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

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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
KRISHNA PRASAD		POTHUGUNTA	092 — 02 — 7795
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)
3232 BEAUJARDIN DR, APT. 231B

City or Town	State	ZIP Code	4. School District Code (5 digits – see page 60)
LANSING	MI	48910	33020

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.
a. ☐ Filer
b. ☐ Spouse

6. FARMERS, FISHERMEN, OR SEAFARERS
☐ Check this box if 2/3 of your income is from farming, fishing, or seafaring.

7. 2020 FILING STATUS. Check one.
a. ☒ Single
b. ☐ Married filing jointly
c. ☐ Married filing separately*

* If you check box "c," complete line 3 and enter spouse's full name below:

8. 2020 RESIDENCY STATUS. Check all that apply.
a. ☒ Resident
b. ☐ Nonresident *
c. ☐ Part-Year Resident *

* If you check box "b" or "c," you must complete and **include Schedule NR.**

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)	9a. 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	e. ☐		9e.	00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15			9f.	4750 00

10. **Adjusted Gross Income** from your U.S. Forms *1040* or *1040NR* (see instructions)	1	24392 00
11. Additions from Schedule 1, line 9. **Include Schedule 1**		00
12. **Total.** Add lines 10 and 11		24392 00
13. Subtractions from Schedule 1, line 29. **Include Schedule 1**	13	00
14. **Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	24392 00
15. **Exemption allowance.** Enter amount from line 9f or Schedule NR, line 19	15.	4750 00
16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"		19642 00
17. **Tax.** Multiply line 16 by 4.25% (0.0425)		835 00

NON-REFUNDABLE CREDITS

	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)	a. 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.		835 00

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Filer's Full Social Security Number: 092 — 02 — 7795

21.	Enter amount of Income Tax from line 20.	21.	835 00
22.	Voluntary Contributions from Form 4642, line 6. **Include Form 4642**	22	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	24.	835 00

REFUNDABLE CREDITS AND PAYMENTS

25.	**Property Tax Credit. Include MI-1040CR or MI-1040CR-2**	25	00
26.	**Farmland Preservation Tax Credit. Include MI-1040CR-5**	26.	00

		FEDERAL		MICHIGAN
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. 27a.	00	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.	964 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. ☐ 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. ☐ 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	32.	964 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 [00] and penalty [00] .... **YOU OWE**	33.	00
34.	**Overpayment.** If line 32 is greater than line 24, subtract line 24 from line 32	34.	129 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.	129 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
072000326	526989170	1. ☒ Checking 2. ☐ 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 — —

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

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

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

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

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**

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Schedule W

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)
KRISHNA PRASAD		POTHUGUNTA	092 — 02 — 7795
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 Enter "X" for: **Filer** or **Spouse**	B Employer's identification number (Example: 38-1234567)	C Box c — Employer's name	D Box 1 — Wages, tips, other compensation		E Box 17 — Michigan income tax withheld	
X	38-6005984	MICHIGAN STATE U	18013	00	610	00
				00		00
				00		00
				00		00
				00		00

Enter Table 1 Subtotal from additional Schedule W forms (if applicable)... | | | | | | 00

4. **SUBTOTAL.** Enter total of Table 1, column E. .... 4. | | | | | 610 | 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 Enter "X" for: **Filer** or **Spouse**	B Payer's federal identification number (Example: 38-1234567)	C Payer's name	D Taxable pension distribution, misc. income, etc. (see inst.)		E Michigan income tax withheld	
X	38-6005984	MICHIGAN STATE U	8322	00	354	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. | | | | | 354 | 00

6. **TOTAL.** Add lines 4 and 5. Enter here and carry to MI-1040, line 29.................................... | | | | | 964 |

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