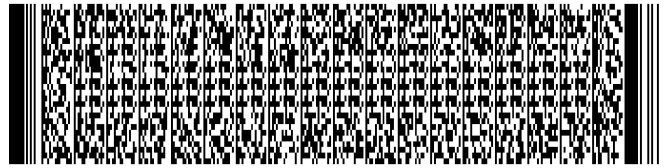


MISSOURI DEPARTMENT OF
REVENUE
2023 Individual Income
Tax Return - Long Form



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: 866 - 48 - 4974 Deceased in 2023

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

First Name: ADITYA M.I.: Last Name: NUGUR Suffix:

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

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

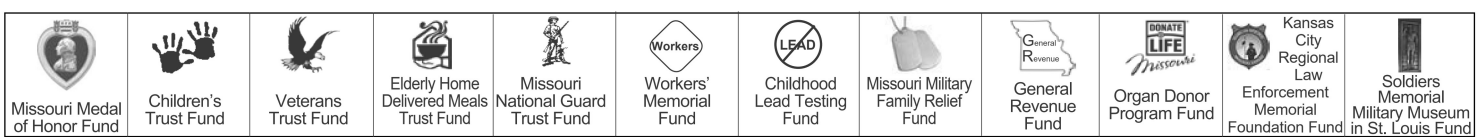
Address

Present Address (Include Apartment Number or Rural Route): 17 WHISPERING OAKS DRIV APT B

City, Town, or Post Office: WASHINGTON State: MO ZIP Code: 63090 -

County of Residence: FRAN

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 | 437395 | .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 | 437395 | .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 | 437395 | .00 | 5S | | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 437395 | .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 | 120135 | .00 | | | |
| 10. Other tax from federal return. | 10 | | .00 | | | |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 120135 | .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 | % | | | |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

| | |
|----------------------------------|-----|
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |




| | | | | | | |
|---|-------------------------------|----------------------------|-----|--|--|--|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 | 0 | .00 | | | |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$13,850 • Head of Household-\$20,800 • Married Filing Combined or Qualifying Widow(er)-\$27,700 | 14 | 13850 | .00 | | | |
| 15. Additional Exemption for Head of Household and Qualifying Widow(er) | 15 | | .00 | | | |
| 16. Long-term care insurance deduction | 16 | | .00 | | | |
| 17. Health care sharing ministry deduction. | 17 | | .00 | | | |
| 18. Active Duty Military income deduction | 18 | | .00 | | | |
| 19. Inactive Duty Military income deduction | 19 | | .00 | | | |
| 20. Bring jobs home deduction | 20 | | .00 | | | |
| 21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21 | 21 | | .00 | | | |
| 21A. Sold \$.00 | 21B. Rented/ Leased \$.00 | 21C. Crop- Share \$.00 | | | | |

Deductions Continued

| | | | | | |
|--|--|--|-----|---|-----|
| 22. First time home buyers deduction. | A. <input style="width: 80px;" type="text"/> | B. <input style="width: 80px;" type="text"/> | 22 | <input style="width: 80px;" type="text"/> | .00 |
| 23. Long term dignity savings account deduction | | | 23 | <input style="width: 80px;" type="text"/> | .00 |
| 24. Foster parent tax deduction | | | 24 | <input style="width: 80px;" type="text"/> | .00 |
| 25. Total deductions - Add Lines 8 and 13 through 24 | | | 25 | 13850 | .00 |
| 26. Subtotal - Subtract Line 25 from Line 6 | | | 26 | 423545 | .00 |
| 27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | 423545 | .00 | 27S | .00 |
| 28. Enterprise zone or rural empowerment zone income modification | 28Y | <input style="width: 80px;" type="text"/> | .00 | 28S | .00 |

Tax

| | | | | | |
|---|---|---|---|-----|-----|
| 29. Taxable income - Subtract Line 28 from Line 27 | 29Y | 423545 | .00 | 29S | .00 |
| 30. Tax (see tax chart on page 26 of the instructions) | 30Y | 20781 | .00 | 30S | .00 |
| 31. Resident credit - Attach Form MO-CR and other states' income tax return(s) | 31Y | <input style="width: 80px;" type="text"/> | .00 | 31S | .00 |
| 32. Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if applicable. | 32Y | 100 | % | 32S | % |
| 33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | 20781 | <input style="width: 20px;" type="text"/> | 33S | .00 |
| 34. Other taxes - Select box and attach federal form indicated. |  23322031555 | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | 34Y | <input style="width: 80px;" type="text"/> | .00 | 34S | .00 |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 34Y | <input style="width: 80px;" type="text"/> | .00 | 34S | .00 |
| 35. Subtotal - Add Lines 33 and 34 | 35Y | 20781 | .00 | 35S | .00 |
| 36. Total Tax - Add Lines 35Y and 35S | 36 | 20781 | .00 | | |

Payments and Credits

| | | | | | |
|---|----|---|-----|--|--|
| 37. MISSOURI tax withheld - Attach Forms W-2 and 1099 | 37 | 19214 | .00 | | |
| 38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023 | 38 | <input style="width: 80px;" type="text"/> | .00 | | |
| 39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 39 | <input style="width: 80px;" type="text"/> | .00 | | |
| 40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 40 | <input style="width: 80px;" type="text"/> | .00 | | |
| 41. Amount paid with Missouri extension of time to file (Form MO-60) | 41 | <input style="width: 80px;" type="text"/> | .00 | | |
| 42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC | 42 | <input style="width: 80px;" type="text"/> | .00 | | |
| 43. Property tax credit - Attach Form MO-PTS | 43 | <input style="width: 80px;" type="text"/> | .00 | | |
| 44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return) | 44 | <input style="width: 80px;" type="text"/> | .00 | | |
| 45. Total payments and credits - Add Lines 37 through 44 | 45 | 19214 | .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 | [] [] [] [] .00 | Additional Fund Amount | [] [] [] [] .00 | 51n. Additional Fund Code | [] [] [] [] .00 | 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 | 1567 | .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 | 1567 | .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 style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY) |
| <input style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| E-mail Address | Daytime Telephone |
| <input style="width: 100%;" type="text" value="SYAM@GTAXFILE.COM"/> | <input style="width: 100%;" type="text"/> |
| Preparer's Signature | Date (MM/DD/YY) |
| <input style="width: 100%;" type="text" value="VENKATA SAI PAVAN KUMAR DUDIPALLI"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| Preparer's FEIN, SSN, or PTIN | Preparer's Telephone |
| <input style="width: 100%;" type="text" value="88-2145487"/> | <input style="width: 100%;" type="text" value="6789659522"/> |
| Preparer's Address | State ZIP Code |
| <input style="width: 100%;" type="text" value="245 ROONEY CT E BRUNSWICK"/> | <input style="width: 25%;" type="text" value="NJ"/> <input style="width: 25%;" 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

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| | | |
|--|---|---|
| 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
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