



Illinois Department of Revenue
2023 Form IL-1040
 Individual Income Tax Return



or for fiscal year ending ___/___/___

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A

683-84-5988 1998
 THAPASWI REDDY REMIDI

 1891 MCKELVEY HILL DR 312
 MARYLAND HEIGHTS MO 63043
 THAPASWIEMIDI@GMAIL.COM



B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	51,936.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	51,936.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Schedule M.	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	51,936.00

Step 4: Exemptions - See instructions for income limitations

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	2,425.00
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	0.00
	Exemption allowance. Add Lines 10a through 10d.	10	2,425.00

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9.		
	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	24,190.00
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	1,197.00
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	1,197.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	1,197.00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	1,197.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 1,197.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,256.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 1,256.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 59.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 59.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 59.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!
Routing number 0 1 1 0 0 0 1 3 8 X Checking or Savings
Account number 4 6 6 0 0 9 0 4 9 7 8 7

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only (Print/Type paid preparer's name, Firm's name, Firm's address, Firm's FEIN, Firm's phone) and Third Party Designee (Designee's name, Designee's phone number).

Refer to the 2023 IL-1040 Instructions for the address to mail your return.



Step 3: Continued - Adjustments to Income

	Column A Federal Total	Column B Illinois Portion
21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	25,376.00
22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 .00	.00
23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 .00	.00
24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 .00	.00
25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25 .00	.00
26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 .00	.00
27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27 .00	.00
28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28 .00	.00
29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29 .00	.00
30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 .00	.00
31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 .00	.00
32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32 .00	.00
33 RESERVED	33	
34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34 .00	.00
35 Other adjustments (see instructions)	35 .00	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 51,936.00	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	25,376.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 .00	.00
40 Other additions (Form IL-1040, Line 3)	40 .00	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	25,376.00
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 .00	.00
43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43 .00	.00
44 Other subtractions (Form IL-1040, Line 7)	44 .00	.00
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	46	25,376.00
47 Enter the base income from Form IL-1040, Line 9.	47 51,936.00	
48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 0.489	
49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 2,425.00	
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	1,186.00
51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	24,190.00
52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . →	52	1,197.00



Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

THAPASWI REDDY REMIDI

Your name as shown on Form IL-1040

6 8 3 - 8 4 - 5 9 8 8

Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	3878-9313	\$ 51,936.00	\$ 25,376.00	\$ 1,256.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,256.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail) Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.

Step 1: Provide taxpayer information

THAPASWI REDDY REMIDI 6 8 3 - 8 4 - 5 9 8 8
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
1891 MCKELVEY HILL DR 312
Mailing address
MARYLAND HEIGHTS MO 63043 (339) 208-0778
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 24,190 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 1,197 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 1,256 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 59 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Widowed [] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 1 1 0 0 0 1 3 8
8 Account no. (AN): 4 6 6 0 0 9 0 4 9 7 8 7
9 Type of account: [X] Checking [] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature 02/08/2024 Date Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3 Your PTIN
245 ROONEY CT Mailing address 8 4 - 3 1 7 1 9 6 5 Federal employer identification number (FEIN)
E BRUNSWICK NJ 08816 (678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.





MISSOURI DEPARTMENT OF REVENUE

REV 01/22/24 PRO

2023 Individual Income Tax Payment Voucher (Form MO-1040V)

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

Name		
THAPASWI REDDY REMIDI		
Spouse's Name		
Street Address		
1891 MCKELVEY HILL DR #312		
City	State	ZIP Code
MARYLAND HEIGHTS	MO	63043
Full payment of taxes must be submitted by April 15, 2024 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.		
1555 (12-2023)		

Social Security Number 683 - 84 - 5988

Name Control REMI

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 43.00

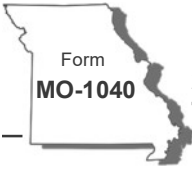


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Department Use Only

Department Use Only

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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: 683 - 84 - 5988 Deceased in 2023

Spouse's Social Security Number: - - Deceased in 2023

First Name: THAPASWI REDDY M.I. Last Name: REMIDI Suffix:

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

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

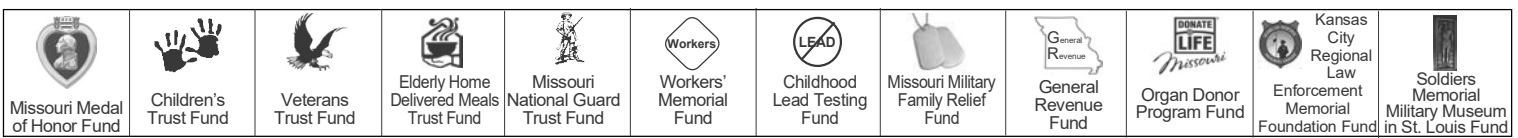
Address

Present Address (Include Apartment Number or Rural Route)
 1891 MCKELVEY HILL DR APT 312

City, Town, or Post Office: MARYLAND HEIGHTS State: MO ZIP Code: 63043 -

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	51936	1S	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		2S	.00
3. Total income - Add Lines 1 and 2.	3Y	51936	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	51936	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	51936	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	4349	.00
10. Other tax from federal return.	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	4349	.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	652	.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 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	14502	<input type="text"/>	.00
26.	Subtotal - Subtract Line 25 from Line 6					26	37434	<input type="text"/>	.00
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	37434	.00		27S	<input type="text"/>	<input type="text"/>	.00
28.	Enterprise zone or rural empowerment zone income modification	28Y	<input type="text"/>	.00		28S	<input type="text"/>	<input type="text"/>	.00

Tax

29.	Taxable income - Subtract Line 28 from Line 27	29Y	37434	.00		29S	<input type="text"/>	<input type="text"/>	.00
30.	Tax (see tax chart on page 26 of the instructions).	30Y	1669	.00		30S	<input type="text"/>	<input type="text"/>	.00
31.	Resident credit - Attach Form MO-CR and other states' income tax return(s).	31Y	818	.00		31S	<input type="text"/>	<input 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	<input type="text"/>	<input type="text"/>	%
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	851	<input type="text"/>		33S	<input type="text"/>	<input type="text"/>	.00
34.	Other taxes - Select box and attach federal form indicated.	 23322031555							
	<input type="checkbox"/> Lump sum distribution (Form 4972)								
	<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	34Y	<input type="text"/>	.00		34S	<input type="text"/>	<input type="text"/>	.00
35.	Subtotal - Add Lines 33 and 34	35Y	851	.00		35S	<input type="text"/>	<input type="text"/>	.00
36.	Total Tax - Add Lines 35Y and 35S					36	851	<input type="text"/>	.00

Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099.	37	808	<input type="text"/>			<input type="text"/>	<input type="text"/>	.00
38.	2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023	38	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	.00
39.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	39	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	.00
40.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	.00
41.	Amount paid with Missouri extension of time to file (Form MO-60).	41	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	.00
42.	Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	.00
43.	Property tax credit - Attach Form MO-PTS	43	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	.00
44.	Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return).	44	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	.00
45.	Total payments and credits - Add Lines 37 through 44	45	808	<input type="text"/>			<input type="text"/>	<input type="text"/>	.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 43 .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 43 .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	3392080778
Preparer's Signature	Date (MM/DD/YY)
SYAM PRIYA RAM SAGAR GUPTA TALLAM	02 08 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



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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/.



IN
 REV 01/22/24 PRO
 MO-1040 Page 5



MISSOURI DEPARTMENT OF
REVENUE
 2023 Credit for Income Taxes Paid to
 Other States or Political Subdivisions

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision. Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

Name	Social Security Number
THAPASWI REDDY REMIDI	683 - 84 - 5988
Spouse's Name	Spouse's Social Security Number

If you are claiming a resident credit as a shareholder of an S corporation with income earned in a non-taxed jurisdiction, complete MO-CR, Schedule 1 and see Instructions.

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	51936 .00	1S	.00
2. Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below.				
		State of: IL		State of:
	2Y	1669 .00	2S	.00
3. Wages and commissions	3Y	25376 .00	3S	.00
4. Other income (Describe nature _____)	4Y	0 .00	4S	.00
5. Total - Add Lines 3 and 4	5Y	25376 .00	5S	.00
6. Minus, related adjustments (Federal Form 1040 or 1040-SR, Line 10)	6Y	.00	6S	.00
7. Net amounts - Subtract Line 6 from Line 5	7Y	25376 .00	7S	0 .00
8. Percentage of your income taxed - Divide Line 7 by Line 1	8Y	49.00 %	8S	0.00 %
9. Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	818 .00	9S	.00
10. Income tax imposed by another state or political subdivision. This is not income tax withheld. The income tax must generally be reduced by all credits, except withholding and estimated tax. (See instructions.)	10Y	1197 .00	10S	0 .00
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 31Y or Line 31S.	11Y	818 .00	11S	0 .00

Form MO-CR

Note: If you have completed Form MO-CR for credits in multiple states, add the amounts on Line 11 from each Form MO-CR and the amounts on Line 5, from each Form MO-CR, Schedule 1, before entering on Form MO-1040. The cumulative amount of credit reported on MO-1040, Line 31Y and 31S cannot exceed the Missouri tax liability.