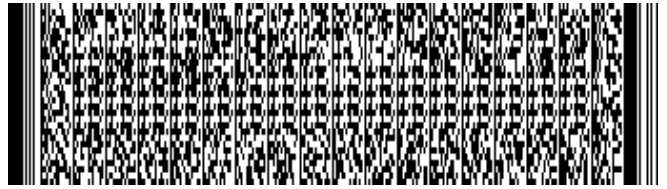


MISSOURI DEPARTMENT OF  
**REVENUE**  
2023 Individual Income  
Tax Return - Long Form

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

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

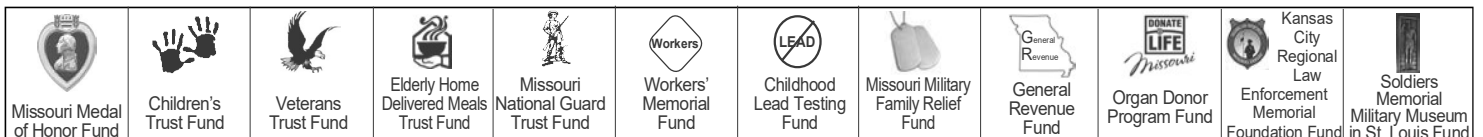
Social Security Number		Deceased in 2023		Spouse's Social Security Number		Deceased in 2023	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name		M.I.	Last Name		Suffix		
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		
Spouse's First Name		M.I.	Spouse's Last Name		Suffix		
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		
In Care Of Name (Attorney, Executor, Personal Representative, etc.)							
<input type="text"/>							

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office  State  ZIP Code  -

County of Residence

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	132582	.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	132582	.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	132582	.00	5S		.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	132582	.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	6189	.00
10. Other tax from federal return. . . . .	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	6189	.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	0.00	%

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	0	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$13,850      • Head of Household-\$20,800 • 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 type="text"/>	B. <input type="text"/>	22	<input type="text"/>	<input type="text"/>	00
23. Long term dignity savings account deduction . . . . .			23	<input type="text"/>	<input type="text"/>	00
24. Foster parent tax deduction . . . . .			24	<input type="text"/>	<input type="text"/>	00
25. Total deductions - Add Lines 8 and 13 through 24 . . . . .			25	27700	<input type="text"/>	00
26. Subtotal - Subtract Line 25 from Line 6 . . . . .			26	104882	<input type="text"/>	00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	104882	00	27S	0	00
28. Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input type="text"/>	00	28S	<input type="text"/>	00

Tax

29. Taxable income - Subtract Line 28 from Line 27. . . . .	29Y	104882	00	29S	0	00
30. Tax (see tax chart on page 26 of the instructions). . . . .	30Y	5007	00	30S	0	00
31. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input type="text"/>	00	31S	<input type="text"/>	00
32. Missouri income percentage - Enter 100% if not completing <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 multiply Line 30 by percentage on Line 32 . . . . .	33Y	5007	<input type="text"/>	33S	0	00
34. Other taxes - Select box and attach federal form indicated.	 23322031555					
<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"/>	00	34S	<input type="text"/>	00
35. Subtotal - Add Lines 33 and 34 . . . . .	35Y	5007	00	35S	0	00
36. Total Tax - Add Lines 35Y and 35S. . . . .				36	5007	00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	5683	00
38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023 . . . . .	38	<input type="text"/>	00
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"/>	00
40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>	00
41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>	00
42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>	00
43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>	00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return). . . . .	44	<input type="text"/>	00
45. Total payments and credits - Add Lines 37 through 44. . . . .	45	5683	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  676 .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  676 .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)		
[ ]	[ ]	[ ]	[ ]
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
[ ]	[ ]	[ ]	[ ]
E-mail Address	Daytime Telephone		
SYAM@GTAXFILE.COM	5186188687		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA	04	18	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    [ ] [ ] . [ ] [ ]

**Mail to: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 3222  
Jefferson City, MO 65105-3222  
**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**

Form MO-1040 (Revised 12-2023)

**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  
REV 02/08/24 PRO  
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