | .00 |
| 15. Additional Exemption for Head of Household and Qualified Widow(er) | 15 | | .00 |
| 16. Long-term care insurance deduction | 16 | | .00 |
| 17. Health care sharing ministry deduction. | 17 | | .00 |
| 18. Active Duty Military income deduction | 18 | | .00 |
| 19. Inactive Duty Military income deduction | 19 | | .00 |
| 20. Bring jobs home deduction | 20 | | .00 |
| 21. Transportation facilities deduction | 21 | | .00 |

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



Deductions Continued

| | | | | | |
|---|-------------------------|-------------------------|----------------------|----------------------|----------------------|
| 22. First time home buyers deduction. | A. <input type="text"/> | B. <input type="text"/> | 22 | <input type="text"/> | <input type="text"/> |
| 23. Long term dignity savings account deduction | | | 23 | <input type="text"/> | <input type="text"/> |
| 24. Foster parent tax deduction | | | 24 | <input type="text"/> | <input type="text"/> |
| 25. Total deductions - Add Lines 8 and 13 through 24 | | | 25 | 14778 | <input type="text"/> |
| 26. Subtotal - Subtract Line 25 from Line 6 | | | 26 | 73521 | <input type="text"/> |
| 27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | <input type="text"/> | <input type="text"/> | 73521 | <input type="text"/> |
| | | | 27S | <input type="text"/> | <input type="text"/> |
| 28. Enterprise zone or rural empowerment zone income modification | 28Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | 28S | <input type="text"/> | <input type="text"/> |

Tax

| | | | | | |
|---|-----|----------------------|----------------------|----------------------|----------------------|
| 29. Taxable income - Subtract Line 28 from Line 27 | 29Y | <input type="text"/> | <input type="text"/> | 73521 | <input type="text"/> |
| | | | 29S | <input type="text"/> | <input type="text"/> |
| 30. Tax (see tax chart on page 26 of the instructions). | 30Y | <input type="text"/> | <input type="text"/> | 3712 | <input type="text"/> |
| | | | 30S | <input type="text"/> | <input type="text"/> |
| 31. Resident credit - Attach Form MO-CR and other states' income tax return(s). | 31Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | 31S | <input type="text"/> | <input type="text"/> |
| 32. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100% | 32Y | <input type="text"/> | <input type="text"/> | 3 | % |
| | | | 32S | <input type="text"/> | % |
| 33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | <input type="text"/> | <input type="text"/> | 111 | <input type="text"/> |
| | | | 33S | <input type="text"/> | <input type="text"/> |
| 34. Other taxes - Select box and attach federal form indicated. | | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | | | | | |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 34Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | 34S | <input type="text"/> | <input type="text"/> |
| 35. Subtotal - Add Lines 33 and 34 | 35Y | <input type="text"/> | <input type="text"/> | 111 | <input type="text"/> |
| | | | 35S | <input type="text"/> | <input type="text"/> |
| 36. Total Tax - Add Lines 35Y and 35S | | | 36 | 111 | <input type="text"/> |

Payments and Credits

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



Amount Due

53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
 Amount of UNDERPAYMENT 53 111 .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 55 111 .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 |
| SYAM@GTAXFILE.COM | 4695883420 |
| Preparer's Signature | Date (MM/DD/YY) |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02 22 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 .

Form MO-1040 (Revised 12-2022)

Mail to: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329
Phone: (573) 751-7200

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



IN
 REV 02/07/23 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

695 - 25 - 0623

Name

AGIRU, SAI KIRAN

Address

6214 E LAKE SAMMAMISH PKWY NE APT 209

City, State, ZIP Code

REDMOND WA 98052

1. Nonresident of Missouri
State of residence during 2022 WASHINGTON

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 | 2365 | 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 | 2365 | 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 | 2365 | 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 | 2365 | 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 | 88299 | 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 | 3 | % | 3S | | % |

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

| | |
|---|----------------------|
| Signature | Date (MM/DD/YY) |
| <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"/> |

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/.