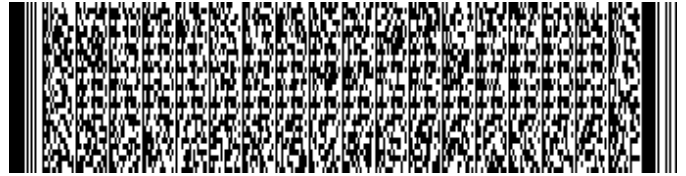


MISSOURI DEPARTMENT OF
REVENUE
2023 Individual Income
Tax Return - Long Form



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		
						1555			

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

728 - 55 - 4126 [] [] - [] - [] []

First Name M.I. Last Name Suffix

SURYA TEJA [] SAITHANA []

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)

1626 WISHWOOD CT APT 3

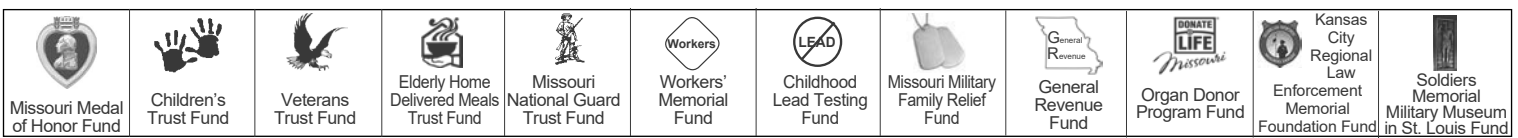
City, Town, or Post Office State ZIP Code

CHESTERFIELD MO 63017 - []

County of Residence

JOHN

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	13050	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	13050	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	13050	00	5S		00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	13050	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	18	00
9. Tax from federal return	9	0	00
10. Other tax from federal return	10	2	00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	2	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%




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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	1	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	13869	.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: 100%; height: 20px;" type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification	28Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	28S	<input style="width: 100%; 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: 100%; 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: 100%; height: 20px;" type="text"/>	.00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	31S	<input style="width: 100%; height: 20px;" type="text"/>	.00
32. Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if applicable.	32Y	<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: 100%; height: 20px;" type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.	 23322031555		
<input type="checkbox"/> Lump sum distribution (Form 4972)	34Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	34S	<input style="width: 100%; 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: 100%; height: 20px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S	36	0	.00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099	37	<input style="width: 100%; height: 20px;" type="text"/> 114	.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 MO-2NR and MO-NRP	39	<input style="width: 100%; height: 20px;" type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input style="width: 100%; height: 20px;" type="text"/>	.00
41. Amount paid with Missouri extension of time to file (Form MO-60)	41	<input style="width: 100%; height: 20px;" type="text"/>	.00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input style="width: 100%; height: 20px;" type="text"/>	.00
43. Property tax credit - Attach Form MO-PTS	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	114	.00

Skip Lines 46 through 48 if you are not filing an amended return.

46. Amount paid on original return. 46 .00

47. Overpayment as shown (or adjusted) on original return 47 .00

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)
 B. Net Operating Loss carryback Enter year of loss (YY)
 C. Investment tax credit carryback Enter year of credit (YY)
 D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47.
 Enter on Line 48. 48 .00

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference.
 Amount of OVERPAYMENT 49 .00

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

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

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

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

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

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

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

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

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

Amended Return

Refund



Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference. Amount of UNDERPAYMENT 54 .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"/>		
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



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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
Submission of Individual Income Tax Returns
Email: 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/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



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



MISSOURI DEPARTMENT OF
REVENUE
2023 Individual Income Tax Adjustments

Department Use Only (MM/DD/YY)

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

- -

Spouse's Social Security Number

- -

First Name

M.I. Last Name

Suffix

Spouse's First Name

M.I. Spouse's Last Name

Suffix

Additions

Yourself (Y)

Spouse (S)

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

. .

2. Partnership Fiduciary S Corporation Business Interest



23340011555

Net Operating Loss (Carryback/Carryforward)

Other (description)

. .

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

. .

4. Food Pantry contributions included on Federal Schedule A.

. .

5. Nonresident Property Tax.

. .

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

. .

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

. .

Subtractions

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

. .

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

. .

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

. .

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)

. .

12. Exempt contributions made to a qualified 529 plan

. .

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

. .

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

14. Missouri depreciation adjustment (Section 143.121, RSMo.)

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 [] .00

2. 2023 Social security tax - (Yourself)

2 [] .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 [] .00

7. 2023 Self-employment tax (see instructions on page 16)

7 [] .00

8. Total - Add Lines 1 through 7

8 [] .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 [] .00

12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14

12 [] .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 [] .00

2. State and local income taxes from Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a.

2 [] .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 [] .00

5. Divide Line 4 by Line 1.

5 [] %

6. Enter \$10,000 (\$5,000 if married filing separately).

6 [] .00

7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above.

7 [] .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	13050	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	13050	00
4. Select the appropriate filing status and enter amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 	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	13050	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	13050	00
4. Select the appropriate filing status and enter the amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$32,000 • Single, Head of Household, and Qualifying Widow(er) - \$25,000 • Married Filing Separate - \$16,000 	4	25000	00
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5	0	00
6. Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b	6Y	18	00
	6S		00
7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	18	00
	7S		00
8. Add Lines 7Y and 7S	8	18	00
9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9	18	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	13050	.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.		18	.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.



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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/ 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/.