Amended Return

2020 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 15, 2021. ⊺	уре о	r print in blue or	r black i	nk.							(Inclu	ude Schedule AMD)	
1. Filer's First Name	M.I.	l l						Social Security No. (Example: 123-45-6789)					
RAJESH	<u> </u>	THANNIKUNNATHPANCHU 650							56	 8342			
If a Joint Return, Spouse's First Name	M.I.	Last Name											
							Full Social S	Secur	rity No. (Example: 123-45-6	789)			
Home Address (Number, Street, or P.O. Box 2218, TOWN CENTER R								6	53		56		
City or Town			State	ZIP Code			- 1	4. Schoo			(5 dig	gits – see page 60)	
CANTON MI 48188									82	2100			
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. 6. FARMERS, FISHERM Check this box if fishing, or seafari								if 2/3 of yo	if 2/3 of your income is from farming,				
a. Single b. X Married filing jointly	a. Single * If you check box "c," complete line 3 and enter spouse's full name below: b. X Married filing jointly * If you check box "c," complete line 3 and enter spouse's full name below: b. Nonresident *						and i nclude Sched NR.			r			
c. Married filing separately*	L					c	Pan	rt-Year I	Resi	dent ^			
9. EXEMPTIONS. NOTE: If some	one els	e can claim you :	as a dep	endent, cl	L heck	box 9e,	ente	r 0 on li	ine (∂a and en	ter \$	1.500 on line 9e (see ins	 str.).
	nie z	5 Carr C.a ,	20 C C - 1	oriac,	nec.	. 50% 0 = ,			1.0			1,000 011 02 (T.,.
a. Number of exemptions (see in	nstructi	ons)				9a	a.	4	х	\$4,750	9a.	19000	00
b. Number of individuals who qua	alify for	one of the following	ing specia	ial exempti	tions	s: deaf,					Ī		П
blind, hemiplegic, paraplegic,		-		-					х	. ,	i		00
c. Number of qualified disabled v									X	\$400 \$4.750	9c.	 	00
d. Number of Certificates of Stilll	אותח ווכ	m MDHH5 (see	Instructio	ons)		90	a		х	\$4,750	9d.		00
e. Claimed as dependent, see lir	ne 9 N(OTE above				9e	е. [コ			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9	e. Ent	er here and on lir	ne 15								9f.	19000	00
10. Adjusted Gross Income from you	our U.S	3. Forms <i>1040</i> or	1040NR	₹ (see inst	tructi	ions)				. 10.		212302	00
11. Additions from Schedule 1, line 9). Inclu	ide Schedule 1 .								. 11.			00
12. Total. Add lines 10 and 11										. 12.		212302	00
13. Subtractions from Schedule 1, lir	ne 29.	Include Schedu	ıle 1							. 13.		10000	00
14. Income subject to tax. Subtract	t line 1:	3 from line 12. If	line 13 is	s greater t	than	line 12,	enter	"0"		. 14.		202302	00
15. Exemption allowance. Enter an												19000	
				,		*****	••••						
16. Taxable income. Subtract line 1	5 from	line 14. If line 15	ɔ̃ is great	ær than lin	ne 14	4, enter "	"0"			. 16.		183302	00
17. Tax. Multiply line 16 by 4.25% (0	.0425)									. 17.		7790	00
ON-REFUNDABLE CREDITS						AMOU				_		CREDIT	
18. Income Tax Imposed by governm Include a copy of the return (see				8a.					00	18b.			00
Michigan Historic Preservation Tainstructions)	ax Cred	dit carryforward (s	(see	9a.					00	19b.			00
20. Income Tax . Subtract the sum of lines 18b and 19b is	f lines	18b and 19b from	m line 17.							·		7790	П

2020 M	II-1040, Page 2 of 2	F-1						Г.С	0240	
		FII6	er's Full Social S	ecurity Number	Ď	50 —		56 	- 8342 	
21.	Enter amount of Income Tax from lin						21.		7790	$\overline{}$
22.	Voluntary Contributions from Form 4						22.			00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)		•			···········	23.		0	00
24	Total Tax Liability. Add lines 21, 22	2 and 22				24			7790	
	JNDABLE CREDITS AND PAYM					۷٠٠.∟				
25.	Property Tax Credit. Include MI-10	040CR or MI-1040C	R-2				25.			00
26.	Farmland Preservation Tax Credit	t. Include MI-1040C	R-5		DERAL		26.		ICHIGAN	00
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax	Credit (refundable). I	Include Form	3581			28.			00
29.	Michigan tax withheld from Schedul	le W, line 6. Include	Schedule W	(do not subn	nit W-2s)		29.		7208	00
30.	Estimated tax, extension payments	and 2019 credit forw	vard				30.			00
	2020 AMENDED RETURNS ONLY. Amended returns must include Sch	. Taxpayers completi	ng an original							
	31a. If you had a refund and/or onegative number on line 31		iginal return, che	eck box 31a and	d enter this amo	ount as a				
	31b. If you paid with the original any additional tax paid after						31c.			00
	Total refundable credits and paymer	nts. Add lines 25, 26	, 27b, 28, 29, 3	30 and 31c		32.			7208	00
	JND OR TAX DUE If line 32 is less than line 24, subtractions	ect line 32 from line 2	4 If applicable	o see instruct	tione	Г				
55.	II IIII JZ IS IESS UIAIT IIII Z4, SUDUA	Ct line 32 hom into 2		5, SEE 111311 U.S.	10115.					
	Include interest00 a	and penalty	00	Y	OU OWE	33.			582	00
34.	Overpayment. If line 32 is greater t	than line 24, subtract	l line 24 from li	ine 32		34.				00
35.	Credit Forward. Amount of line 34	to be credited to you	ır 2021 estima	ted tax for yo	ur 2021 tax re	turn	35.			00
00	Outstan at the coop force the coop				DEELIND					
	Subtract line 35 from line 34 ECT DEPOSIT	a. Routing Trans			REFUND	36. er	\top	c. Type	of Account	00
Depos	it your refund directly to your financial iion! See instructions and complete a, b						1. [Checking	2. Savin	gs
Dece	eased Taxpayer. If Filer and/or Spous				Preparer Co	ertifica	tion. /	declare under	penalty of perjury th	hat
ENTE	ER DATE OF DEATH ONLY. Example:	: 04-15-2020 (MM-DD-Y	<u>(YYY)</u>		this return is base. Preparer's PTII			ition of which I	have any knowledg	<i>де.</i>
Filer		Spouse		-	P02082	703				
and at	ayer Certification. I declare under patachments is true and complete to the bes			n this return	SYAM PI	RÏYA	,	I SAGAR	GUPTA T	A
Filer's	s Signature		Date		Preparer's Sign		RAM	I SAGAR	GUPTA T	A
Spous	se's Signature		Date			TAXI EBBLI	ES L E CR	LC REEK LN		
╽└┴	By checking this box, I authorize Tre	easury to discuss my	return with m	y preparer.	CUMMING			41		

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.

Include with Form MI-1040.	Type or print i	n blue or black ink.		Attachment 01
Filer's First Name	M.I.	Last Name	Filer's Full Social Sec	urity No. (Example: 123-45-6789)
RAJESH		THANNIKUNNATHPANCHU	650 —	56 — 8342
Additions to Income (all	l entries mus	t be positive numbers)		
1. Gross interest and divi	idends from ol	oligations issued by states		
(other than Michigan)	or their politica	al subdivisions	1.	00
		l by, income including self-employment to		00
3. Gains from Michigan c	column of MI-1	040D and MI-4797		00
4. Losses attributable to	other states (s	ee instructions)	4.	00
5. Net loss from federal of	column of your	Michigan MI-1040D or MI-4797	5.	00
		neral expenses (Michigan sourced) dedu		00
7. Federal Net Operating	Loss deduction	on included in AGI		00
8. Other (see instructions	s). Describe: _		8.	00
9. Total additions. Add	lines 1 throug	gh 8. Enter here and on MI-1040, line 1	11 9.	0 00
Subtractions from Inco	me (all entrie	s must be positive numbers)		
		s and other U.S. obligations included in N		00
		from military retirement benefits due to sonal Guard, or taxable railroad retirement		00
12. Gains from federal col	umn of Michig	an MI-1040D and MI-4797	12.	00
13. Income attributable to	another state.	Explain type and source:	13.	00
14. Taxable Social Securit	y benefits or r	nilitary pay (not retirement) included on N	MI-1040, line 10 14.	00
15. Income earned while a	resident of a	Renaissance Zone (see instructions)	15.	00
•		refunds received in 2020 and included	16.	00
9		m, MI 529 Advisor Plan, and Michigan Ad	•	10000 00
18. Michigan Education Tr	ust		18.	00
-		nerals income (Michigan sourced) include		00
		mpted under a State/Tribal tax agreeme Bulletin 1988-47		00
21 Miscellaneous subtrac	tions (see inst	ructions) Describe:	21	

REV 02/15/21 PRO

2020 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)				
RAJESH		THANNIKUNNATHPANCHU	650 — 56 — 8342				

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**.

ретс	re continuing.										
22.		FI	ILER				,	SPO	USE		
	A.	B.	C.	D.		E.	F.		G.	H.	
	Year of Birth (19xx)	Age as of 12-31-2020	Check if filer received benefits from SSA exempt employment	Check if retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-2020		Check if spouse received benefits from SSA exempt employment	Check if ret as of 01-01-2013 born after 1	and
	1977	43				1982	38				
23.	spouse (if mar	ried) was born d	duction. Complete uring the period Jaccember 31, 2020.	anuary 1, 1946	thro	ough Decembe	er 31, 1952,	23.			00
24.	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										00
25.			nount from line 16 orm 4884					25.			00
26.	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
	Ü		born before 1946 w	`	•				XXXXX		
								27.28.			00
	-		10 through 28. Er					29.		10000	

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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
RAJESH		THANNIKUNNATHPANCHU	650 — 56 — 8342
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
RAJANI		MELATRA	653 — 56 — 1425

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

					\neg				
1	٠ ا	В	ا	D		E			
Enter "X" for: Emp		Employer's identification number		Box 1 — Wages, tips,		Box 17 — Michigan			
Filer or Spouse		(Example: 38-1234567)	Box c — Employer's name	other compensation		income tax withheld			
							П		
X		38-0549190	FORD MOTOR COMPA	109816	00	4263	00		
\vdash					00		100		
	Х	13-4227696	NUIVA CITATE OF THEOR	79151		2045	1		
		13-422/090	NUVASIVE CLINICA	79151	00	2945	00		
					00		lool		
							ĦΪ		
					00		00		
					00		100		
							1		
					00		00		
Enter	Table	1 Subtotal from additional Sche			lool				
1	SHE	TOTAL. Enter total of Table 1, c	4.	7208	00				
4.	SUB	7208	00						

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

Α	В	С	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
			oc	00
Enter Table	e 2 Subtotal from additional Sche	dule W forms (if applicable)		00
5. SUE	BTOTAL. Enter total of Table 2, co	00		
6. TOT	7208 00			

Additional information from your 2020 Michigan Tax Return

Form 1040 Schedule 1: Additions and Subtractions

Line 17 Itemization Statement

Description	Amount
SADHANA RAJESH	10000.00
Total	10000