



MISSOURI DEPARTMENT OF REVENUE 2024 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



24352011555

Social Security Number

823 - 62 - 5215

Name Control

KALA

[X] 1st Qtr. [] 2nd Qtr. [] 3rd Qtr. [] 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 292 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial) KALAVAKURI, MURALI
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code 641 SOUTHERN OAKS PLACE # 10 MEMPHIS TN 38111

Department Use Only [] [] []

(Revised 12-2023)



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2024 Declaration of Estimated Tax
for Individuals (Form MO-1040ES)



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1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

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Name Control

Amount Paid \$ 292 . 00

Your Name (Last, First, Initial)
KALAVAKURI, MURALI
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
641 SOUTHERN OAKS PLACE # 10 MEMPHIS TN 38111

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2024 Declaration of Estimated Tax
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Your Name (Last, First, Initial)
KALAVAKURI, MURALI
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
641 SOUTHERN OAKS PLACE # 10 MEMPHIS TN 38111

Department Use Only

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MISSOURI DEPARTMENT OF REVENUE 2024 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



24352011555

Social Security Number

823 - 62 - 5215

Name Control

KALA

1st Qtr. 2nd Qtr. 3rd Qtr. [X] 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 292 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial) KALAVAKURI, MURALI
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code 641 SOUTHERN OAKS PLACE # 10 MEMPHIS TN 38111

Department Use Only [] [] []

(Revised 12-2023)



MISSOURI DEPARTMENT OF REVENUE

REV 02/08/24 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		
MURALI KALAVAKURI		
Spouse's Name		
Street Address		
641 SOUTHERN OAKS PLACE #10		
City	State	ZIP Code
MEMPHIS	TN	38111
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 823 - 62 - 5215

Name Control KALA

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 1209.00

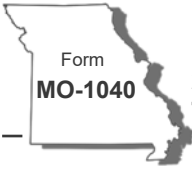


23347011555

Department Use Only

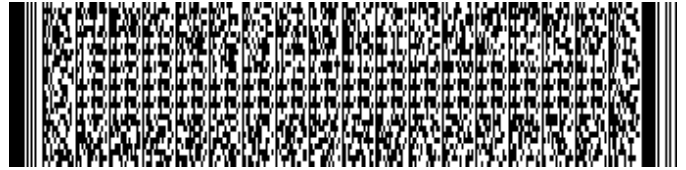
Department Use Only

055 555 000000 8236252152 110112018 0000000000 23 000120900 7



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: 823 - 62 - 5215 Deceased in 2023

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

First Name: MURALI M.I.: Last Name: KALAVAKURI Suffix:

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

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

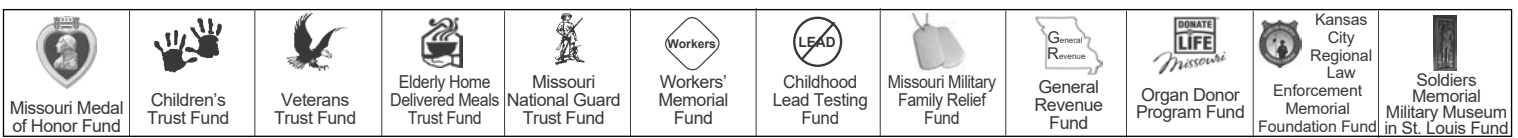
Address

Present Address (Include Apartment Number or Rural Route): 641 SOUTHERN OAKS PLACE APT 10

City, Town, or Post Office: MEMPHIS State: TN ZIP Code: 38111 -

County of Residence: NONR

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 82505	.00	1S	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2.	3Y 82505	.00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y 82505	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	82505	.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 10416	.00
10. Other tax from federal return.	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11 10416	.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 1562	.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	15412	<input type="text"/>	.00
26.	Subtotal - Subtract Line 25 from Line 6					26	67093	<input type="text"/>	.00
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	67093	<input type="text"/>	.00	27S	<input type="text"/>	<input type="text"/>	.00
28.	Enterprise zone or rural empowerment zone income modification	28Y	<input type="text"/>	<input type="text"/>	.00	28S	<input type="text"/>	<input type="text"/>	.00

Tax

29.	Taxable income - Subtract Line 28 from Line 27	29Y	67093	<input type="text"/>	.00	29S	<input type="text"/>	<input type="text"/>	.00
30.	Tax (see tax chart on page 26 of the instructions)	30Y	3137	<input type="text"/>	.00	30S	<input type="text"/>	<input type="text"/>	.00
31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y	<input type="text"/>	<input type="text"/>	.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	80	%		32S	<input type="text"/>	%	
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	2510	<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"/>	<input type="text"/>	.00	34S	<input type="text"/>	<input type="text"/>	.00
35.	Subtotal - Add Lines 33 and 34	35Y	2510	<input type="text"/>	.00	35S	<input type="text"/>	<input type="text"/>	.00
36.	Total Tax - Add Lines 35Y and 35S	36	2510	<input type="text"/>	.00				

Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099	37	1345	<input type="text"/>	.00				
38.	2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023	38	<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"/>	.00				
40.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<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"/>	.00				
42.	Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input type="text"/>	<input type="text"/>	.00				
43.	Property tax credit - Attach Form MO-PTS	43	<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"/>	.00				
45.	Total payments and credits - Add Lines 37 through 44	45	1345	<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 1165 .00

55. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 55 44 .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 1209 .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	9404930223		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03	06	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 3370
 Jefferson City, MO 65105-3370
Phone: (573) 751-7200

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 3222
 Jefferson City, MO 65105-3222
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
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 02/08/24 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 TENNESSEE

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: _____

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	66084	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	66084	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	66084	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. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	66084	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	82505	00	2S		00
3. Missouri Income Percentage - 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	80	%	3S		%

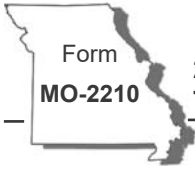
Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty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



MISSOURI DEPARTMENT OF
REVENUE
2023 Underpayment of Estimated
Tax By Individuals

Department Use Only
(MM/DD/YY)

--	--	--

Social Security Number

823	-	62	-	5215
-----	---	----	---	------

Spouse's Social Security Number

	-		-	
--	---	--	---	--

Taxpayer Name

KALAVAKURI, MURALI

Spouse's Name

--

Address, City, State, and ZIP Code

641 SOUTHERN OAKS PLACE #10 MEMPHIS TN 38111
--

You may qualify for the Short Method to calculate your penalty. You may use the Short Method if:

- a. All withholding and estimated tax payments were made equally throughout the year **and**
- b. You **do not** annualize your income.

If both (a) and (b) apply to you, complete Part I, Required Annual Payment and Part II, Short Method. Otherwise, complete Part I, Required Annual Payment and Part III, Regular Method.

Part I - Required Annual Payment	1. Enter your 2023 tax after credits (Form MO-1040, Line 36 minus approved credits from Line 42, Property Tax Credit from Line 43 and Missouri Working Family Tax Credit Line 44).....	1	2510.
	2. Multiply Line 1 by 90% (66 2/3% for qualified farmers).....	2	2259.
	3. Withholding Taxes - Do not include any estimated tax payments on this line	3	1345.
	4. Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty.....	4	1165.
	5. Enter the tax shown on your 2022 tax return. If you did not file a 2022 Missouri return or only filed a Property Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Line 6.	5	
	6. Required Annual Payment - Enter the smaller of Line 2 or Line 5 (Note: If Line 3 is equal to or more than Line 6, stop here; you do not owe the penalty. Do not file Form MO-2210).	6	2259.

Part II - Short Method	7. Enter the amount, if any, from Line 3 above	7	1345.
	8. Enter the total amount, if any, of 2023 estimated tax payments you made	8	
	9. Add Lines 7 and 8	9	1345.
	10. Total Underpayment for Year - Subtract Line 9 from Line 6. If zero or less, stop here; you do not owe the penalty. Do not file Form MO-2210.....	10	914.
	11. Multiply Line 10 by 0.04840	11	44.
	12. If the amount on Line 10 was paid on or after 04/15/24, enter 0 (zero). If the amount on Line 10 was paid before 04/15/24, make the following computation to find the amount to enter on Line 12. Amount on Line 10 X Number of days paid before 04/15/24 X 0.0002459	12	
	13. Penalty - Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 55	13	44.

Part II Instructions - Short Method

- A. **Purpose of the Form** - Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.
- B. **Short Method** - You may qualify for the Short Method to calculate your penalty if all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.

If you do not qualify to use the Short Method, you must use the Regular Method.

Section A - Figure Your Underpayment

Complete Lines 14 through 19. If you meet any of the exceptions (see instruction D) to the penalty for all quarters, omit Lines 14 through 19 and go directly to Line 20.

14. Required annual payment (Enter payment as computed on Part I, Line 6)	14			
	Due Dates of Installments			
	April 15, 2023	June 15, 2023	Sept. 15, 2023	Jan. 15, 2024
15. Required installment payments (See Instructions)				
16. Estimated tax paid				
17. Overpayment of previous installments				
18. Total payments				
19. Underpayment of current installment				
19a. Overpayment of current installment				
19b. Underpayment of previous installments				
19c. Total overpayment				
19d. Total underpayment				

Section B - Exceptions To The Penalty

See instruction D - For special exceptions see instruction I for service in a "combat zone", and instruction J for farmers.

20. Total amount paid and withheld from January 1 through the installment date indicated				
21. Exception No. 1 - prior year's tax 2022 tax	25% of 2022 Tax	50% of 2022 Tax	75% of 2022 Tax	100% of 2022 Tax
22. Exception No. 2 - tax on prior year's income using 2023 rates and exemptions	25% of Tax	50% of Tax	75% of Tax	100% of Tax
23. Exception No. 3 - tax on annualized 2023 income	22.5% of Tax	45% of Tax	67.5% of Tax	
24. Exception No. 4 - tax on 2023 income (See Instructions) ..	90% of Tax	90% of Tax	90% of Tax	

Section C - Figure the Penalty

Complete Lines 25 through 29

25. Amount of underpayment				
26. Date of payment, due date of installment, or April 15, 2024, whichever is earlier				
27a. Number of days between the due date of installment, and either date of payment, the due date of the next installment, or December 31, 2023, whichever is earlier ..				
27b. Number of days from January 1, 2024 or installment date to date of payment or April 15, 2024				
28a. Multiply the 6% annual interest rate times the amount on Line 25 for the number of days shown on Line 27a				
28b. Multiply the 9% annual interest rate times the amount on Line 25 for the number of days shown on Line 27b				
28c. Total Penalty (Line 28a plus Line 28b)				
29. Total amount on Line 28c. Show this amount on Line 55 of Form MO-1040 as "Underpayment of Estimated Tax Penalty". If you have an underpayment on Line 54 of Form MO-1040, enclose your check or money order for payment in the amount equal to the total of Line 54 and the penalty amount on Line 55. If you have an overpayment on Line 53, the Department of Revenue will reduce your overpayment by the amount of penalty				

Note: If this form is not filed with Form MO-1040, attach check or money order payable to "Department of Revenue" and mail.

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