

IRS e-file Signature Authorization

▶ 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 NAGA VAMSHI KRISHNA ROUTHU	Social security number 870-18-3103
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	110,748.
2 Total tax	2	17,302.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,536.
4 Amount you want refunded to you	4	4,234.
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

8	3	1	0	3
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 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.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 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.

5	1	8	9	5	2	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:

Personal information section including name, address, and social security numbers for both filers.

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)? [X] Yes [] 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 for Dependents with columns for name, social security number, relationship, and tax credit options.

Income section table with rows 1a through 1z for various types of income and their totals.

Table for interest and dividends (lines 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b).

Table for deductions and adjustments (lines 7-15) leading to taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 17,302.

Table for Payments (lines 25-33). Includes federal income tax withheld (21,536) and total payments (21,536).

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36). Shows overpaid amount of 4,234 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.



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: Individual Income (DR 0104)
Taxpayer Last Name or Business Name: ROUTHU
First Name or Business DBA if different from Business Name: NAGA VAMSHI KRISHNA
Spouse's Last Name (if applicable):
Taxpayer SSN or ITIN: 870-18-3103
Spouse SSN or ITIN (if applicable):
FEIN:
Taxpayer or Business Address: 9020 WADSWORTH BLVD APT 234
City: WESTMINSTER
State: CO
ZIP: 80021

Part I - Tax Return Information

Table with 2 columns: Description and Amount.
1. Total Income from your federal return (see instructions for more information) 1 \$ 110748
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 97798
3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$ 4192
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$ 4800

Part II - Declaration of Tax Payer

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

Signature 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 and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief.

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

Check if also Preparer [X]

Date (MM/DD/YY) 03/28/23



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

Form with sections for: Personal Information, Spouse Information, Mailing Address, Health Coverage, and Taxable Income. Includes fields for name, birth date, SSN, driver license, and income amounts.



220104 21555

Name	SSN or ITIN
NAGA VAMSHI KRISHNA ROUTHU	870-18-3103
4. Itemized Deduction addback (see instructions) ● 4	00
5. ColleeInvest 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	97798 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	97798 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	4192 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	4192 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	4192 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	4192 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	4800 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: NAGA VAMSHI KRISHNA ROUTHU
SSN or ITIN: 870-18-3103

Table with 3 columns: Description, Amount, and Total. Rows include: 24. Other Prepayments, 25. Gross Conservation Easement Credit, 26. Innovative Motor Vehicle and Innovative Truck Credit, 27. Refundable Credits, 28. Subtotal, sum of lines 20 through 27.

Modified AGI for TABOR

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

Table with 3 columns: Description, Amount, and Total. Rows include: 29. Federal Adjusted Gross Income, 30. Nontaxable Social Security Income, 31. Nontaxable interest income, 32. Sum of lines 29 through 31: Modified AGI for TABOR.

Modified AGI Tiers for State Sales Tax Refund

Table with 7 columns: If line 32 is: (Single Filers Enter, Joint Filers Enter) and 6 columns: Income tiers (\$48,000 or less to \$268,001 or more) with corresponding refund amounts.

Table with 3 columns: Description, Amount, and Total. Rows include: 33. State Sales Tax Refund, 34. Sum of lines 28 and 33, 35. Overpayment, 36. Estimated Tax Credit Carryforward.

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.

Table with 3 columns: Description, Amount, and Total. Row 37: Refund, subtract line 36 from line 35 (see instructions).

Direct Deposit

Routing Number: 103000648
Type: [X] Checking [] Savings [] CollegeInvest 529
Account Number: 837167193

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



220104 41555

Name	SSN or ITIN
NAGA VAMSHI KRISHNA ROUTHU	870-18-3103

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

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

Third Party Designee

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

Designee's Name	Phone Number
•	•

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

Your Signature	Date (MM/DD/YY)
Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)

Paid Preparer's Name	Paid Preparer's Phone
GLOBAL TAXES LLC	(678) 965-9522

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

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

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



220104PN11555



Form 104PN

Part-Year Resident/Nonresident
Tax Calculation Schedule 2022

Table with 2 columns: Taxpayer's Name (NAGA VAMSHI KRISHNA ROUTHU) and SSN or ITIN (870-18-3103)

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): [] Full-Year Nonresident [X] Part-Year Resident from [] Full-Year Resident [] Nonresident 305-day rule Military. Dates: Beginning 06/22, Ending 12/22

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

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

Table with 3 columns: Description, Federal Information, Colorado Information. Rows 4-11 detailing income from various sources and their Colorado tax treatment.



220104PN21555

Name		SSN or ITIN	
NAGA VAMSHI KRISHNA ROUTHU		870-18-3103	
		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	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	110748	00	
21. Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 13, 15, 17 and 19. ● 21			107891
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	
NAGA VAMSHI KRISHNA ROUTHU		870-18-3103	
		Federal Information	Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11. 24	110748	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			107891 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	110748	00	
29. Total of lines 25 and 27 29			107891 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	110748	00	
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. 33			107891 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx 34	97.4203	%	
35. Tax from the tax table based on income reported on the DR 0104 line 9 35			4303 00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10. 36	4192	00	

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





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



23352011555

Social Security Number

870 - 18 - 3103

Name Control

ROUT

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

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ [] 38 . [] 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)
ROUTHU, NAGA VAMSHI KRISHNA
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
9020 WADSWORTH BLVD # 234 WESTMINSTER CO 80021

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

(Revised 12-2022)

250 555 000000 8701831038 181521206 0000000000 23 000003800 6



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



23352011555

Social Security Number

870 - 18 - 3103

Name Control

ROUT

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

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 38 . 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)
ROUTHU, NAGA VAMSHI KRISHNA
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
9020 WADSWORTH BLVD # 234 WESTMINSTER CO 80021

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

(Revised 12-2022)

250 555 000000 8701831038 181521206 0000000000 23 000003800 6



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



23352011555

Social Security Number

870 - 18 - 3103

Name Control

ROUT

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

Spouse's Social Security Number

[] - [] - []

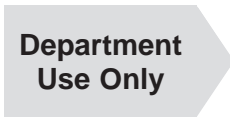
Name Control

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Amount Paid \$ 38 . 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)
ROUTHU, NAGA VAMSHI KRISHNA
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
9020 WADSWORTH BLVD # 234 WESTMINSTER CO 80021



[] . []
[] [] []

(Revised 12-2022)

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



23352011555

Social Security Number

870 - 18 - 3103

Name Control

ROUT

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

Spouse's Social Security Number

[] - [] - []

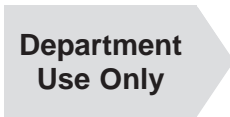
Name Control

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Amount Paid \$ 38 . 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)
ROUTHU, NAGA VAMSHI KRISHNA
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
9020 WADSWORTH BLVD # 234 WESTMINSTER CO 80021



[] . []
[] [] []

(Revised 12-2022)

250 555 000000 8701831038 181521206 0000000000 23 000003800 6



MISSOURI DEPARTMENT OF REVENUE

REV 02/24/23 PRO

2022 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name		
NAGA VAMSHI KRISHNA ROUTHU		
Spouse's Name		
Street Address		
9020 WADSWORTH BLVD #234		
City	State	ZIP Code
WESTMINSTER	CO	80021
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 870 - 18 - 3103

Name Control ROUT

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 149.00

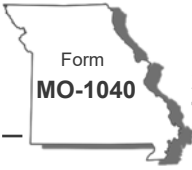


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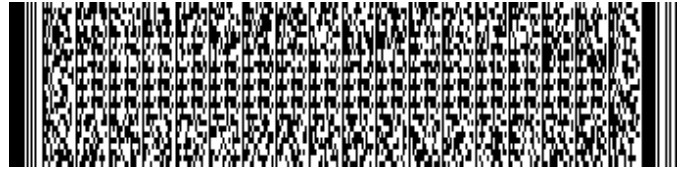
Department Use Only

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

1555

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 Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number Deceased in 2022 Spouse's Social Security Number Deceased in 2022

870 - 18 - 3103 - -

First Name M.I. Last Name Suffix

NAGA VAMSHI KRISHNA ROUTHU

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)

9020 WADSWORTH BLVD APT 234

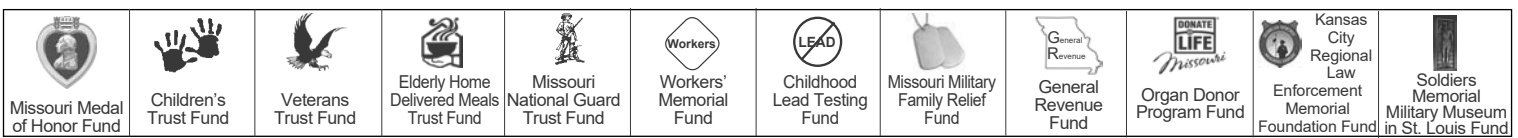
City, Town, or Post Office State ZIP Code

WESTMINSTER CO 80021 -

County of Residence

JACK

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	110748 .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	110748 .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	110748 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	110748 .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	17302 .00
10. Other tax from federal return.	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	17302 .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	5.00 %

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	865 .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 style="width: 80px; height: 20px;" type="text"/> B. <input style="width: 80px; height: 20px;" type="text"/>	22	<input style="width: 100%; height: 20px;" type="text"/>	.00
23. Long term dignity savings account deduction	23	<input style="width: 100%; height: 20px;" type="text"/>	.00
24. Foster parent tax deduction	24	<input style="width: 100%; height: 20px;" type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24	25	13815	.00
26. Subtotal - Subtract Line 25 from Line 6	26	96933	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	96933	.00
	27S	<input style="width: 100%; height: 20px;" type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification	28Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	28S	<input style="width: 100%; height: 20px;" type="text"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27	29Y	96933	.00	29S	<input style="width: 100%; height: 20px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions).	30Y	4953	.00	30S	<input style="width: 100%; height: 20px;" type="text"/>	.00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s).	31Y	<input style="width: 100%; height: 20px;" type="text"/>	.00	31S	<input style="width: 100%; height: 20px;" type="text"/>	.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	3	%	32S	<input style="width: 100%; height: 20px;" type="text"/>	%
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	149	.00	33S	<input style="width: 100%; height: 20px;" type="text"/>	.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 style="width: 100%; height: 20px;" type="text"/>	.00	34S	<input style="width: 100%; height: 20px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34	35Y	149	.00	35S	<input style="width: 100%; height: 20px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S.	36	149	.00			

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099.	37	<input style="width: 100%; height: 20px;" type="text"/>	.00
38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022	38	<input style="width: 100%; height: 20px;" type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	39	<input style="width: 100%; height: 20px;" type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input style="width: 100%; height: 20px;" type="text"/>	.00
41. Amount paid with Missouri extension of time to file (Form MO-60).	41	<input style="width: 100%; height: 20px;" type="text"/>	.00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input style="width: 100%; height: 20px;" type="text"/>	.00
43. Property tax credit - Attach Form MO-PTS	43	<input style="width: 100%; height: 20px;" type="text"/>	.00
44. Total payments and credits - Add Lines 37 through 43	44	<input style="width: 100%; height: 20px;" type="text"/>	.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

Amended Return

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

47. Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46. Enter on Line 47. 47 . 00

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference. Amount of OVERPAYMENT 48 . 00

49. Amount of Line 48 to be applied to your 2023 estimated tax 49 . 00

50. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

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

Total Donation - Add amounts from Boxes 50a through 50n and enter here 50 . 00

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. 51 . 00

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here 52 . 00

a. Routing Number

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 53 149 .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 55 149 .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	8166825395
Preparer's Signature	Date (MM/DD/YY)
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03 28 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 02/24/23 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

- -

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: 01/01/2022 Date To: 06/09/2022

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

Date From: 06/10/2022 Date To: 12/31/2022

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	2840	00	A		00
B. Taxable interest income.	2b	B		00	B		00
C. Dividend income	3b	C	0	00	C		00
D. State and local income tax refunds (from schedule 1, part 1)	1	D		00	D		00
E. Alimony received (from schedule 1, part 1)	2a	E		00	E		00
F. Business income or (loss) (from schedule 1, part 1)	3	F		00	F		00
G. Capital gain or (loss)	7	G		00	G		00
H. Other gains or (losses) (from schedule 1, part 1)	4	H		00	H		00
I. Taxable IRA distributions	4b	I		00	I		00
J. Taxable pensions and annuities	5b	J		00	J		00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K		00	K		00
L. Farm income or (loss) (from schedule 1, part 1)	6	L		00	L		00
M. Unemployment compensation (from schedule 1, part 1)	7	M		00	M		00
N. Taxable social security benefits	6b	N		00	N		00
O. Other income (from schedule 1, part 1)	9	O		00	O		00
P. Total - Add Lines A through O		P	2840	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	2840	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	2840	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	110748	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/.