

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 <b>PRITHIV RAJ</b>	Last name <b>RUBAN</b>	Your social security number <b>687   52   4939</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>11660 WEDD ST</b>		Apt. no. <b>3</b>	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>OVERLAND PARK</b>	State <b>KS</b>	ZIP code <b>66210</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	

**Filing Status**  Single  Head of household (HOH)

Check only one box.  Married filing jointly (even if only one had income)  Qualifying surviving spouse (QSS)

Married filing separately (MFS)  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): If more than four dependents, see instructions and check here <input type="checkbox"/>	(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	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b>	84,128.
	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>	
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>	0.
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>		
	<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b>	84,128.

<b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>	<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>	<b>b</b> Taxable interest . . . . . <b>2b</b>	
	<b>3a</b> Qualified dividends . . . . . <b>3a</b>	<b>b</b> Ordinary dividends . . . . . <b>3b</b>	
	<b>4a</b> IRA distributions . . . . . <b>4a</b>	<b>b</b> Taxable amount . . . . . <b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . . <b>5a</b>	<b>b</b> Taxable amount . . . . . <b>5b</b>	
	<b>6a</b> Social security benefits . . . . . <b>6a</b>	<b>b</b> Taxable amount . . . . . <b>6b</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>7</b>	
	<b>8</b> Additional income from Schedule 1, line 10 . . . . .	<b>8</b>	-13,976.
	<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	70,152.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	70,152.
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	13,850.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	13,850.
	<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b>	56,302.

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.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	7,699.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	7,699.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	7,699.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	7,699.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	10,941.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	10,941.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	10,941.	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,242.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,242.
	<b>b</b>	Routing number 081000032 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 355013215265		
<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (816) 609-1244	Email address RUBANPRITHIVRAJ@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/10/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**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

PRITHIV RAJ RUBAN

Your social security number

687-52-4939

**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>	-13,976.
<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>	-13,976.

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)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

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

Department of the Treasury  
Internal Revenue Service

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.

Name(s) shown on return

Your social security number

PRITHIV RAJ RUBAN

687-52-4939

**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** 6-312/1-1 BANKERS COLONY PALAMANER CHITTOOR DISTRICT ANDHRA PRADESH IN 517408

**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> 633.		
<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> 2,041.		
<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> 2,415.		
<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> 3,201.		
<b>15</b> Supplies . . . . .	<b>15</b> 1,785.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 2,041.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b> 3,126.		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 14,609.		
<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> -13,976.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 13,976. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 633.		
<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> 3,126.		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 14,609.		
<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> ( 13,976. )		
<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> -13,976.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-13,976.

Schedule E (Form 1040) 2023



PRITHIV RAJ RUBAN 8166091244 RUBA 687524939  
11660 WEDD ST APT 3 ST 452  
OVERLAND PARK KS 66210

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2023

**Amended Return:** Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

**Filing Status:**  Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

**Residency Status:** Resident NonResident (Complete Sch S, Part B) KS State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 11012023 To 12312023

**Exemptions:** 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications)

1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

**Dependent Name - First, Middle and Last** **Date of Birth - MMDDYYYY** **Relationship** **SSN**

**Food Sales Tax Credit:** You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2023?
- B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?
- C. Were you (or spouse) totally and permanently disabled or blind all of 2023, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0  
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
- E. Number of exemptions claimed
- F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006)
- G. Total qualifying exemptions (subtract line F from line E)
- H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0





PRITHIV RAJ RUBAN RUBA 687524939

1. Federal adjusted gross income	70152	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	70152	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	713
7. Taxable income	64402	29. Underpayment	0
8. Tax	3215	30. Interest	0
9. Nonresident percentage	20.5725	31. Penalty	0
10. Nonresident tax	661	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	661	34. Overpayment	52
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	661	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	661	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	713	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. Kansas Historic Site Contribution Fund. Historic Site Number	0
22. Amount paid with Kansas extension	0	44. REFUND	52

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN or SSN (Required) P02082703



PRITHIV RAJ

RUBAN

RUBA

687524939

**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

**A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)**

A6. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship contribution (enclose Sch K-70)

A8. Total additions to FAGI (add lines A1 - A7)

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related expenses)

A19. Disallowed business meal expenses (I.R.C. § 274)

A12. State or local income tax refund (if included in line 1 of Form K-40)

A20. Contributions to an ABLÉ savings account

A13. Retirement benefits specifically exempt from Kansas Income Tax

A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition program

A23. Other subtractions from FAGI (enclose list)

A16. Armed forces recruitment, sign-up, or retention bonus

A24. Total subtractions from FAGI (add lines A9 - A23)

**NET MODIFICATIONS:**

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.







PRITHIV RAJ

RUBAN

RUBA

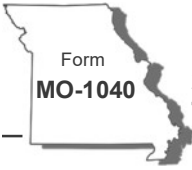
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**PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION**

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	84128	14432
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
<b>Additional Income:</b> <b>(Lines B4 - B12)</b>		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss		
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc	-13976	0
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 - B11)		14432

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions		
B14. Penalty on early withdrawal of savings		
B15. Alimony paid		
B16. Moving expenses for members of the armed forces		
B17. Other federal adjustments		
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)		
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)		14432
B20. Net modifications from Part A that are applicable to Kansas source income		
B21. Modified Kansas source income (Line B19 plus or minus line B20)		14432
B22. Kansas adjusted gross income (From line 3, Form K-40)		70152
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.		20.5725





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  Spouse  | Age 65 or Older  Spouse  | Blind  Spouse  | 100% Disabled  Spouse  | Non-Obligated Spouse  Spouse

**Name**

Social Security Number:  687 -  52 -  4939  Deceased in 2023 | Spouse's Social Security Number:  -  -   Deceased in 2023

First Name:  PRITHIV RAJ | M.I.:  | Last Name:  RUBAN | Suffix:

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

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

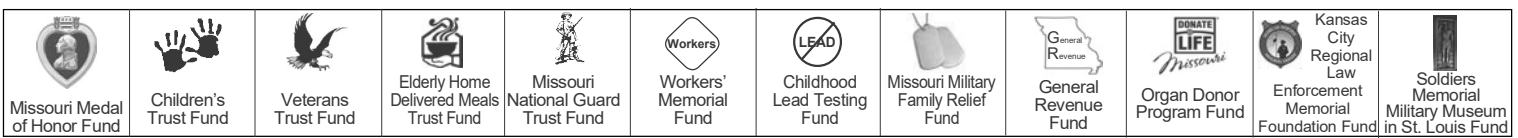
**Address**

Present Address (Include Apartment Number or Rural Route):  11660 WEDD ST APT 3

City, Town, or Post Office:  OVERLAND PARK | State:  KS | ZIP Code:  66210 -

County of Residence:  JACK

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	70152	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	70152	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y		4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .	5Y	70152	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	70152	6	.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	7699	.00
10. Other tax from federal return. . . . .	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	7699	.00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . .	12	15.00	%

Missouri Adjusted Gross Income Range, Line 6:      Federal Tax Percentage:

\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%




13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .	13	1155	.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	13850	.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	15005	.00
26. Subtotal - Subtract Line 25 from Line 6 . . . . .	26	55147	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	55147	.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	55147	.00	29S	<input style="width: 100%; height: 20px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions). . . . .	30Y	2546	.00	30S	<input style="width: 100%; height: 20px;" type="text"/>	.00
31. Resident credit - Attach <b>Form MO-CR</b> 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 <b>Form MO-NRI</b> . Attach Form MO-NRI and federal return if applicable.	32Y	99	%	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	2521	.00	33S	<input style="width: 100%; height: 20px;" type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.	 <small>23322031555</small>					
<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	2521	.00	35S	<input style="width: 100%; height: 20px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34 . . . . .	35Y	2521	.00	35S	<input style="width: 100%; height: 20px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S . . . . .	36	2521	.00			

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	2724	.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 <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	2724	.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	8166091244		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	02	10	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  
REV 01/22/24 PRO  
MO-1040 Page 5



**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 2023 \_\_\_\_\_

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 2023.

A. Date From: 01/01/2023 Date To: 10/31/2023

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

Date From: 11/01/2023 Date To: 12/31/2023

Spouse's Social Security Number

-  -

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri  
State of residence during 2023 \_\_\_\_\_

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 2023.

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 2023 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 2023 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 2023 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 2023 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	69696	00	A		00
B. Taxable interest income. . . . .	2b	B		00	B		00
C. Dividend income . . . . .	3b	C		00	C		00
D. State and local income tax refunds (from schedule 1, part 1) . . . . .	1	D		00	D		00
E. Alimony received (from schedule 1, part 1) . . . . .	2a	E		00	E		00
F. Business income or (loss) (from schedule 1, part 1) . . . . .	3	F		00	F		00
G. Capital gain or (loss) . . . . .	7	G		00	G		00
H. Other gains or (losses) (from schedule 1, part 1) . . . . .	4	H		00	H		00
I. Taxable IRA distributions . . . . .	4b	I		00	I		00
J. Taxable pensions and annuities . . . . .	5b	J		00	J		00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) . . . . .	5	K	0	00	K		00
L. Farm income or (loss) (from schedule 1, part 1) . . . . .	6	L		00	L		00
M. Unemployment compensation (from schedule 1, part 1) . . . . .	7	M		00	M		00
N. Taxable social security benefits . . . . .	6b	N		00	N		00
O. Other income (from schedule 1, part 1) . . . . .	9	O		00	O		00
P. Total - Add Lines A through O . . . . .		P	69696	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	69696	00	R		00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) . . . . .		S		00	S		00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) . . . . .		T		00	T		00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1. . . . .		U		00	U		00

**Missouri Income Percentage**

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) . . . . .	1Y	69696	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	70152	00	2S		00
3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S . . . . .	3Y	99	%	3S		%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).