



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



23352011555

Social Security Number

777 - 10 - 0575

Name Control

ELUR

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

Spouse's Social Security Number

[ ] - [ ] - [ ]

Name Control

[ ]

Amount Paid . . . . . \$ [ 60 ] . [ 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)

ELURI , RAVI CHANDRA

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)

250 555 000000 7771005756 051221184 0000000000 23 000006000 8



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



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777 - 10 - 0575

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1st Qtr. [X] 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[ ] - [ ] - [ ]

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[ ]

Amount Paid . . . . . \$ 60 . 00

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Your Name (Last, First, Initial)
ELURI , RAVI CHANDRA
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

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[ ] - [ ] - [ ]

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Your Name (Last, First, Initial)

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6214 E LAKE SAMMAMISH PKWY NE # 209 REDMOND WA 98052

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



23352011555

Social Security Number

777 - 10 - 0575

Name Control

ELUR

1st Qtr. 2nd Qtr. 3rd Qtr. [X] 4th Qtr.

Spouse's Social Security Number

[ ] - [ ] - [ ]

Name Control

[ ]

Amount Paid . . . . . \$ 60 . 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)

ELURI , RAVI CHANDRA

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)

250 555 000000 7771005756 051221184 0000000000 23 000006000 8



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		
RAVI CHANDRA ELURI		
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 777 - 10 - 0575

Name Control ELUR

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 240.00

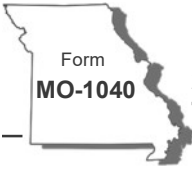


22347011555

Department Use Only

Department Use Only

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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**

Deceased in 2022    Deceased in 2022

Social Security Number    Spouse's Social Security Number

777 - 10 - 0575     -  -

First Name    M.I.    Last Name    Suffix

RAVI CHANDRA        ELURI   

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    State    ZIP Code

REDMOND    WA    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	83806	.00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		.00	2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	83806	.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	83806	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6		83806	.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	11210	.00
10. Other tax from federal return. . . . .	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	11210	.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	1682	.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	14632	<input type="text"/>
26. Subtotal - Subtract Line 25 from Line 6 . . . . .					26	69174	<input type="text"/>
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	<input type="text"/>	69174	<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"/>	28S	<input type="text"/>	<input type="text"/>

Tax

29. Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	<input type="text"/>	69174	<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"/>	3482	<input type="text"/>	30S	<input type="text"/>	<input type="text"/>
31. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<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 <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . .	32Y	<input type="text"/>	7	%	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"/>	244	<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 ( <b>Form 4972</b> )  <input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<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"/>	244	<input type="text"/>	35S	<input type="text"/>	<input type="text"/>
36. Total Tax - Add Lines 35Y and 35S . . . . .					36	244	<input type="text"/>

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099 . . . . .	37	<input type="text"/>	4	<input type="text"/>
38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 . . . . .	38	<input type="text"/>	<input type="text"/>	<input type="text"/>
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input type="text"/>	<input type="text"/>	<input type="text"/>
40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>	<input type="text"/>	<input type="text"/>
41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>	<input type="text"/>	<input type="text"/>
42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>	<input type="text"/>	<input type="text"/>
43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>	<input type="text"/>	<input type="text"/>
44. Total payments and credits - Add Lines 37 through 43 . . . . .	44	<input type="text"/>	4	<input type="text"/>





**Skip Lines 45 through 47 if you are not filing an amended return.**

45. Amount paid on original return. . . . .   .

46. Overpayment as shown (or adjusted) on original return . . . . .   .

Amended Return

**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. . . . .   .

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.  
Amount of OVERPAYMENT . . . . .   .

49. Amount of Line 48 to be applied to your 2023 estimated tax . . . . .   .

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 <input type="text"/> . <input type="text" value="00"/>	50b. Veterans Trust Fund <input type="text"/> . <input type="text" value="00"/>	50c. Elderly Home Delivered Meals Trust Fund <input type="text"/> . <input type="text" value="00"/>	50d. Missouri National Guard Trust Fund <input type="text"/> . <input type="text" value="00"/>
50e. Workers' Memorial Fund <input type="text"/> . <input type="text" value="00"/>	50f. Childhood Lead Testing Fund <input type="text"/> . <input type="text" value="00"/>	50g. Missouri Military Family Relief Fund <input type="text"/> . <input type="text" value="00"/>	50h. General Revenue Fund <input type="text"/> . <input type="text" value="00"/>
50i. Organ Donor Program Fund <input type="text"/> . <input type="text" value="00"/>	50j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> . <input type="text" value="00"/>	50k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> . <input type="text" value="00"/>	50l. Missouri Medal of Honor Fund <input type="text"/> . <input type="text" value="00"/>
50m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>	50n. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>		

Refund

Total Donation - Add amounts from Boxes 50a through 50n and enter here . . . . .   .

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . .   .

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here . . . . .   .

a. Routing Number

b. Account Number

c.  Checking  Savings



Amount Due

53. If Line 36 is larger than Line 44 or Line 47, enter the difference.  
 Amount of UNDERPAYMENT . . . . . 53 240 .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 . . . . . 55 240 .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	6602150779
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](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto: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/](http://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/](http://veteranbenefits.mo.gov/state-benefits/).





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

Social Security Number

777 - 10 - 0575

Name

ELURI , RAVI CHANDRA

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	6005 .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	6005 .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	6005 .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. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) . . . . .	1Y	6005 .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	83806 .00	2S	.00
3. <b>Missouri Income Percentage</b> - 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	7 %	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/](http://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/](http://veteranbenefits.mo.gov/state-benefits/).