

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

159 - 06 - 8273 988 - 97 - 9632

First Name M.I. Last Name Suffix

NANDA SATYA SOWMITH KAKUMANU

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

KAVYA PENDELA

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

Address

Present Address (Include Apartment Number or Rural Route)

3201 CROWN JEWEL CIRCLE

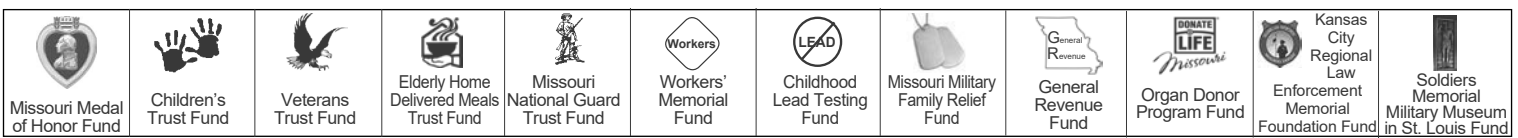
City, Town, or Post Office State ZIP Code

O FALLON MO 63366 -

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	136609	00	1S
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		00	2S
3. Total income - Add Lines 1 and 2.	3Y	136609	00	3S
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		00	4S
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	136609	00	5S
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	136609	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	14575	00
10. Other tax from federal return.	10		00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	14575	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 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	27700	.00			
26. Subtotal - Subtract Line 25 from Line 6	26	108909	.00			
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	108909	.00	27S	0	.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	108909	.00	29S	0	.00
30. Tax (see tax chart on page 26 of the instructions)	30Y	5207	.00	30S	0	.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% if not completing Form MO-NRI . 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	5207	<input style="width: 20px; height: 20px;" type="text"/>	33S	0	.00
34. Other taxes - Select box and attach federal form indicated.	 23322031555					
<input type="checkbox"/> Lump sum distribution (Form 4972)	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 (Form 8611)	35Y	5207	.00	35S	0	.00
35. Subtotal - Add Lines 33 and 34	35Y	5207	.00	35S	0	.00
36. Total Tax - Add Lines 35Y and 35S	36	5207	.00			

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099	37	5820	.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 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. 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	5820	.00

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

46. Amount paid on original return.

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

Indicate Reason for Amending

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

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

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

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

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

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

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

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 <input type="text"/> . <input type="text" value="00"/>	51b. Veterans Trust Fund <input type="text"/> . <input type="text" value="00"/>	51c. Elderly Home Delivered Meals Trust Fund <input type="text"/> . <input type="text" value="00"/>	51d. Missouri National Guard Trust Fund <input type="text"/> . <input type="text" value="00"/>
51e. Workers' Memorial Fund <input type="text"/> . <input type="text" value="00"/>	51f. Childhood Lead Testing Fund <input type="text"/> . <input type="text" value="00"/>	51g. Missouri Military Family Relief Fund <input type="text"/> . <input type="text" value="00"/>	51h. General Revenue Fund <input type="text"/> . <input type="text" value="00"/>
51i. Organ Donor Program Fund <input type="text"/> . <input type="text" value="00"/>	51j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> . <input type="text" value="00"/>	51k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> . <input type="text" value="00"/>	51l. Missouri Medal of Honor Fund <input type="text"/> . <input type="text" value="00"/>
51m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>	51n. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>		

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

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

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



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	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="SYAM@GTAXFILE.COM"/>			Daytime Telephone	<input type="text" value="8134348738"/>		
Preparer's Signature	<input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/>			Date (MM/DD/YY)	<input type="text" value="02"/>	<input type="text" value="03"/>	<input type="text" value="24"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="84-3171965"/>			Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="245 ROONEY CT E BRUNSWICK"/>			State	<input type="text" value="NJ"/>	ZIP Code	<input type="text" value="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



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Department Use Only

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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
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/.



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