

### IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>RAMYA VANI RAYALA</b>	Social security number <b>733-13-1547</b>
Spouse's name	Spouse's social security number

#### Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	61,906.
<b>2</b> Total tax . . . . .	<b>2</b>	4,775.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	10,148.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	5,373.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

##### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	1	5	4	7
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 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name  
**Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

##### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name  
**Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

#### Practitioner PIN Method Returns Only—continue below

#### Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 2020 See separate instructions.

Your first name and middle initial Last name Your social security number
RAMYA VANI RAYALA 733 13 1547

If joint return, spouse's first name and middle initial Last name Spouse's social security number
189 98 9408

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
729 GENTLE BREEZE CT
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
HERNDON VA 20170
Foreign country name Foreign province/state/country Foreign postal code
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.
You Spouse

Filing Status Single Head of household (HOH)
Married filing jointly (even if only one had income)
Married filing separately (MFS) Qualifying surviving spouse (QSS)
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: NAVEEN KANNAM

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

Table with 5 columns: (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. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with columns 1a-1z and 1b-1z. Rows include: Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Rows include: Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount, Capital gain or (loss), Additional income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, Subtract line 14 from line 11. Total taxable income: 41,839.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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, and Total tax.

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

Refund table with rows 34-36. Includes amount overpaid, amount refunded to you, routing 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 fields for name, phone number, and personal identification number (PIN).

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and date fields.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and EIN.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAMYA VANI RAYALA

Your social security number

733-13-1547

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-19,290.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-19,290.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		<b>26</b>

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

RAMYA VANI RAYALA

Your social security number

733-13-1547

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	<b>1</b> Medical and dental expenses (see instructions) . . . . .		<b>1</b>			
	<b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 <b>2</b> . . . . .					
	<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . .		<b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .				<b>4</b>		
<b>Taxes You Paid</b>	<b>5</b> State and local taxes.					
	<b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> . . . . .	<b>5a</b>		3,141.		
	<b>b</b> State and local real estate taxes (see instructions) . . . . .	<b>5b</b>		6,947.		
	<b>c</b> State and local personal property taxes . . . . .	<b>5c</b>				
	<b>d</b> Add lines 5a through 5c . . . . .	<b>5d</b>		10,088.		
	<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>		5,000.		
	<b>6</b> Other taxes. List type and amount: _____	<b>6</b>				
<b>7</b> Add lines 5e and 6 . . . . .				<b>7</b>	5,000.	
<b>Interest You Paid</b>	<b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> . . . . .					
	<b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .	<b>8a</b>		15,067.		
	<b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .	<b>8b</b>				
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>				
	<b>d</b> Reserved for future use . . . . .	<b>8d</b>				
	<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>		15,067.		
<b>9</b> Investment interest. Attach Form 4952 if required. See instructions . . . . .	<b>9</b>					
<b>10</b> Add lines 8e and 9 . . . . .				<b>10</b>	15,067.	
<b>Gifts to Charity</b>	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>11</b>				
	<b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>12</b>				
	<b>13</b> Carryover from prior year . . . . .	<b>13</b>				
	<b>14</b> Add lines 11 through 13 . . . . .				<b>14</b>	
<b>Casualty and Theft Losses</b>	<b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .				<b>15</b>	
<b>Other Itemized Deductions</b>	<b>16</b> Other—from list in instructions. List type and amount: _____				<b>16</b>	
<b>Total Itemized Deductions</b>	<b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .			<b>17</b>	20,067.	
	<b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> . . . . .					

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Attachment  
Sequence No. **13**

Name(s) shown on return

RAMYA VANI RAYALA

Your social security number

733-13-1547

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

<b>A</b>	1-149/1 PEDAVEGI MANDALA WESTGODAVARI DISTRIC ANDHRA PRADESH IN 534475
<b>B</b>	
<b>C</b>	

<b>1b</b> Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		<b>A</b>	<b>B</b>	<b>C</b>	<input type="checkbox"/>
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

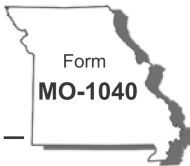
**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:	Properties:		
	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	600.		
<b>4</b> Royalties received . . . . .			
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .			
<b>6</b> Auto and travel (see instructions) . . . . .			
<b>7</b> Cleaning and maintenance . . . . .	2,350.		
<b>8</b> Commissions . . . . .			
<b>9</b> Insurance . . . . .			
<b>10</b> Legal and other professional fees . . . . .			
<b>11</b> Management fees . . . . .	1,350.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)			
<b>13</b> Other interest . . . . .			
<b>14</b> Repairs . . . . .	5,510.		
<b>15</b> Supplies . . . . .	5,960.		
<b>16</b> Taxes . . . . .			
<b>17</b> Utilities . . . . .	4,720.		
<b>18</b> Depreciation expense or depletion . . . . .			
<b>19</b> Other (list) _____			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	19,890.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	-19,290.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	( 19,290. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	600.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	19,890.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	( 19,290. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .			-19,290.

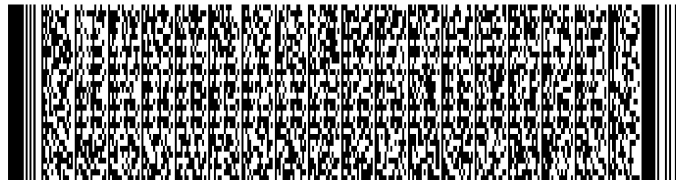
For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023



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	Deceased in 2023	Spouse's Social Security Number	Deceased in 2023
733 - 13 - 1547	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
RAMYA VANI	<input type="text"/>	RAYALA	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Address

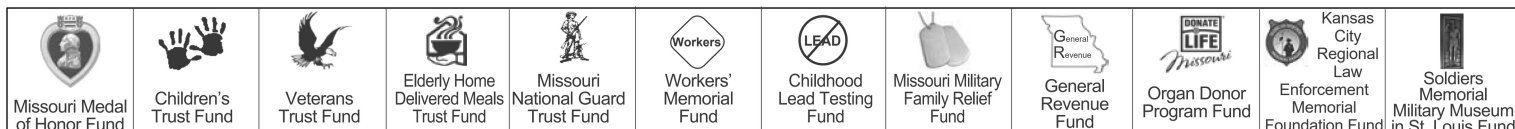
Present Address (Include Apartment Number or Rural Route)

729 GENTLE BREEZE CT

City, Town, or Post Office: HERNDON State: VA ZIP Code: 20170 -

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	61906	00	1S		00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		00	2S		00
3. Total income - Add Lines 1 and 2. . . . .	3Y	61906	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	61906	00	5S		00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	61906	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	4775	00
10. Other tax from federal return. . . . .	10		00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	4775	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	716	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	24710	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
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Deductions Continued

22.	First time home buyers deduction.	A. <input style="width: 60px;" type="text"/>	B. <input style="width: 60px;" type="text"/>	22	<input style="width: 100px;" type="text"/>	.00
23.	Long term dignity savings account deduction			23	<input style="width: 100px;" type="text"/>	.00
24.	Foster parent tax deduction			24	<input style="width: 100px;" type="text"/>	.00
25.	Total deductions - Add Lines 8 and 13 through 24			25	25426	.00
26.	Subtotal - Subtract Line 25 from Line 6			26	36480	.00
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S			27Y	36480	.00
				27S	<input style="width: 100px;" type="text"/>	.00
28.	Enterprise zone or rural empowerment zone income modification			28Y	<input style="width: 100px;" type="text"/>	.00
				28S	<input style="width: 100px;" type="text"/>	.00

Tax

29.	Taxable income - Subtract Line 28 from Line 27	29Y	36480	.00	29S	<input style="width: 100px;" type="text"/>	.00
30.	Tax (see tax chart on page 26 of the instructions)	30Y	1622	.00	30S	<input style="width: 100px;" type="text"/>	.00
31.	Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s)	31Y	<input style="width: 100px;" type="text"/>	.00	31S	<input style="width: 100px;" type="text"/>	.00
32.	Missouri income percentage - Enter 100% if not completing <b>Form MO-NRI</b> . Attach Form MO-NRI and federal return if applicable.	32Y	100	%	32S	<input style="width: 100px;" type="text"/>	%
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	1622	<input style="width: 30px;" type="text"/>	33S	<input style="width: 100px;" type="text"/>	.00
34.	Other taxes - Select box and attach federal form indicated.	 23322031555					
	<input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )						
	<input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<input style="width: 100px;" type="text"/>	.00	34S	<input style="width: 100px;" type="text"/>	.00
35.	Subtotal - Add Lines 33 and 34	35Y	1622	.00	35S	<input style="width: 100px;" type="text"/>	.00
36.	Total Tax - Add Lines 35Y and 35S				36	1622	.00

Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099	37	3141	.00			
38.	2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023	38	<input style="width: 100px;" type="text"/>	.00			
39.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b>	39	<input style="width: 100px;" type="text"/>	.00			
40.	Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b>	40	<input style="width: 100px;" type="text"/>	.00			
41.	Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> )	41	<input style="width: 100px;" type="text"/>	.00			
42.	Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC	42	<input style="width: 100px;" type="text"/>	.00			
43.	Property tax credit - Attach <b>Form MO-PTS</b>	43	<input style="width: 100px;" type="text"/>	.00			
44.	Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return)	44	<input style="width: 100px;" type="text"/>	.00			
45.	Total payments and credits - Add Lines 37 through 44	45	3141	.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**

Amended Return

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  1519 .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.

Refund

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  1519 .00



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	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="SYAM@GTAXFILE.COM"/>		Daytime Telephone	<input type="text" value="6303036607"/>		
Preparer's Signature	<input type="text" value="VENKATA SAI PAVAN KUMAR DUDIPALLI"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="88-2145487"/>		Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="245 ROONEY CT E BRUNSWICK"/>		State	<input type="text" value="NJ"/>	ZIP Code	<input type="text" value="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



Department Use Only

A  FA  E10  DE  F  .

**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](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)  
**Inquiry and correspondence**

Form MO-1040 (Revised 12-2023)

**Ever served on active duty in the United States Armed Forces?**  
 If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



IN  
 REV 02/08/24 PRO  
 MO-1040 Page 5



MISSOURI DEPARTMENT OF REVENUE 2023 Individual Income Tax Adjustments

Department Use Only (MM/DD/YY)

Three empty boxes for department use only.

Attach to Form MO-1040. Attach your federal return. See information beginning on page 13 to assist you in completing this form.

Name

Social Security Number

733 - 13 - 1547

Spouse's Social Security Number

Empty boxes for spouse's SSN.

First Name

RAMYA VANI

M.I. Last Name

RAYALA

Suffix

Empty box for suffix.

Spouse's First Name

Empty box for spouse's first name.

M.I. Spouse's Last Name

Empty box for spouse's last name.

Suffix

Empty box for spouse's suffix.

Additions

Yourself (Y)

Spouse (S)

1. Interest on state and local obligations other than Missouri source...

1Y [ ] .00 1S [ ] .00

2. Partnership Fiduciary S Corporation Business Interest



23340011555

Net Operating Loss (Carryback/Carryforward)

Other (description) [ ]

2Y [ ] .00 2S [ ] .00

3. Nonqualified distribution received from a qualified 529 plan not used for qualified expenses...

3Y [ ] .00 3S [ ] .00

4. Food Pantry contributions included on Federal Schedule A...

4Y [ ] .00 4S [ ] .00

5. Nonresident Property Tax...

5Y [ ] .00 5S [ ] .00

6. Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses...

6Y [ ] .00 6S [ ] .00

7. Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2...

7Y [ ] .00 7S [ ] .00

Subtractions

8. Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099...

8Y [ ] .00 8S [ ] .00

9. Any state income tax refund included in federal adjusted gross income.

9Y [ ] .00 9S [ ] .00

10. Military Retirement Benefits (see Instructions on page 14)...

10Y [ ] .00 10S [ ] .00

11. Partnership Fiduciary S Corporation Railroad Retirement Benefits Military (nonresident)

Combat Pay Build America and Recovery Zone Bond Interest MO Public-Private Transportation Act

Net Operating Loss Business Interest

Other (description) [ ]

11Y [ ] .00 11S [ ] .00

12. Exempt contributions made to a qualified 529 plan...

12Y [ ] .00 12S [ ] .00

13. Qualified Health Insurance Premiums - Attach the Qualified Health Insurance Premiums Worksheet (Form 5695) and supporting documentation...

13Y [ ] .00 13S [ ] .00

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

14. Missouri depreciation adjustment ( <b>Section 143.121, RSMo.</b> )	<input type="checkbox"/> Sold or disposed property previously taken as addition modification	14Y		.00	14S		.00
15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)		15Y		.00	15S		.00
16. Agriculture Disaster Relief		16Y		.00	16S		.00
17. Business Income Deduction – see worksheet on page 16		17Y		.00	17S		.00
18. Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4		18Y		.00	18S		.00

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1. Total federal itemized deductions from Federal Form 1040 or Federal Form 1040-SR, Line 12	1	20067	.00
2. 2023 Social security tax - (Yourself)	2	5019	.00
3. 2023 Social security tax - (Spouse)	3		.00
4. 2023 Railroad retirement tax - Tier I and Tier II (Yourself)	4		.00
5. 2023 Railroad retirement tax - Tier I and Tier II (Spouse)	5		.00
6. 2023 Medicare tax - Yourself and Spouse (see instructions on page 16)	6	1174	.00
7. 2023 Self-employment tax (see instructions on page 16)	7		.00
8. Total - Add Lines 1 through 7	8	26260	.00
9. State and local income taxes from Federal Schedule A, Line 5 or enter \$0 if completing worksheet below	9		.00
10. Earnings taxes included in Line 9	10		.00
11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from worksheet below	11	1550	.00
12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14	12	24710	.00

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).

1. Enter the sum of your state and local taxes on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5d.	1	10088	.00
2. State and local income taxes from Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a.	2	3141	.00
3. Earnings taxes included on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a.	3		.00
4. Subtract Line 3 from Line 2.	4	3141	.00
5. Divide Line 4 by Line 1.	5	31	%
6. Enter \$10,000 (\$5,000 if married filing separately).	6	5000	.00
7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above.	7	1550	.00



**Part 3 - Pension and Social Security/Social Security Disability**

**Public Pension Calculation** - Pensions received from any federal, state, or local government.

Part 3 - Section A

1. Missouri adjusted gross income from Form MO-1040, Line 6 . . . . .	1	61906	.00
2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b . . . . .	2		.00
3. Subtract Line 2 from Line 1 . . . . .	3	61906	.00
4. Select the appropriate filing status and enter amount on Line 4. <ul style="list-style-type: none"> <li>• Married Filing Combined (joint federal) - \$100,000</li> <li>• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 . . . . .</li> </ul>	4	85000	.00
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 . . . . .	5	0	.00
6. Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b . . . . .	6Y		.00
	6S		.00
7. Amount from Line 6 or \$44,683 (maximum social security benefit), whichever is less . . . . .	7Y		.00
	7S		.00
8. If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0. . . . .	8Y		.00
	8S		.00
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0. . . . .	9Y	0	.00
	9S		.00
10. Add amounts on Lines 9Y and 9S . . . . .	10	0	.00
11. Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0 . . . . .	11	0	.00

**Private Pension Calculation** - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Part 3 - Section B

1. Missouri adjusted gross income from Form MO-1040, Line 6 . . . . .	1	61906	.00
2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b . . . . .	2		.00
3. Subtract Line 2 from Line 1 . . . . .	3	61906	.00
4. Select the appropriate filing status and enter the amount on Line 4. <ul style="list-style-type: none"> <li>• Married Filing Combined (joint federal) - \$32,000</li> <li>• Single, Head of Household, and Qualifying Widow(er) - \$25,000</li> <li>• Married Filing Separate - \$16,000 . . . . .</li> </ul>	4	16000	.00
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 . . . . .	5	45906	.00
6. Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b . . . . .	6Y		.00
	6S		.00
7. Amounts from Line 6Y and 6S or \$6,000, whichever is less . . . . .	7Y	0	.00
	7S		.00
8. Add Lines 7Y and 7S . . . . .	8	0	.00
9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0. . . . .	9	0	.00



**Social Security or Social Security Disability Calculation** - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

Part 3 - Section C

1. Missouri adjusted gross income from Form MO-1040, Line 6 . . . . .	1	61906	00			
2. Select the appropriate filing status and enter the amount on Line 2. • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 . . . . .	2	85000	00			
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 . . . . .	3	0	00			
4. Taxable social security benefits for each spouse from Federal Form 1040 or Federal Form 1040-SR, Line 6b . . . . .	4Y		00	4S		00
5. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b . . . . .	5Y		00	5S		00
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S . . . . .	6Y		00	6S		00
7. Add Lines 6Y and 6S . . . . .	7		00			
8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0 . . . . .	8	0	00			

Part 3 - Section D

**Total Pension and Social Security/Social Security Disability**

Add Line 11 (Section A), Line 9 (Section B), and Line 8 (Section C) from Form MO-A.  
 Enter total amount here and on Form MO-1040, Line 8. . . . .

		0	00
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**Note:** There is no longer a calculation for computing a **military pension** exemption since 100% of military retirement benefits can be subtracted from federal adjusted gross income. (The military retirement benefits must be included on your federal return, Line 5b). Please use MO-A, Part 1, Line 10 to claim your military subtraction.



Attach to Form MO-1040. Attach your federal return.  
 Instructions for Part 2 and 3 begin on page 16.

**Ever served on active duty in the United States Armed Forces?**  
 If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



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 Last name Your social security number
RAMYA VANI RAYALA 733 13 1547

If joint return, spouse's first name and middle initial Last name Spouse's social security number
189 98 9408

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
729 GENTLE BREEZE CT

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
HERNDON VA 20170

Foreign country name Foreign province/state/country Foreign postal code
You Spouse

Filing Status Single Head of household (HOH)
Married filing jointly (even if only one had income)
Married filing separately (MFS) Qualifying surviving spouse (QSS)
Check only one box.
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: NAVEEN KANNAM

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

Table with 5 columns: (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. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with columns 1a-1z. Rows include: Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-6a and 2b-6b. Rows include: Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include: Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax: 4,775.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments: 10,148.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount refunded: 5,373.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount owed: 37.

Third Party Designee section. Includes fields for name, phone number, and PIN. Designation: No.

Sign Here section. Includes signature lines for taxpayer and spouse, occupation (SOFTWARE ENGINEER), and date fields.

Paid Preparer Use Only section. Includes fields for preparer name (VENKATA SAI PAVAN KUMAR DUDIPALLI), signature, date, PTIN (P02470833), and firm information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAMYA VANI RAYALA

Your social security number

733-13-1547

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-19,290.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-19,290.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		<b>26</b>

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

RAMYA VANI RAYALA

Your social security number

733-13-1547

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	<b>1</b> Medical and dental expenses (see instructions) . . . . .		<b>1</b>			
	<b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 <b>2</b> . . . . .					
	<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . .		<b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .				<b>4</b>		
<b>Taxes You Paid</b>	<b>5</b> State and local taxes.					
	<b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> . . . . .	<b>5a</b>	3,141.			
	<b>b</b> State and local real estate taxes (see instructions) . . . . .	<b>5b</b>	6,947.			
	<b>c</b> State and local personal property taxes . . . . .	<b>5c</b>				
	<b>d</b> Add lines 5a through 5c . . . . .	<b>5d</b>	10,088.			
	<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>	5,000.			
	<b>6</b> Other taxes. List type and amount: _____	<b>6</b>				
<b>7</b> Add lines 5e and 6 . . . . .				<b>7</b>	5,000.	
<b>Interest You Paid</b>	<b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> . . . . .					
	<b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .	<b>8a</b>	15,067.			
	<b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .	<b>8b</b>				
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>				
	<b>d</b> Reserved for future use . . . . .	<b>8d</b>				
	<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>	15,067.			
<b>9</b> Investment interest. Attach Form 4952 if required. See instructions . . . . .	<b>9</b>					
<b>10</b> Add lines 8e and 9 . . . . .				<b>10</b>	15,067.	
<b>Gifts to Charity</b>	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .		<b>11</b>			
	<b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .		<b>12</b>			
	<b>13</b> Carryover from prior year . . . . .		<b>13</b>			
	<b>14</b> Add lines 11 through 13 . . . . .				<b>14</b>	
<b>Casualty and Theft Losses</b>	<b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .				<b>15</b>	
<b>Other Itemized Deductions</b>	<b>16</b> Other—from list in instructions. List type and amount: _____				<b>16</b>	
<b>Total Itemized Deductions</b>	<b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .			<b>17</b>	20,067.	
	<b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> . . . . .					