

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 AYEMEN Last name ALMEEN Your social security number 109 87 6457
If joint return, spouse's first name and middle initial Last name Spouse's social security number 322 69 0687

Home address (number and street). If you have a P.O. box, see instructions. 457 SETON HALL COURT Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. VALLEY PARK MO 63088
Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

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: VISHNU PEDDI

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

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 84,461.
1b Household employee wages not reported on Form(s) W-2
1c Tip income not reported on line 1a (see instructions)
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)
1e Taxable dependent care benefits from Form 2441, line 26
1f Employer-provided adoption benefits from Form 8839, line 29
1g Wages from Form 8919, line 6
1h Other earned income (see instructions) 0.
1i Nontaxable combat pay election (see instructions)
1z Add lines 1a through 1h 84,461.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest 2b Taxable interest
3a Qualified dividends 3b Ordinary dividends
4a IRA distributions 4b Taxable amount
5a Pensions and annuities 5b Taxable amount
6a Social security benefits 6b Taxable amount

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here
8 Additional income from Schedule 1, line 10 -11,508.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 72,953.
10 Adjustments to income from Schedule 1, line 26
11 Subtract line 10 from line 9. This is your adjusted gross income 72,953.
12 Standard deduction or itemized deductions (from Schedule A) 13,850.
13 Qualified business income deduction from Form 8995 or Form 8995-A
14 Add lines 12 and 13 13,850.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 59,103.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 815.

Table with columns for line numbers (25-33), descriptions (Payments), and amounts. Total payments are 10,623.

Table with columns for line numbers (34-36), descriptions (Refund), and amounts. Amount refunded is 9,808.

Table with columns for line numbers (37-38), descriptions (Amount You Owe), and amounts. Amount owed is 37.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration text and signature/occupation fields for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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 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
AYEMEN ALMEEN

Your social security number
109-87-6457

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-11,508.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-11,508.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **03**

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

Your social security number
109-87-6457

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	7,500.
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	7,500.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount: _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

AYEMEN ALMEEN

109-87-6457

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)

A	H. NO 10-32/4A/2C RIZWICHAMAN CITIZEN ZAINAB VILLA KARIMNAGAR TELANGANA IN 505001
B	
C	

1b Type of Property (from list below)	2 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
		A	B	C	<input type="checkbox"/>
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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:		
	A	B	C
3 Rents received	3 635.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,596.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,214.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,734.		
15 Supplies	15 2,186.		
16 Taxes	16		
17 Utilities	17 2,413.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 12,143.		
21 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 Form 6198	21 -11,508.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (11,508.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 635.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 12,143.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (11,508.)		
26 Total rental real estate and royalty income or (loss). 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	26 -11,508.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8936 for instructions and the latest information.

2023
Attachment
Sequence No. **69**

Name(s) shown on return
AYEMEN ALMEEN

Identifying number
109-87-6457

Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year.
• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.

Part I Modified Adjusted Gross Income Amount

1a	Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR	1a	72,953.	
b	Enter any income from Puerto Rico you excluded	1b		
c	Enter any amount from Form 2555, line 45	1c		
d	Enter any amount from Form 2555, line 50	1d		
e	Enter any amount from Form 4563, line 15	1e		
2	Add lines 1a through 1e	2	72,953.	
3a	Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR	3a		
b	Enter any income from Puerto Rico you excluded	3b		
c	Enter any amount from Form 2555, line 45	3c		
d	Enter any amount from Form 2555, line 50	3d		
e	Enter any amount from Form 4563, line 15	3e		
4	Add lines 3a through 3e	4		
5	Enter the smaller of line 2 or line 4	5	72,953.	

Part II Credit for Business/Investment Use Part of New Clean Vehicles

Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

6	Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)	6	0.
7	New clean vehicle credit from partnerships and S corporations (see instructions)	7	
8	Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y	8	0.

Part III Credit for Personal Use Part of New Clean Vehicles

Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

9	Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)	9	7,500.
10	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18	10	8,315.
11	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	11	
12	Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit	12	8,315.
13	Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions	13	7,500.

Part IV Credit for Previously Owned Clean Vehicles

Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household).

14	Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)	14	
15	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18	15	
16	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	16	
17	Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit	17	
18	Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is smaller than line 14, see instructions	18	

Part V Credit for Qualified Commercial Clean Vehicles

19	Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)	19	
20	Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions)	20	
21	Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa	21	

**SCHEDULE A
(Form 8936)**

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Department of the Treasury
Internal Revenue Service

**Attach to your tax return.
Go to www.irs.gov/Form8936 for instructions and the latest information.**

Attachment
Sequence No. **69A**

Name(s) shown on return

AYEMEN ALMEEN

Identifying number

109-87-6457

Part I Vehicle Details

- 1a** Year 2023
- b** Make TESLA
- c** Model Y
- 2** Vehicle identification number (VIN) (see instructions) 7 S A Y G D E D 7 P F 9 4 9 2 6 8
- 3** Enter date vehicle was placed in service (MM/DD/YYYY) 12/13/2023
- 4** Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions.
 Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the United States.
 No.
- 5** Does the VIN entered on line 2 belong to a **new clean vehicle** placed in service during the tax year? See instructions for definitions.
 Yes. Go to Part II.
 No. Go to line 6.
- 6** Does the VIN entered on line 2 belong to a **previously owned clean vehicle** acquired after 2022 and placed in service during the tax year? See instructions for definitions.
 Yes. Go to Part IV.
 No. Go to line 7.
- 7** Does the VIN entered on line 2 belong to a **qualified commercial clean vehicle** acquired after 2022 and placed in service during the tax year? See instructions for definitions.
 Yes. Go to Part V.
 No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described on line 5, 6, or 7.

Part II Credit Amount for Business/Investment Use Part of New Clean Vehicle

- 8** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
 Yes.
 No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
- 9** Tentative credit amount (see instructions) **9** 7,500.
- 10** Business/investment use percentage (see instructions) **10** %
- 11** Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below **11** 0.

Part III Credit Amount for Personal Use Part of New Clean Vehicle

- 12** Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936 **12** 7,500.

Part IV Credit Amount for Previously Owned Clean Vehicle

- 13a** Is the sales price of the vehicle more than \$25,000?
 - Yes. Stop here.** The vehicle doesn't qualify for the Part IV credit.
 - No.**

- b** Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.
 - Yes.**
 - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.

- c** Can you be claimed as a dependent on another person's tax return, such as your parent's return?
 - Yes. Stop here.** You can't claim a credit amount if you can be claimed as a dependent.
 - No.**

- d** Is the vehicle a qualified fuel cell motor vehicle? See instructions.
 - Yes.**
 - No.**

14 Enter the sales price of the vehicle	14	
15 Multiply line 14 by 30% (0.30)	15	
16 Maximum vehicle credit amount	16	4,000.
17 Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936	17	

Part V Credit Amount for Qualified Commercial Clean Vehicle

- 18a** Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.
 - Yes.**
 - No. Stop here.** The vehicle is not a qualified commercial clean vehicle unless the exception applies.

- b** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
 - Yes.**
 - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.

- c** Is the vehicle also powered by gas or diesel? See instructions.
 - Yes.**
 - No.**

19 Enter the cost or other basis of the vehicle. See instructions	19	
20 Section 179 expense deduction (see instructions)	20	
21 Subtract line 20 from line 19	21	
22 Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22	
23 Enter the incremental cost of the vehicle. See instructions	23	
24 Enter the smaller of line 22 or line 23	24	
25 Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)	25	
26 Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936	26	



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

109 - 87 - 6457 - -

First Name M.I. Last Name Suffix

AYEMEN ALMEEN

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)

457 SETON HALL COURT

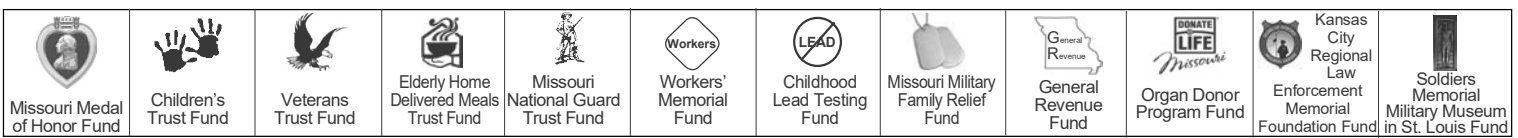
City, Town, or Post Office State ZIP Code

VALLEY PARK MO 63088 -

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	72953	.00	1S
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S
3. Total income - Add Lines 1 and 2.	3Y	72953	.00	3S
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	72953	.00	5S
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	72953	.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	815	.00
10. Other tax from federal return.	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	815	.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	122	.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 type="text"/>	B.	<input type="text"/>	22	<input type="text"/>	<input type="text"/>	00	
23. Long term dignity savings account deduction					23	<input type="text"/>	<input type="text"/>	00	
24. Foster parent tax deduction					24	<input type="text"/>	<input type="text"/>	00	
25. Total deductions - Add Lines 8 and 13 through 24					25	13972	<input type="text"/>	00	
26. Subtotal - Subtract Line 25 from Line 6					26	58981	<input type="text"/>	00	
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S		27Y	<input type="text"/>	58981	<input type="text"/>	00	27S	<input type="text"/>	00
28. Enterprise zone or rural empowerment zone income modification		28Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	28S	<input type="text"/>	00

Tax

29. Taxable income - Subtract Line 28 from Line 27		29Y	<input type="text"/>	58981	<input type="text"/>	00	29S	<input type="text"/>	00
30. Tax (see tax chart on page 26 of the instructions).		30Y	<input type="text"/>	2735	<input type="text"/>	00	30S	<input type="text"/>	00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s).		31Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	31S	<input 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 type="text"/>	100	%	32S	<input type="text"/>	%	
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32		33Y	<input type="text"/>	2735	<input type="text"/>		33S	<input type="text"/>	00
34. Other taxes - Select box and attach federal form indicated.									
<input type="checkbox"/> Lump sum distribution (Form 4972)									
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)		34Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	34S	<input type="text"/>	00
35. Subtotal - Add Lines 33 and 34		35Y	<input type="text"/>	2735	<input type="text"/>	00	35S	<input type="text"/>	00
36. Total Tax - Add Lines 35Y and 35S							36	2735	00



Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099.		37	<input type="text"/>	3275	<input type="text"/>	00
38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023		38	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP		39	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT		40	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
41. Amount paid with Missouri extension of time to file (Form MO-60).		41	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC		42	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
43. Property tax credit - Attach Form MO-PTS		43	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return)		44	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
45. Total payments and credits - Add Lines 37 through 44		45	<input type="text"/>	3275	<input type="text"/>	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	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"/>	2146822694		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03	14	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



23322051555

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