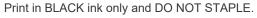


For Calendar Year January 1 - December 31, 2023





	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.							
Fisca	ing a fiscal year return enter the beginning and ending dates here. al Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) 1555 Department Use Only							
Filing Status	X Single Claimed as a Married Filing Married Filing Head of Dependent Combined Separately Household Widow(er)							
	Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse Non-Ob]						
Name	Social Security Number in 2023 Spouse's Social Security Number in 2023 First Name M.I. Last Name Suffix VAIBHAV PUROHIT 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) 3324 MCKINNEY AVE APT 908 City, Town, or Post Office State ZIP Code DALLAS TX 75204 - County of Residence							
You	ı 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.							

REV 02/08/24 PRO

Missouri Medal of Honor Fund

IN

Children's Trust Fund

Veterans Trust Fund

Soldiers Memorial Military Museum in St. Louis Fund

Kansas

City Regional Law Enforcement

Memorial

Foundation Fund

LIFE

Organ Donor Program Fund

Misso

General

Revenue Fund

LEAD

Childhood

Lead Testing

Fund

Missouri Military

Family Relief Fund

Workers

Workers'

Memorial Fund

X

Missouri

National Guard

Trust Fund

Elderly Home

Delivered Meals Trust Fund

				Yourse	elf (Y)			Spouse (S)		
Income	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	15	4845	00	18			00
		,								
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y			00	2S		ᆗ.	00
	3.	Total income - Add Lines 1 and 2	3Y	15	4845 .	00	38		ᆜ.	00
	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y			00	48		╝.	00
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	15	4845	00	58		╝.	00
	6.	Total Missouri adjusted gross income - Add columns 5Y and 5S	3		6	15	4845	00		
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		100	%	7S			%
	8.	Pension, Social Security and Social Security Disability exemption Section D)				,	8		□.	00
	9.	Tax from federal return		9	27234	1.0	0			
	10.	Other tax from federal return		10		0	00			
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11	27234	1.0	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 0.00)	9	%			
eductions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$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	5% 5% 5% 6%	Centage:		233	32202155 <u>9</u>	 		
Ω	13.	Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co					13		0.	00
Exemptions and	14.	Missouri standard deduction or itemized deductions. (If itemizing • Single or Married Filing Separate-\$13,850 • Head of House • Married Filing Combined or Qualifying Widow(er)-\$27,700	seholo	d-\$20,800	,		14	1385	0.	00
	15.	Additional Exemption for Head of Household and Qualifying Widow(er)							<u> </u>	00
	16.	Long-term care insurance deduction					16		<u> </u>	00
	17.	. Health care sharing ministry deduction							□.	00
	18.	Active Duty Military income deduction					18		<u> </u>	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 fa of Lines 21A, 21B, and 21C on Line 21					21		<u> </u>	00
	21	A. Sold 21B. Rented/		21C. Crop-	_					
		\$ Leased \$	00	Share	\$. 00	IN REV	12/08/24	1 PR∩

Deductions Continued	22.	First time home buyers deduction. A.	B.			22		. 00
	23.	Long term dignity savings account deduction				23		. 00
	24.	Foster parent tax deduction				24		. 00
	25.	Total deductions - Add Lines 8 and 13 through 24				25	13850	. 00
	26.	Subtotal - Subtract Line 25 from Line 6				26	140995	. 00
	27.	Multiply Line 26 by appropriate percentages (%) on						
		Lines 7Y and 7S	27Y	140995	. 00	278		. 00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	28S		. 00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	140995	. 00	298		. 00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	6795	. 00	30S		. 00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		00	31S		00
	32.	Missouri income percentage - Enter 100% if not completing						- ———
J		Form MO-NRI. Attach Form MO-NRI and federal return if appl	licable.	32Y	3 %	6 32S		%
Тах	33.	Balance - Subtract Line 31 from Line 30; OR	33Y	0.04		33\$		00
		multiply Line 30 by percentage on Line 32	001	204		333		. [00]
	34.	Other taxes - Select box and attach federal form indicated.	[551]					.[00]
	34.		301					. [00]
	34.	Other taxes - Select box and attach federal form indicated.	34Y					. 00
		Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611)			. 00	031555		
	35.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611)	34Y 35Y	204	. 00	031555	204	. 00
	35.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	34Y 35Y	204	. 00	34S 34S 35S		. 00
	35.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	34Y 35Y	204	. 00	34S 34S 35S 36	204	. 00
	35. 36. 37.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	34Y 35Y	204	00	34S 34S 35S 36		. 00
edits	35. 36. 37.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	34Y 35Y	204 applied to 2023 holders - Attach Fo	. 00 . 00 . 00 . orms	34S 34S 35S 36 37		. 00
nd Credits	35. 36. 37.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	34Y 35Y	204 applied to 2023 holders - Attach Fo	. 00 . 00 . 00	34S 34S 35S 36 37 38		. 00
ents and Credits	35. 36. 37. 38. 39.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP	34Y 35Y om 2022 on share	204 applied to 2023 holders - Attach Fo	00 00 . 00	34S 34S 35S 36 37 38		. 00
Payments and Credits	35. 36. 37. 38. 39.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP Missouri tax payments for nonresident entertainers - Attach Form Mo-19 Amount paid with Missouri extension of time to file (Form MO-19).	34Y 35Y om 2022 on share 	204 applied to 2023 holders - Attach Fo	. 00 . 00 	34S 34S 35S 36 37 38 39 40		. 00
Payments and Credits	35. 36. 37. 38. 39. 40. 41.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP Missouri tax payments for nonresident entertainers - Attach Form Amount paid with Missouri extension of time to file (Form MO-4)	34Y 35Y om 2022 on share orm MO-	applied to 2023	. 00 . 00 . orms	34S 34S 35S 36 37 38 39 40 41		. 00
Payments and Credits	35. 36. 37. 38. 39. 40. 41. 42.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP Missouri tax payments for nonresident entertainers - Attach Form Mo-2NR and with Missouri extension of time to file (Form MO-4NR) Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach	34Y 35Y om 2022 on share orm MO-	204 204 applied to 2023	00 00 00 00 00 00 00 00 00 00 00 00 00	34S 34S 35S 36 37 38 39 40 41 42 43		. 00

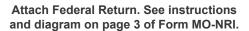
	Sk	ip Lines 46 through 48 if you are not filing an amended return.		
	46.	Amount paid on original return.	46	. 00
	47.	Overpayment as shown (or adjusted) on original return	47	. 00
		Indicate Reason for Amending		
Amended Return		A. Federal audit. Enter date of IRS report (MM/DD/YY) Enter year of loss (YY)		
Amend		B. Net Operating Loss carryback Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed. (N	/IM/DD/YY)	
		D. Correction other than A, B, or C		
	48.	Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47. Enter on Line 48	48	. 00
		, and an every time in	49 14	
		Tanoant of Line to to be applied to your 2021 commuted tax	50	. 00
		Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust. Children's a. Trust Fund 51b. Trust Fund 51c. Trust Fund 51c. Trust Fund 51d.	Missouri National Guard . Trust Fund	. 00
	516	Soldiers	General Revenue Fund	00
Refund	51i	Kansas City Regional Law Enforcement Memorial Military Museum in Museum in Museum in S1k. St. Louis Fund 51l.	MIssouri Medal of Honor Fund	00
Re	511	Additional Fund Fund Amount Solution So		-
		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 14	. 00



	54.	If Line 36 is larger than Line 45 or Line 48, enter the difference. Amount of UNDERPAYMENT	54			00
Amount Due	55.	Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here	. 55			00
	56.	Select this box if you are a farmer exempt from the underpayment of estimated tax pena. AMOUNT DUE - Add Lines 54 and 55.	ilty.			
		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
	of notine the bas impunation	der penalties of perjury, I declare that I have examined this return, including accompanying schedule my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature Department of Revenue with my signature as required under <u>Section 143.561, RSMo.</u> Declaration of sed on all information of which he or she has knowledge. As provided in <u>Chapter 143, RSMo.</u> , posed on any individual who files a frivolous return. I also declare under penalties of perjauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credens. I am aware of any applicable reporting requirements of <u>Section 135.805, RSMo</u> , and the penaltem.	ture" fiel f prepar a penal ury tha it, or ab	d(s) below, I a er (other than ty of up to \$5 t I employ n atement if I e	m provi taxpaye 00 shal o illega mploy s	iding er) is II be al or such
	Sig	nature	(MM/DE	/YY)		
	Spo	buse's Signature (If filing combined, BOTH must sign) Date	(MM/DD)/YY)		
nre	E-n	nail Address Dayt	me Tele	phone		
Signature	S	YAM@GTAXFILE.COM 40	4082105762			
Š	Pre	parer's Signature Date	(MM/DD	/YY)		
	S	YAM PRIYA RAM SAGAR GUPTA TALLAM 03		12	24	
	Pre	parer's FEIN, SSN, or PTIN Prep	arer's Te	lephone		
	84	4-3171965	6789659522			
	Pre	parer's Address State	;	ZIP Code		
	24	45 ROONEY CT E BRUNSWICK	-	08816		
	or a	uthorize the Director of Revenue or delegate to discuss my return and attachments with the preparty member of the preparer's firm	provide			No No
		23322051555				
		Department Use Only				
	Α	☐ FA ☐ E10 ☐ DE ☐ F				
	l 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 Refund or No Amount Due: Fax: (573) 522- Submission of Email: income(Inquiry and core) Inquiry and core	axprod Individ @dor.n	ual Income 1 10.gov	.mo.go	OV

If yes, visit <u>dor.mo.gov/military/</u> 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/







Social Security Number	Spouse's Social Security	y Number
609 - 96 - 2140]	-
Name	Spouse's Name	
PUROHIT, VAIBHAV		
Address	Address	
3324 MCKINNEY AVE APT 908		
City, State, ZIP Code	City, State, ZIP Code	
DALLAS TX 75	204	
1. Nonresident of Missouri State of residence during 2023TEXAS	1. Nonresident of State of resider	of Missouri nce during 2023
Remote Work (See instructions on Form MO-I		ork (See instructions on Form MO-NRI, page 3)
2. Part-Year Missouri Resident	2. Part-Year Mis	ssouri Resident
Remote Work (See instructions on Form MO-I	NRI, page 3) Remote Wo	ork (See instructions on Form MO-NRI, page 3)
Indicate the dates you were a Missouri Resident in 20	023. Indicate the dates	you were a Missouri Resident in 2023.
A. Date From: Date To:	A. Date From:	Date To:
B. Indicate the other state of residence		other state of residence
and dates you resided there	and dates yo	ou resided there
Date From: Date To:	Date From:	Date To:
Based on the Military Spouse's Residency Relief Act because your spouse is there on military orders, and M complete Form MO-NRI . You must report 100% on Line	lissouri is your state of residence, any in	
3. Military/Nonresident Tax Status - Indicate your below and complete Part C - Missouri Income Percentage		esident Tax Status - Indicate your tax status plete Part C - Missouri Income Percentage.
Missaumi Hamas of Dasaud		ome of Record
Missouri Home of Record I did not at any time during the tax year 2023 n permanent place of abode in Missouri, nor did than 30 days in Missouri during the year. I did n permanent place of abode in the state of	I spend more permanent maintain a than 30 day	any time during the tax year 2023 maintain a place of abode in Missouri, nor did I spend more is in Missouri during the year. I did maintain a place of abode in the state of

	Wor	ksheet for Missouri Source Income							
			Federal Form		Yourself or		Spouse (On A		
		Adjusted Gross		or Federal			Combined Return)		
		Income Computations	Form 1040-SR Line No.		Missouri Sources		Missouri Source		
		income computations			Missouri Sources		Missouri Source	,3	
	Α.	Wages, salaries, tips, etc.	1z	Α	4412 00	1 [Α	7	00
	В.	Taxable interest income.	2b	В	00	7 6	В	٦.١	00
	C.	Dividend income	3b	С	0 00	7 6	С	1.1	00
	D.	State and local income tax refunds (from schedule 1, part 1)	1	D	00	7 6	D	٦.١	00
	E.	Alimony received (from schedule 1, part 1)	2a	Е	00	7 6	Е		00
	F.	Business income or (loss) (from schedule 1, part 1)	3	F	00	7 6	F		00
	G.		7	G	0 00	7 6	G		00
	Н.		4	Н	00	7 6	Н		00
	1.	Taxable IRA distributions	4b	ı	00	7 6	1	٦.١	00
Part B	J.	Taxable pensions and annuities	5b	J	00	7 6	J	٦.١	00
Par	K.	Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	Κ	0 00	7 6	К		00
	L.	Farm income or (loss) (from schedule 1, part 1).	6	L	00	7 6	L	٦.١	00
	М.		7	М	00	7 6	M	٦.١	00
	N.		6b	N	00	7 6	N		00
	0.	- · · · · · · · · · · · · · · · · · · ·	9	0	00	7 6	0		00
	Ρ.	,		Р	4412 00	7 6	Р		00
	Q.		10	Q	00	7 6	Q		00
		SUBTOTAL (Line P - Line Q) If no modifications to income,					·		
		enter this amount on Part C, Line 1	11	R	4412 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)		Т	. 00		Т].	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									
					ourself or		Spouse		
				One	Income Filer	((On A Combined Retu	urn)	
	1.	•	43.4		4410			7	
		file a Missouri return if the amount on this line is more than \$600)	[1Y]		4412 . 00 1	S		ا.∟	00
Part C	2.	Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y							
Pai		and 5S or from your federal form if you are a military nonresident and you			154845 00 2	28			00
		are not required to file a Missouri return)	2Y		154845 00 2	23		ا.∟	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		3 % 3	3S		(%
		WO-1040, Lines 321 and 323			<u> </u>				
	Un	der penalties of perjury, I declare that I have examined this form and to	the best of m	y kno	owledge and believe it is	s tru	ue, correct, and comp	olet	е.
	De	claration of preparer (other than taxpayer) is based on all information o	f which he/she	e has	any knowledge. As pro	vid	ed in Chapter 143, R	SM	Ο,
	a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.								
ure	Signature Date (MM,)/YY)		
Signature	- ignature					\neg			
Sig	5								
	Sp	ouse's Signature (if filing combined, BOTH must sign)			Date (MM	/DD)/YY)		

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If yes, visit <u>dor.mo.gov/military/</u> 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 <u>veteranbenefits.mo.gov/state-benefits/</u>.