

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

|  |                               |   |
|--|-------------------------------|---|
| Your first name and middle initial<br><b>AMARENDHAR REDDY</b>  | Last name<br><b>BHAVANAM</b>  | Your social security number<br><b>480   71   4514</b>     |
| If joint return, spouse's first name and middle initial<br><b>SINDHUJA</b>                                   | Last name<br><b>BATHINA</b>   | Spouse's social security number<br><b>988   96   3272</b> |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>2110 E AVENTURA WAY</b>    |                               | Apt. no.<br><b>2215</b>                                   |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>SAINT LOUIS</b> | State<br><b>MO</b>            | ZIP code<br><b>63146</b>                                  |
| Foreign country name   | Foreign province/state/county | Foreign postal code                                       |

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  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: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  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, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

| Dependents (see instructions):   | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |
|--|----------------|-----------|----------------------------|-------------------------|--|
|  |                |           |                            |                         | Child tax credit                                       |
| If more than four dependents, see instructions and check here <input type="checkbox"/> |                |           |                            |                         | Credit for other dependents                            |
|  |                |           |                            |                         | <input type="checkbox"/>                               |
|  |                |           |                            |                         | <input type="checkbox"/>                               |
|  |                |           |                            |                         | <input type="checkbox"/>                               |
|  |                |           |                            |                         | <input type="checkbox"/>                               |

| Income    | Description   | Amount   |
|-----------|---|----------|
| <b>1a</b> | Total amount from Form(s) W-2, box 1 (see instructions)   | 117,766. |
| <b>b</b>  | Household employee wages not reported on Form(s) W-2  |          |
| <b>c</b>  | Tip income not reported on line 1a (see instructions)   |          |
| <b>d</b>  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                                     |          |
| <b>e</b>  | Taxable dependent care benefits from Form 2441, line 26   |          |
| <b>f</b>  | Employer-provided adoption benefits from Form 8839, line 29   |          |
| <b>g</b>  | Wages from Form 8919, line 6  |          |
| <b>h</b>  | Other earned income (see instructions)  | 0.       |
| <b>i</b>  | Nontaxable combat pay election (see instructions) <b>1i</b>   |          |
| <b>z</b>  | Add lines 1a through 1h   | 117,766. |
| <b>2a</b> | Tax-exempt interest <b>2a</b>   |          |
| <b>3a</b> | Qualified dividends <b>3a</b>   |          |
| <b>4a</b> | IRA distributions <b>4a</b>   |          |
| <b>5a</b> | Pensions and annuities <b>5a</b>  |          |
| <b>6a</b> | Social security benefits <b>6a</b>  |          |
| <b>c</b>  | If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    |          |
| <b>7</b>  | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |          |
| <b>8</b>  | Additional income from Schedule 1, line 10  | -18,080. |
| <b>9</b>  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                | 99,686.  |
| <b>10</b> | Adjustments to income from Schedule 1, line 26  |          |
| <b>11</b> | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                     | 99,686.  |
| <b>12</b> | <b>Standard deduction or itemized deductions</b> (from Schedule A)  | 27,700.  |
| <b>13</b> | Qualified business income deduction from Form 8995 or Form 8995-A   |          |
| <b>14</b> | Add lines 12 and 13   | 27,700.  |
| <b>15</b> | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>               | 71,986.  |

Attach Sch. B if required.

**Standard Deduction for—**  
 • Single or Married filing separately, \$13,850  
 • Married filing jointly or Qualifying surviving spouse, \$27,700  
 • Head of household, \$20,800  
 • If you checked any box under Standard Deduction, see instructions.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes 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 declaration and signature lines for taxpayer and spouse, including occupation and date.

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

AMARENDHAR REDDY BHAVANAM & SINDHUJA BATHINA

Your social security number

480-71-4514

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -18,080. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -18,080. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

AMARENDHAR REDDY BHAVANAM & SINDHUJA BATHINA

Your social security number

480-71-4514

**Part I Income or Loss From Rental Real Estate and Royalties**

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

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

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

**A** 5-2-392/P71E/P, SAHEBNAGAR VANASTALIPURAM HYDERABAD, TELANGANA IN 500070

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|-------------------|--------------------------|
|                                       |  | A                | B                 | C                        |
| <b>A</b> 3                            |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 658.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 3,897.       |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 2,824.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 3,946.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,633.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,578.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 2,860.      |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 18,738.     |   |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b> -18,080.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 18,080. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 658.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 2,860.     |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 18,738.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 18,080. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> -18,080.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-18,080.

Schedule E (Form 1040) 2023



MISSOURI DEPARTMENT OF  
**REVENUE**  
2023 Individual Income  
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2023

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).

Department of Social Services Application of Eligibility form attached.  Federal return attached.

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  Spouse    
 Yourself  Spouse    
 Yourself  Spouse    
 Yourself  Spouse    
 Yourself  Spouse

**Name**

Social Security Number    Deceased in 2023    Spouse's Social Security Number    Deceased in 2023  
 480 -  71 -  4514         988 -  96 -  3272   

First Name    M.I.    Last Name    Suffix  
 AMARENDHAR REDDY         BHAVANAM   

Spouse's First Name    M.I.    Spouse's Last Name    Suffix  
 SINDHUJA         BATHINA   

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

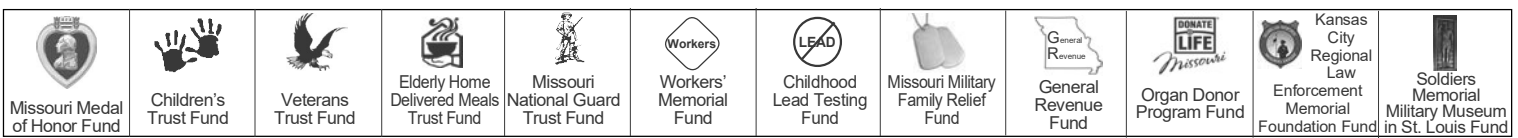
**Address**

Present Address (Include Apartment Number or Rural Route)  
 2110 E AVENTURA WAY APT 2215

City, Town, or Post Office    State    ZIP Code  
 SAINT . LOUIS     MO     63146 -

County of Residence  
 STCO

You may contribute to any one or all of the trust funds on Line 51. 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           | 99686 | 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           | 99686 | 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           | 99686 | 00 | 5S         |  | 00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .                                    | 6            | 99686 | 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  | 8197  | 00 |
| 10. Other tax from federal return. . . . .  | 10 |       | 00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. . . . .  | 11 | 8197  | 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%  |




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|   |    |       |    |
|---|----|-------|----|
| 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 | 1230  | 00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)<br>• Single or Married Filing Separate-\$13,850      • Head of Household-\$20,800<br>• Married Filing Combined or Qualifying Widow(er)-\$27,700 . . . . . | 14 | 27700 | 00 |
| 15. Additional Exemption for Head of Household and Qualifying 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. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21 . . . . .  | 21 |       | 00 |
| 21A. Sold \$ . . . . .  |    |       | 00 |
| 21B. Rented/Leased \$ . . . . .   |    |       | 00 |
| 21C. Crop-Share \$ . . . . .  |    |       | 00 |

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  | 28930   | .00 |
| 26. Subtotal - Subtract Line 25 from Line 6 . . . . .  | 26  | 70756   | .00 |
| 27. Multiply Line 26 by appropriate percentages (%) on<br>Lines 7Y and 7S . . . . .  | 27Y | 70756   | .00 |
|  | 27S | 0   | .00 |
| 28. Enterprise zone or rural empowerment zone income<br>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   | 70756   | .00   | 29S | 0   | .00 |
| 30. Tax (see tax chart on page 26 of the instructions). . . . .  | 30Y   | 3318  | .00   | 30S | 0   | .00 |
| 31. Resident credit - Attach <b>Form MO-CR</b> and other states'<br>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% if not completing<br><b>Form MO-NRI</b> . Attach Form MO-NRI and federal return if applicable. | 32Y   | 100   | %   | 32S | 100   | %   |
| 33. Balance - Subtract Line 31 from Line 30; OR<br>multiply Line 30 by percentage on Line 32 . . . . .                                     | 33Y   | 3318  | <input style="width: 20px; height: 20px;" type="text"/> | 33S | 0   | .00 |
| 34. Other taxes - Select box and attach federal form indicated.  | <br>23322031555 |   |   |     |   |     |
| <input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )  | 34Y   | <input style="width: 100%; height: 20px;" type="text"/> | .00   | 34S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| <input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )   | 35Y   | 3318  | .00   | 35S | 0   | .00 |
| 35. Subtotal - Add Lines 33 and 34 . . . . .   | 35Y   | 3318  | .00   | 35S | 0   | .00 |
| 36. Total Tax - Add Lines 35Y and 35S . . . . .  | 36  | 3318  | .00   |     |   |     |

Payments and Credits

|  |    |   |     |
|--|----|---|-----|
| 37. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .   | 37 | 4959  | .00 |
| 38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023 . . . . .   | 38 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms<br><b>MO-2NR</b> and <b>MO-NRP</b> . . . . . | 39 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .  | 40 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .   | 41 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .   | 42 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .  | 43 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return) . . . . .  | 44 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 45. Total payments and credits - Add Lines 37 through 44 . . . . .   | 45 | 4959  | .00 |



**Skip Lines 46 through 48 if you are not filing an amended return.**

46. Amount paid on original return. . . . . 46  . 00

47. Overpayment as shown (or adjusted) on original return . . . . . 47  . 00

**Indicate Reason for Amending**

A. Federal audit. . . . . Enter date of IRS report (MM/DD/YY)  
 B. Net Operating Loss carryback . . . . . Enter year of loss (YY)  
 C. Investment tax credit carryback . . . . . Enter year of credit (YY)  
 D. Correction other than A, B, or C. . . . . Enter date of federal amended return, if filed. (MM/DD/YY)

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47.  
 Enter on Line 48. . . . . 48  . 00

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference.  
 Amount of OVERPAYMENT . . . . . 49  . 00

50. Amount of Line 49 to be applied to your 2024 estimated tax . . . . . 50  . 00

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

51a. Children's Trust Fund  . 00    51b. Veterans Trust Fund  . 00    51c. Elderly Home Delivered Meals Trust Fund  . 00    51d. Missouri National Guard Trust Fund  . 00

51e. Workers' Memorial Fund  . 00    51f. Childhood Lead Testing Fund  . 00    51g. Missouri Military Family Relief Fund  . 00    51h. General Revenue Fund  . 00

51i. Organ Donor Program Fund  . 00    51j. Kansas City Regional Law Enforcement Memorial Foundation Fund  . 00    51k. Soldiers Memorial Military Museum in St. Louis Fund  . 00    51l. Missouri Medal of Honor Fund  . 00

51m. Additional Fund Code  Additional Fund Amount  . 00    51n. Additional Fund Code  Additional Fund Amount  . 00

Total Donation - Add amounts from Boxes 51a through 51n and enter here . . . . . 51  . 00

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 52  . 00

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here . . . . . 53  . 00

Amended Return

Refund



Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference.  
 Amount of UNDERPAYMENT . . . . . 54  . 00

55. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 55  . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

56. **AMOUNT DUE** - Add Lines 54 and 55.  
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 56  . 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                                       | 5715337097           |                      |                      |
| Preparer's Signature                                    | Date (MM/DD/YY)      |                      |                      |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM                       | 02                   | 06                   | 24                   |
| 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



23322051555

Department Use Only

A  FA  E10  DE  F  .

Form MO-1040 (Revised 12-2023)

**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/).



IN  
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