

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 <u>ANKITA</u>	Last name <u>SRIVASTAV</u>	Your social security number <u>712 34 1810</u>
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. <u>18S KINGSHIGHWAY BLVD</u>		Apt. no. <u>10E</u>	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <u>SAINT LOUIS</u>	State <u>MO</u>	ZIP code <u>63108</u>	
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"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	11,026.
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	0.
	i Nontaxable combat pay election (see instructions) 1i		
	z Add lines 1a through 1h	1z	11,026.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest 2a	b Taxable interest 2b	
	3a Qualified dividends 3a	b Ordinary dividends 3b	
	4a IRA distributions 4a	b Taxable amount 4b	
	5a Pensions and annuities 5a	b Taxable amount 5b	
	6a Social security benefits 6a	b Taxable amount 6b	
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Additional income from Schedule 1, line 10	8	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	11,026.
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	11,026.
	12 Standard deduction or itemized deductions (from Schedule A)	12	13,850.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	13,850.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0.

Attach Sch. B if required.

Standard Deduction for—

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

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

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

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

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature lines for taxpayer and spouse, including occupation and ID protection PIN fields.

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



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

First Name: | M.I.: | Last Name: | Suffix:

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

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

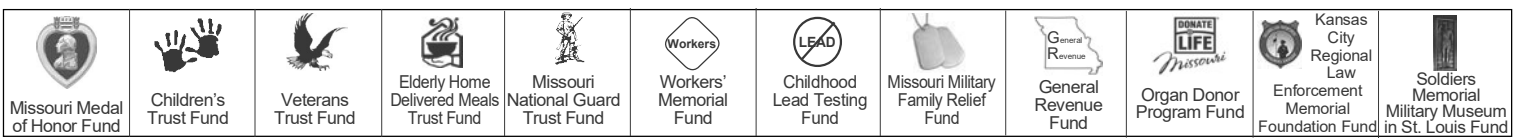
Address

Present Address (Include Apartment Number or Rural Route):

City, Town, or Post Office: | State: | ZIP Code: -

County of Residence:

You may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	11026	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	11026	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	11026	00	5S
6. Total Missouri adjusted gross income - Add columns 5Y and 5S		6	11026	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	0	00
10. Other tax from federal return.	10		00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	0	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	35.00	%

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	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 \$	21B. Rented/ Leased	\$	21C. Crop- Share
00	00	00	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	13850	.00
26. Subtotal - Subtract Line 25 from Line 6	26	0	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	0	.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	<input style="width: 100%; height: 20px;" type="text"/>	.00
	29S	<input style="width: 100%; height: 20px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions).	30Y	0	.00
	30S	<input style="width: 100%; height: 20px;" type="text"/>	.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	<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	0	.00
	33S	<input style="width: 100%; height: 20px;" type="text"/>	.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
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	34S	<input style="width: 100%; height: 20px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34	35Y	0	.00
	35S	<input style="width: 100%; height: 20px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S	36	0	.00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099.	37	<input style="width: 100%; height: 20px;" type="text"/>	.00
	37	328	.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	328	.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	3146803646		
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



23322051555

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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