



Illinois Department of Revenue
2023 Form IL-1040
Individual Income Tax Return

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A

719-17-3225 1999
SOWMYA UGGAM
2170 SUMMER HOUSE DR 21
SAINT LOUIS MO 63146
SOWMYAUGGAM4468@GMAIL.COM



B Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately [ ] Widowed [ ] Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. [ ] You [ ] Spouse

D Check the box if this applies to you during 2023: [X] Nonresident - Attach Sch. NR [ ] Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

Table with 4 rows: 1 Federal adjusted gross income... 2 Federally tax-exempt interest... 3 Other additions... 4 Total income.

Step 3: Base Income

Table with 5 rows: 5 Social Security benefits... 6 Illinois Income Tax overpayment... 7 Other subtractions... 8 Add Lines 5, 6, and 7... 9 Illinois base income.

Step 4: Exemptions - See instructions for income limitations

Table with 4 rows: 10 a Enter the exemption amount... b Check if 65 or older... c Check if legally blind... d If you are claiming dependents... Exemption allowance.

Step 5: Net Income and Tax

Table with 4 rows: 11 Residents: Net income... Nonresidents and part-year residents... 12 Residents: Multiply Line 11 by 4.95%... Nonresidents and part-year residents... 13 Recapture of investment tax credits... 14 Income tax.

Step 6: Tax After Nonrefundable Credits

Table with 4 rows: 15 Income tax paid to another state... 16 Property tax, K-12 education expense... 17 Credit amount from Schedule 1299-C... 18 Add Lines 15, 16, and 17... 19 Tax after nonrefundable credits.

Step 7: Other Taxes

Table with 3 rows: 20 Household employment tax... 21 Use tax on internet, mail order... 22 Compassionate Use of Medical Cannabis Program Act... 23 Total Tax.

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 91.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 97.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 97.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 6.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 6.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 6.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!
Routing number 1 0 3 0 0 0 6 4 8 X Checking or Savings
Account number 5 6 2 0 1 1 7 7 8

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only (Print/Type paid preparer's name, Signature, Date, Firm's name, Address, FEIN, Phone) and Third Party Designee (Designee's name, phone number).

Refer to the 2023 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue  
**2023 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident  
 Computation of Illinois Tax**

IL Attachment No. 2

SOWMYA UGGAM

Your name as shown on your Form IL-1040

7 1 9 - 1 7 - 3 2 2 5

Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2023.
  - I lived in **Illinois** from    /    / 23 to    /    / 23 I lived in            from    /    / 23 to    /    / 23  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from    /    / 23 to    /    / 23, and            from    /    / 23 to    /    / 23  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2023. Enter the two-letter abbreviation of that state.

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 <u>8,021.00</u>	<u>2,645.00</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 <u>.00</u>	<u>.00</u>
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 <u>.00</u>	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 <u>.00</u>	<u>.00</u>
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 <u>.00</u>	<u>.00</u>
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 <u>.00</u>	<u>.00</u>
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 <u>.00</u>	<u>.00</u>
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 <u>.00</u>	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 <u>.00</u>	<u>.00</u>
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 <u>.00</u>	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 <u>.00</u>	<u>.00</u>
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 <u>.00</u>	<u>.00</u>
17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 <u>.00</u>	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 <u>.00</u>	<u>.00</u>
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	19 <u>.00</u>	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 <u>2,645.00</u>	<u>2,645.00</u>

Continue with Step 3 on Page 2 ➔



**Step 3: Continued - Adjustments to Income**

	Column A Federal Total	Column B Illinois Portion
21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	2,645.00
22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 .00	.00
23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 .00	.00
24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 .00	.00
25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25 .00	.00
26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 .00	.00
27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27 .00	.00
28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28 .00	.00
29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29 .00	.00
30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 .00	.00
31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 .00	.00
32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32 .00	.00
33 RESERVED	33	
34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34 .00	.00
35 Other adjustments (see instructions)	35 .00	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 8,021.00	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	2,645.00

**Step 4: Figure your Illinois additions and subtractions**

*In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.*

	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 .00	.00
40 Other additions (Form IL-1040, Line 3)	40 .00	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	2,645.00
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 .00	.00
43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43 .00	.00
44 Other subtractions (Form IL-1040, Line 7)	44 .00	.00
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

**Step 5: Figure your Illinois income and tax**

46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	46	2,645.00
47 Enter the base income from Form IL-1040, Line 9.	47 8,021.00	
48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 0.330	
49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 2,425.00	
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	800.00
51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11. →	51	1,845.00
52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your <b>tax</b> . →	52	91.00



Illinois Department of Revenue

# 2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SOWMYA UGGAM

Your name as shown on Form IL-1040

7 1 9 - 1 7 - 3 2 2 5  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	09-2176570	\$ 2,645.00	\$ 2,645.00	\$ 97.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 97.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail) Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

SOWMYA UGGAM 7 1 9 - 1 7 - 3 2 2 5
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
2170 SUMMER HOUSE DR 21 Mailing address
SAINT LOUIS MO 63146 ( ) Spouse's Social Security number
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [ ] IL-1040-X
1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 1,845 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 91 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 97 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 6 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately [ ] Widowed [ ] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 1 0 3 0 0 0 6 4 8
8 Account no. (AN): 5 6 2 0 1 1 7 7 8
9 Type of account: [X] Checking [ ] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[ ] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[ ] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

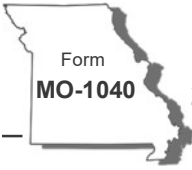
I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 03/23/2024 Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3
245 ROONEY CT Mailing address Your PTIN
E BRUNSWICK NJ 08816 Federal employer identification number (FEIN)
(678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.





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"/>	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

719 - 17 - 3225       -  -   

First Name   M.I.   Last Name   Suffix

SOWMYA      UGGAM  

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)

2170 SUMMER HOUSE DR APT 21

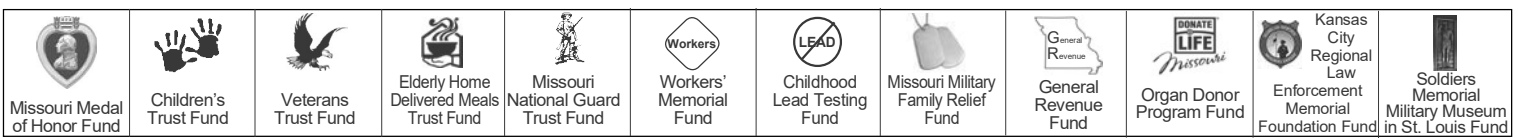
City, Town, or Post Office   State   ZIP Code

SAINT LOUIS   MO   63146 -

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	8021	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	8021	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	8021	00	5S	00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .		6	8021	00	
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100	%	7S	%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) . . . . .	8		00
9. Tax from federal return . . . . .	9	0	00
10. Other tax from federal return. . . . .	10		00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	0	00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . .	12	35.00	%

Missouri Adjusted Gross Income Range, Line 6:	Federal Tax Percentage:
\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%




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



Deductions Continued

22. First time home buyers deduction.      A. <input style="width: 80px; height: 20px;" type="text"/> B. <input style="width: 80px; height: 20px;" type="text"/>	22	<input style="width: 100%; height: 20px;" type="text"/>	.00
23. Long term dignity savings account deduction . . . . .	23	<input style="width: 100%; height: 20px;" type="text"/>	.00
24. Foster parent tax deduction . . . . .	24	<input style="width: 100%; height: 20px;" type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24 . . . . .	25	13850	.00
26. Subtotal - Subtract Line 25 from Line 6 . . . . .	26	0	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	27S	<input style="width: 80px; height: 20px;" type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input style="width: 80px; height: 20px;" type="text"/>	.00
	28S	<input style="width: 80px; height: 20px;" type="text"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	<input style="width: 100%; height: 20px;" type="text"/> 0	.00
	29S	<input style="width: 80px; height: 20px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions) . . . . .	30Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	30S	<input style="width: 80px; height: 20px;" type="text"/>	.00
31. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s) . . . . .	31Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	31S	<input style="width: 80px; height: 20px;" 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	<input style="width: 80px; height: 20px;" type="text"/> 100 %	32S <input style="width: 80px; height: 20px;" type="text"/> %
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	33S	<input style="width: 80px; height: 20px;" type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.	 23322031555		
<input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )	34Y	<input style="width: 80px; height: 20px;" type="text"/>	.00
<input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34S	<input style="width: 80px; height: 20px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34 . . . . .	35Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	35S	<input style="width: 80px; height: 20px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S . . . . .	36	<input style="width: 80px; height: 20px;" type="text"/> 0	.00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099 . . . . .	37	<input style="width: 100%; height: 20px;" type="text"/> 194	.00
38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023 . . . . .	38	<input style="width: 100%; height: 20px;" type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input style="width: 100%; height: 20px;" type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input style="width: 100%; height: 20px;" type="text"/>	.00
41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ) . . . . .	41	<input style="width: 100%; height: 20px;" type="text"/>	.00
42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input style="width: 100%; height: 20px;" type="text"/>	.00
43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input style="width: 100%; height: 20px;" type="text"/>	.00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return) . . . . .	44	<input style="width: 100%; height: 20px;" type="text"/>	.00
45. Total payments and credits - Add Lines 37 through 44 . . . . .	45	<input style="width: 80px; height: 20px;" type="text"/> 194	.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  194 .00

50. Amount of Line 49 to be applied to your 2024 estimated tax . . . . . 50  .00

51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

51a. Children's Trust Fund  .00    51b. Veterans Trust Fund  .00    51c. Elderly Home Delivered Meals Trust Fund  .00    51d. Missouri National Guard Trust Fund  .00

51e. Workers' Memorial Fund  .00    51f. Childhood Lead Testing Fund  .00    51g. Missouri Military Family Relief Fund  .00    51h. General Revenue Fund  .00

51i. Organ Donor Program Fund  .00    51j. Kansas City Regional Law Enforcement Memorial Foundation Fund  .00    51k. Soldiers Memorial Military Museum in St. Louis Fund  .00    51l. Missouri Medal of Honor Fund  .00

51m. Additional Fund Code  Additional Fund Amount  .00    51n. Additional Fund Code  Additional Fund Amount  .00

Total Donation - Add amounts from Boxes 51a through 51n and enter here . . . . . 51  .00

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 52  .00

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here . . . . . 53  194 .00

Amended Return

Refund



Amount Due

- 54. If Line 36 is larger than Line 45 or Line 48, enter the difference.  
Amount of UNDERPAYMENT . . . . . 54  .00
- 55. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 55  .00  
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 56. **AMOUNT DUE** - Add Lines 54 and 55.  
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 56  .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo.**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

Signature	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone		
<input type="text"/>	<input type="text"/>		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA	03	23	24
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
P02082703	6789659522		
Preparer's Address	State	ZIP Code	
245 ROONEY CT E BRUNSWICK	NJ	08816	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .  Yes  No



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**Department Use Only**

A     FA     E10     DE     F     .

Form MO-1040 (Revised 12-2023)

**Mail to: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370  
**Phone:** (573) 751-7200

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

**Fax:** (573) 522-1762  
**Email:** [incometaxprocessing@dor.mo.gov](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto: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/](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/).



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