

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | |
|---|--------------------|--|
| Your first name and middle initial MEHARUNNISA | Last name SHIEK | Your social security number 740-22-5640 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

| | | | |
|--|-------------------------------|---------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions. 2304 SW BADGER LANE | | Apt. no. 14 | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. ROGERS | State AR | ZIP code 72713 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? 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, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

| | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|--------------------------|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--|----------------------------------|---|------------|--|------------|---------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 63,316. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | | 2b | |
| | 3a | Qualified dividends | 3a | | 3b | |
| | 4a | IRA distributions | 4a | | 4b | |
| | 5a | Pensions and annuities | 5a | | 5b | |
| | 6a | Social security benefits | 6a | | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | | 7 | |
| | 8 | Other income from Schedule 1, line 9 | | | 8 | -4,465. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | | 9 | 58,851. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | | | | |
| | a | From Schedule 1, line 22 | 10a | | | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | | | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | | | 10c | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | | | 11 | 58,851. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | | | 12 | 12,400. |
| | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | 13 | |
| | 14 | Add lines 12 and 13 | | | 14 | 12,400. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | 15 | 46,451. |

| | | | |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 6,015. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 6,015. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 6,015. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 6,015. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 7,935. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 7,935. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,800. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,735. |

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,720. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,720. |
| b | Routing number 044000037 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 793630380 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|---------------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| _____ Spouse's signature. If a joint return, both must sign. | Date | SOFTWARE ENGINEER | _____ |
| _____ | _____ | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| _____ | _____ | _____ | _____ |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/17/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | (678) 965-9522 | 30-1017196 |

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

**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

2020
Attachment
Sequence No. **01**

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

Your social security number
740-22-5640

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 | -4,465. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -4,465. |

Part II Adjustments to Income

| | | | |
|------------|---|------------|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

▶ 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

MEHARUNNISA SHIEK

740-22-5640

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 2020 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 | 10-67/1 THATICHETLAPALEM YENDADA, VISAKHAPATNAM ANDHRAPRADESH IN 530014 | | | | |
| 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 | 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 | | 350. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | 75. | | |
| 7 | Cleaning and maintenance | 7 | | 140. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 4,500. | | |
| 14 | Repairs. | 14 | | 100. | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 4,815. | | |
| 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 | | -4,465. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | (-4,465.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 350. | | |
| 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 | | 4,815. | | |
| 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 | | (4,465.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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 | | | | -4,465. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Keep for your records

Name(s) shown on return
MEHARUNNISA SHIEK

Social Security No.
740-22-5640

General Information:

Property description 10-67/1 THATICHETLAPALEM
Property type . . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) 10-67/1 THATICHETLAPALEM
City YENDADA, VISAKHAPATNAM State ZIP code
If a foreign address: Foreign province or state . . . ANDHRAPRADESH
Foreign postal code 530014 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Property Location

10-67/1 THATICHETLPALEM, YENDADA,VISAKHAPATNAM, ANDHRAPRADESH, 530014, India

| Income | | % if Different | Total |
|--|------|----------------|-------|
| 3 Enter rental income (not reported elsewhere) | 350. | | |
| Rental income from Form 1099-MISC | | | |
| Rental income from Form 1099-K | | | |
| Rental Income from Cancellation of Debt Wks | | | |
| Total rents received | 350. | 100.000000 | 350. |
| 4 Enter royalties received (not reported elsewhere) . . | | | |
| Royalty income from Form 1099-MISC | | | |
| Royalty income from Form 1099-K | | | |
| Royalty Income from Cancellation of Debt Wks | | | |
| Royalty Income from Schedule K-1 | | | |
| Total royalties received | | | |

| Expenses | (a) Total | (b) Enter % if not 100.00 | (c) Reported On Schedule E | (d) Vacation Home Loss Limitation | (e) Allocated to Personal use |
|--|--------------|------------------------------------|----------------------------------|--|--|
| 5 Advertising | | | | | |
| 6 a Auto | | | | | |
| b Travel | 75. | | 75. | | |
| 7 Cleaning and maint | 140. | | 140. | | |
| 8 Commissions | | | | | |
| 9 a Mort insur qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort insur qual | | | | | |
| b Other Insurance | | | | | |
| 10 Legal & other prof fees | | | | | |
| 11 Management fees | | | | | |
| 12 a Mortgage int qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort int qualified | | | | | |
| b Mort int other | | | | | |
| From Form 1098 import | | | | | |
| Total mort int other | | | | | |
| 13 Other interest | 4,500. | | 4,500. | | |
| 14 Repairs | 100. | | 100. | | |
| 15 Supplies | | | | | |
| 16 a Real estate taxes | | | | | |
| From Form 1098 import | | | | | |
| Total real estate taxes | | | | | |
| b Other taxes | | | | | |
| 17 Utilities | | | | | |
| 18 a Depreciation | | | | | |
| b Depletion | | | | | |
| c Depreciation carryover | | | | | |
| 19 Other expenses | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e Indirect operating exp | | | | | |
| f Operating exp carryover | | | | | |
| g Vehicle rental | | | | | |
| h Amortization | | | | | |
| 20 Add lines 5 through 19 | 4,815. | | 4,815. | | |
| 21 Income or (loss) | | | -4,465. | | |
| 22 Deductible rental real estate loss | | | -4,465. | | |

2020 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2020 or fiscal year ending _____, 20__

PROSERIES

| | | | | | |
|--|---|---------------------------|----------------------|---|---|
| USE LABEL OR PRINT OR TYPE | Primary's legal first name • MEHARUNNISA | MI • | Last name • SHIEK | Check if • <input type="checkbox"/> Deceased | Primary's social security number • 740-22-5640 |
| | Spouse's legal first name • | MI • | Last name • | Check if • <input type="checkbox"/> Deceased | Spouse's social security number • |
| Mailing address (number and street, P.O. box or rural route) • 2304 SW BADGER LANE, APT. 14 | | | | | <input type="checkbox"/> Check if address is outside U.S. |
| City • ROGERS | | State or province • AR | | ZIP • 72713 | Foreign country name |

| | | |
|--|---|--|
| FILING STATUS Check Only One Box | 1. <input checked="" type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020) | 4. <input type="checkbox"/> Married filing separately on the same return |
| | 2. <input type="checkbox"/> Married filing joint (Even if only one had income) | 5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____ |
| 3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your depe enter child's name here: _____ | 6. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (See instructions) _____ | |

Check here if you want a tax booklet mailed to you next year.

Check this box if you have filed a state extension or an automatic federal extension

| | | | | | | | |
|--|--|-------------------------------------|-------------------------------------|--------------------------------|------------------------------------|--|---------------------------------|
| PERSONAL TAX CREDITS | 7A. <input checked="" type="checkbox"/> Yourself | <input type="checkbox"/> 65 or over | <input type="checkbox"/> 65 Special | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Head of household/qualifying widow(er) <small>(Filing status 3 only)</small> | |
| | <input type="checkbox"/> Spouse | <input type="checkbox"/> 65 or over | <input type="checkbox"/> 65 Special | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> <small>(Filing status 6 only)</small> | |
| | Multiply number of boxes checked 7A <input type="checkbox"/> X \$29 = 29.00 | | | | | | |
| | Dependents (Do not list yourself or spouse) | | | | | | |
| | First name | | Last name | | Dependent's social security number | | Dependent's relationship to you |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 7B. Multiply number of DEPENDENTS from above 7B <input type="checkbox"/> X \$29 = 00 | | | | | | | |
| 7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C <input type="checkbox"/> X \$500 = 00 | | | | | | | |
| 7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D | | | | | | 29.00 | |

| | | | | |
|----|----------------------|--------------------|-------------------------------|------------------------------------|
| ID | DL# / State ID _____ | Your state _____ | Issue date (mm/dd/yyyy) _____ | Expiration date (mm/dd/yyyy) _____ |
| | DL# / State ID _____ | Spouse state _____ | Issue date (mm/dd/yyyy) _____ | Expiration date (mm/dd/yyyy) _____ |

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

| | | | |
|-------------------------|-------------------------|--|-----------------------------|
| Routing Number 1 | Account Number 1 | <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings | Direct deposit 1 Amt |
| 0 4 4 0 0 0 0 3 7 | 7 9 3 6 3 0 3 8 0 | | 25.00 |
| Routing Number 2 | Account Number 2 | <input type="checkbox"/> Checking or <input type="checkbox"/> Savings | Direct deposit 2 Amt |
| | | | 00 |

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

| | | | | |
|------------------|---------------------|------|--------------------------|---|
| PLEASE SIGN HERE | Primary's signature | Date | Telephone (330) 422-9757 | May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Spouse's signature | Date | Telephone | |

| | | | | |
|---------------|---|------------------------------------|--------------------------------|---|
| PAID PREPARER | Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | PTIN/ID number • 301017196 | For Department Use Only | |
| | Preparer's name GLOBAL TAXES LLC | City/State/ZIP CUMMING GA 30041 | A | • |
| | E-mail SYAM@GTAXFILE.COM | Telephone (678) 965-9522 | | |

| | |
|--|--|
| Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000 | Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144 |
|--|--|



Primary SSN 740-22-5640

Table with columns: INCOME (Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)), TAX COMPUTATION, TAX CREDITS, PAYMENTS, REFUND OR TAX DUE. Rows include: 8. Wages, salaries, tips, etc.; 9. Military pay; 10. Interest income; 11. Dividend income; 12. Alimony and separate maintenance received; 13. Business or professional income; 14. Capital gains/(losses) from stocks, bonds, etc.; 15. Other gains or (losses); 16. Non-qualified IRA distributions and taxable annuities; 17. Military retirement; 18A. Primary employer pension plan(s)/qualified IRA(s); 18B. Spouse employer pension plan(s)/qualified IRA(s); 19. Rents, royalties, partnerships, estates, trusts, etc.; 20. Farm income; 21. Unemployment; 22. Other income/depreciation differences; 23. TOTAL INCOME; 24. TOTAL ADJUSTMENTS; 25. ADJUSTED GROSS INCOME; 26. Select tax table; 27. NET TAXABLE INCOME; 28. TAX; 29. Combined tax; 30. Enter tax from Lump Sum Distribution Averaging Schedule; 31. Additional tax on IRA and qualified plan withdrawal and overpayment; 32. TOTAL TAX; 33. Personal tax credit(s); 34. Child care credit; 35. Other credits; 36. TOTAL CREDITS; 37. NET TAX; 38. Arkansas income tax withheld; 39. Estimated tax paid or credit brought forward from 2019; 40. Payment made with extension; 41. AMENDED RETURNS ONLY - Previous payments; 42. Early childhood program; 43. TOTAL PAYMENTS; 44. AMENDED RETURNS ONLY - Previous refund; 45. Adjusted total payments; 46. AMOUNT OF OVERPAYMENT/REFUND; 47. Amount to be applied to 2021 estimated tax; 48. Amount of Check-off Contributions; 49. AMOUNT TO BE REFUNDED TO YOU; 50. AMOUNT DUE; 51. UEP; 52A. Attach Form AR2210 or AR2210A; 52B. Add lines 51 and 52B; 52C. TOTAL DUE.

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions) PAY BY MAIL: (See instructions)



**ARKANSAS INDIVIDUAL INCOME TAX
TAX CREDITS**

| | |
|---|--|
| Primary taxpayer's name MEHARUNNISA SHIEK | Primary's social security number 740-22-5640 |
|---|--|

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

| | | | | |
|---|---|---|--------|----|
| 1. State political contribution credit: (See instructions) | 1 | • | | 00 |
| 2. Other state tax credit: [Attach copy of other state tax return(s)] ..See OtherStatesCredit..... | 2 | • | 1,995. | 00 |
| 3. Credit for adoption expenses: (Attach federal Form 8839) | 3 | • | | 00 |
| 4. Phenylketonuria disorder credit: (See instructions. Attach AR1113) | 4 | • | | 00 |

If certificate is issued to an individual, leave FEIN box below blank.

Primary:

| | | | | | | |
|--------------|--------------------------|------|--------------------------|--------|--------------------------|----|
| 5A. BIC Code | <input type="checkbox"/> | FEIN | <input type="checkbox"/> | Amount | <input type="checkbox"/> | 00 |
| 5B. BIC Code | <input type="checkbox"/> | FEIN | <input type="checkbox"/> | Amount | <input type="checkbox"/> | 00 |
| 5C. BIC Code | <input type="checkbox"/> | FEIN | <input type="checkbox"/> | Amount | <input type="checkbox"/> | 00 |

Spouse:

| | | | | | | |
|--------------|--------------------------|------|--------------------------|--------|--------------------------|----|
| 5D. BIC Code | <input type="checkbox"/> | FEIN | <input type="checkbox"/> | Amount | <input type="checkbox"/> | 00 |
| 5E. BIC Code | <input type="checkbox"/> | FEIN | <input type="checkbox"/> | Amount | <input type="checkbox"/> | 00 |
| 5F. BIC Code | <input type="checkbox"/> | FEIN | <input type="checkbox"/> | Amount | <input type="checkbox"/> | 00 |

| | | | | |
|--|---|---|--------|----|
| 5. Business incentive tax credit(s): (Add amounts from 5A-5F above) | 5 | • | | 00 |
| A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached. | | | | |
| 6. TOTAL CREDITS: Add lines 1 through 5. Enter total on line 36, Form AR1000F/AR1000NR | 6 | • | 1,995. | 00 |

BUSINESS INCENTIVE CREDIT TYPES

Code Credit Type

- 0001....Advantage Arkansas
- 0002....Affordable Housing
- 0003....AR Plus
- 0004....AR Plus 50% Technology-Based
- 0005....AR Plus 75% Technology-Based
- 0006....AR Plus 100% Technology-Based
- 0008....Capital Development Company
- 0009....Child Care Facility
- 0010....Coal Mining Producing and Extracting
- 0011....Delta Geotourism
- 0013....Enterprise Zone
- 0014....Equipment Donation/Sale
- 0015....Equity Investment Incentive
- 0016....Existing Workforce Training
- 0017....Family Savings Initiative Act
- 0018....Historic Rehabilitation
- 0019....Low Income Housing
- 0020....Public Roads Incentive
- 0021....Research Park Authority
- 0022....Research and Development with Universities
- 0023....In-House Research Income Tax Credit
- 0024....In-House Research by Targeted Business Income Tax Credit
- 0025....In-House Research Area of Strategic Value Income Tax Credit
- 0026....Qualified Research

Code Credit Type

- 0028....Tourism Development
- 0029....Tuition Reimbursement Program
- 0030....Targeted Business Payroll
- 0031....Venture Capital Investment
- 0034....Waste Reduction, Reuse or Recycle Equipment
- 0035....Water Impounded Outside Critical
- 0036....Water Impounded Within Critical
- 0037....Water Surface Outside Critical
- 0038....Water Surface Inside Critical
- 0039....Water Surface Inside Critical-Industrial or Commercial
- 0040....Water Land Leveling
- 0041....Wetland Riparian Zone Creation/Restoration
- 0042....Wetland Riparian Zone Conservation
- 0043....Central Business Improvement District Rehab and Dev
- 0044....Biodiesel Incentive Credit
- 0045....Recycle Equipment for Steel Manufacturer
- 0046....Recycle-Steel Manufacturer Amendment 82 Project Act 862
- 0047....Recycle-Expansion Project Act 1046
- 0048....Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
- 0049....Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
- 0050....Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
- 0051....Apprenticeship Program
- 0052....Major Historic Rehabilitation
- 0053....Delta Music Trail



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

| | | | | | |
|--|-------------------------|----------------------|--|---|--|
| Primary's Legal First Name and Middle Initial ● MEHARUNNISA | | Last Name ● SHIEK | | Primary's Social Security Number ● 740-22-5640 | |
| Spouse's Legal First Name and Middle Initial | | Last Name | | Spouse's Social Security Number ● | |
| Mailing Address (Number and Street, P.O. Box or Rural Route) 2304 SW BADGER LANE, APT. 14 | | | | Telephone ● (330) 422-9757 | |
| City ROGERS | State or Province AR | ZIP 72713 | <input type="checkbox"/> Check if address is outside U.S. Foreign Country | | |

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

| | | | |
|---|---|---------|----|
| 1. Total Income (Form AR1000F or AR1000NR, Line 23)..... | 1 | 58,851. | 00 |
| 2. Net Tax (Form AR1000F or AR1000NR, Line 38)..... | 2 | 544. | 00 |
| 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)..... | 3 | 569. | 00 |
| 4. Refund (Form AR1000F or AR1000NR, Line 47)..... | 4 | 25. | 00 |
| 5. Tax Due (Form AR1000F or AR1000NR, Line 51)..... | 5 | | 00 |

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.
- 6b. I do not want direct deposit of my refund or I am not receiving a refund.
- 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here

| | | | |
|---------------------|------|--------------------|------|
| | | | |
| Primary's Signature | Date | Spouse's Signature | Date |

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only

| | | | | |
|--|------------|---|---|------------------|
| | 02/17/2021 | | | |
| ERO'S Signature | Date | Check if paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | Your SSN or PTIN |
| GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 | | | 30-1017196 | |
| Firm's name and address | | | FEIN | |

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only

| | | | | |
|---|------------|---|------------------------|-----------|
| | 02/17/2021 | | | P02082703 |
| Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 | | | 30-1017196 | |
| Firm's name and address | | | FEIN | |

Additional information from your 2020 Arkansas Tax Return

Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

| Other State | Oth. State AGI | Oth. Tax Due | Allowable Tax Crd. | Withholding Amt |
|-------------|----------------|--------------|--------------------|-----------------|
| MI | 46,943. | 1,995. | 1,995. | 2,170. |

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

| | | | | |
|---|------|---------------------------|--|--|
| 1. Filer's First Name MEHARUNNISA | M.I. | Last Name SHIEK | 2. Filer's Full Social Security No. (Example: 123-45-6789) 740 — 22 — 5640 | |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — | |
| Home Address (Number, Street, or P.O. Box) 2304 SW BADGER LANE, APT. 14 | | | 4. School District Code (5 digits – see page 60) 10000 | |
| City or Town ROGERS | | State AR | ZIP Code 72713 | |

| | |
|--|---|
| <p>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p> | <p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p> |
| <p>7. 2020 FILING STATUS. Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p> | <p>8. 2020 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input checked="" type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p> |

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

| | | | | | | |
|--|-----|--------------------------|-----------|-----|-------------|-----------|
| a. Number of exemptions (see instructions)..... | a. | 1 | x \$4,750 | 9a. | 4750 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled | 9b. | | x \$2,800 | 9b. | | 00 |
| c. Number of qualified disabled veterans | c. | | x \$400 | 9c. | | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions) | 9d. | | x \$4,750 | 9d. | | 00 |
| e. Claimed as dependent, see line 9 NOTE above | 9e. | <input type="checkbox"/> | | 9e. | | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 | 9f. | | | 9f. | 4750 | 00 |

| | | | | | |
|--|-----|--|-------|--|----|
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 1 | | 58851 | | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | | | 00 |
| 12. Total. Add lines 10 and 11 | 12. | | 58851 | | 00 |
| 13. Subtractions from Schedule 1, line 29. Include Schedule 1 | 13. | | 7786 | | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | 14. | | 51065 | | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | | 4122 | | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | 16. | | 46943 | | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425) | 17. | | 1995 | | 00 |

| | | AMOUNT | | CREDIT |
|---|------|--------|------|--------|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | 00 | 18b. | 00 |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... | 19a. | 00 | 19b. | 00 |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" | 20 | | 1995 | 00 |

Filer's Full Social Security Number

740 — 22 — 5640

| | | | |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 1995 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | 2 | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23..... | 2 | 1995 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|-----------------|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26 | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b..... | 2 a. | | 00 |
| | | FEDERAL | |
| | | MICHIGAN | |
| 27b. | | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 29. | 2170 | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward..... | 30. | | 00 |
| 31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | | | |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | | | |
| 31c. | | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c..... | | 2170 | 00 |

REFUND OR TAX DUE

| | | | | |
|--|----------------|-----|-----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YOU OWE | 33. | | 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32..... | | 3 | 175 | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ... | | 35. | | 00 |
| 36. Subtract line 35 from line 34..... | REFUND | 36. | 175 | 00 |

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| | | | |
|----------------------------------|--------------------------|---|-------------------------------------|
| a. Routing Transit Number | b. Account Number | c. Type of Account | |
| 044000037 | 793630380 | 1. <input checked="" type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

| | | | |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

| | |
|--------------------|------|
| Filer's Signature | Date |
| Spouse's Signature | Date |

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

2020 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Attachment 01

Include with Form MI-1040. Type or print in blue or black ink.

| | | | |
|-----------------------------------|------|--------------------|--|
| Filer's First Name MEHARUNNISA | M.I. | Last Name SHIEK | Filer's Full Social Security No. (Example: 123-45-6789) 740 — 22 — 5640 |
|-----------------------------------|------|--------------------|--|

Additions to Income (all entries must be positive numbers)

| | | | |
|--|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions..... | 1. | | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | | | |
| 3. Gains from Michigan column of MI-1040D and MI-4797 | | | |
| 4. Losses attributable to other states (see instructions) | | | |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 | | | |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI)..... | 6. | | 00 |
| 7. Federal Net Operating Loss deduction included in AGI..... | 7. | | 00 |
| 8. Other (see instructions). Describe: _____ | 8. | | 00 |
| 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11 | 9. | 0 | 00 |

Subtractions from Income (all entries must be positive numbers)

| | | | |
|--|-----|------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000..... | 10. | | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits | 11. | | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 | 12. | | 00 |
| 13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u> | 13. | 7786 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .. | 14. | | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). | 15. | | 0 |
| 16. Michigan state and local income tax refunds received in 2020 and included on MI-1040, line 10..... | 16. | | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program. | 17. | | 00 |
| 18. Michigan Education Trust | 18. | | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI | | | |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> | 20. | | 0 |
| 21. Miscellaneous subtractions (see instructions). Describe: _____ | 21. | | 00 |

2020 MICHIGAN Schedule 1 Additions and Subtractions

| | | | |
|-----------------------------------|------|--------------------|--|
| Filer's First Name MEHARUNNISA | M.I. | Last Name SHIEK | Filer's Full Social Security No. (Example: 123-45-6789) 740 — 22 — 5640 |
|-----------------------------------|------|--------------------|--|

Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| 22. | FILER | | | | SPOUSE | | | |
|-----|-------------------------------|----------------------------------|--|--|-------------------------------|----------------------------------|---|--|
| | A. Year of Birth (19xx) | B. Age as of 12-31-2020 | C. Check if filer received benefits from SSA exempt employment | D. Check if retired as of 01-01-2013 and born after 1952 | E. Year of Birth (19xx) | F. Age as of 12-31-2020 | G. Check if spouse received benefits from SSA exempt employment | H. Check if retired as of 01-01-2013 and born after 1952 |
| | 1994 | 26 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-----|--|----|
| 23. Tier 2 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 before December 31, 2020. Do not complete lines 24, 25 or 26 | 23. | | 00 |
| 24. Tier 3 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1954, and reached age 67 on or before December 31, 2020. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2..... | 24. | | 00 |
| 25. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884 | 25. | | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers 75 years and older . Deduction is limited to \$11,983 for single or married filing separately filers and \$23,966 for joint filers, less any deduction for retirement benefits (see instructions)..... | 26. | | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

| | | | |
|---|-----|-------------------|----|
| 27. Reserved. Skip to line 28..... | 27. | X X X X X X X X X | 00 |
| 28. Michigan Net Operating Loss | 28. | | 00 |
| 29. Total Subtractions. Add lines 10 through 28. Enter here and on MI-1040, line 13..... | 29. | 7786 | 00 |

2020 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

| | | | |
|---|------|---------------------------|--|
| 1. Filer's First Name MEHARUNNISA | M.I. | Last Name SHIEK | 2. Filer's Full Social Security No. (Example: 123-45-6789) 740 — 22 — 5640 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

4. 2020 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2020*

*Dates of Michigan residency in 2020 (Enter dates as MM-DD-YYYY, Example: 04-15-2020)

| | FILER | | SPOUSE | |
|-------|-------|--------|--------|--------|
| FROM: | — | — 2020 | — | — 2020 |
| TO: | — | — 2020 | — | — 2020 |

Income Allocation

| | A. Total Income | | B. Michigan Income | | C. Other State(s) Income | |
|--|-----------------|----|--------------------|----|--------------------------|----|
| 5. Wages, salaries, other payments (tips, etc.) | 63316 | 00 | 51065 | 00 | 12251 | 00 |
| 6. Interest and dividends | | 00 | | 00 | | 00 |
| 7. Business and farm income (include U.S. Schedules C and F)..... | | 00 | | 00 | | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797..... | | 00 | | 00 | | 00 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements).... | -4465 | 00 | 0 | 00 | -4465 | 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)..... | | 00 | | 00 | | 00 |
| 11. Other (see instructions) | | 00 | | 00 | | 00 |
| 12. Total income. Add lines 5 through 11..... | 58851 | 00 | 51065 | 00 | 7786 | 00 |
| 13. Enter the total adjustments from U.S. 1040, Schedule 1 Describe: | | 00 | | 00 | | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 58851 | 00 | 51065 | 00 | 7786 | 00 |

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

| | | | |
|--|-----|-------|----|
| 15. Enter amount from MI-1040, line 9f..... | 15. | 4750 | 00 |
| 16. Enter Michigan source income from line 14, column B..... | 16. | 51065 | 00 |
| 17. Enter total income from line 14, column A..... | 17. | 58851 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)..... | 18. | 86.77 | % |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19. | 4122 | 00 |

2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|--|------|------------------------|---|
| 1. Filer's First Name MEHARUNNISA | M.I. | Last Name SHIEK | 2. Filer's Full Social Security No. (Example: 123-45-6789) 740 — 22 — 5640 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| A | | B | C | D | | E | |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 38-3256847 | MIRACLE SOFTWARE | 63316 | 00 | 2170 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 0 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 2170 00 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

| A | | B | C | D | E | | |
|---|--|--|--------------|---|---------------------------------|----|--------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... | | | | | | 6. | 2170 0 |