

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 SUSHMA	Last name GILUKAR	Your social security number 200-08-2079
If joint return, spouse's first name and middle initial ARUN	Last name KONDA	Spouse's social security number 394-99-9067
Home address (number and street). If you have a P.O. box, see instructions. 24910 WOODRIDGE DR		Apt. no. 308
City, town, or post office. If you have a foreign address, also complete spaces below. FARMINGTONHILLS		State MI
Foreign country name		ZIP code 48335
Foreign province/state/county		Foreign postal code

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.
 You Spouse

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

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. 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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	54,389.	
	2a	Tax-exempt interest	2a	2b		
	3a	Qualified dividends	3a	b Taxable interest	2b	
	4a	IRA distributions	4a	b Ordinary dividends	3b	
	5a	Pensions and annuities	5a	b Taxable amount	4b	
	6a	Social security benefits	6a	b Taxable amount	5b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		b Taxable amount	6b	
	8	Other income from Schedule 1, line 9			7	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			8	-5,200.
	10	Adjustments to income:			9	49,189.
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	300.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	48,889.
	12	Standard deduction or itemized deductions (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	24,800.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	24,089.	

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	2,494.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,494.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	90.
21	Add lines 19 and 20	21	90.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,404.
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	2,404.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,293.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,293.
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	9,093.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,689.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,689.
b	Routing number 011400495 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 388003948616		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now 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.	37	
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.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE QUALITY ENGINEER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	
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	04/04/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/>	Firm's address <input type="checkbox"/>		Phone no.	
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	
			Firm's EIN <input type="checkbox"/>	
			30-1017196	

**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
SUSHMA GILUKAR & ARUN KONDA

Your social security number
200-08-2079

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	-5,200.
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	-5,200.

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 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

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SUSHMA GILUKAR & ARUN KONDA

Your social security number
200-08-2079

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	90.
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	90.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

SUSHMA GILUKAR & ARUN KONDA

Your social security number

200-08-2079

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	5-6-115, NGOS COLONY KAMAREDDY TELANGANA IN 503111				
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	450.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	900.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,000.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,200.		
15 Supplies	15	1,350.		
16 Taxes	16			
17 Utilities	17	1,200.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,650.		
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	-5,200.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,200.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		450.	
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		5,650.	
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	(5,200.)		
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			-5,200.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Health Savings Accounts (HSAs)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
 ▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 SUSHMA GILUKAR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 200-08-2079

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3	7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,100.
9	Employer contributions made to your HSAs for 2020	9	275.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	275.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	6,825.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

Credit for Qualified Retirement Savings Contributions

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
 ▶ Go to www.irs.gov/Form8880 for the latest information.

Name(s) shown on return

SUSHMA GILUKAR & ARUN KONDA

Your social security number

200-08-2079



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2003; **(b)** is claimed as a dependent on someone else's 2020 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2020. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2020 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2017 and **before** the due date (including extensions) of your 2020 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	900.	
3	900.	
4		
5	900.	
6	900.	
7		900.
8	48,889.	
9		x 0 .1
10		90.
11		2,494.
12		90.

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$19,500	0.5	0.5	0.5
\$19,500	\$21,250	0.5	0.5	0.2
\$21,250	\$29,250	0.5	0.5	0.1
\$29,250	\$31,875	0.5	0.2	0.1
\$31,875	\$32,500	0.5	0.1	0.1
\$32,500	\$39,000	0.5	0.1	0.0
\$39,000	\$42,500	0.2	0.1	0.0
\$42,500	\$48,750	0.1	0.1	0.0
\$48,750	\$65,000	0.1	0.0	0.0
\$65,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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 SUSHMA	M.I.	Last Name GILUKAR	2. Filer's Full Social Security No. (Example: 123-45-6789) 200 — 08 — 2079	
If a Joint Return, Spouse's First Name ARUN	M.I.	Last Name KONDA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 394 — 99 — 9067	
Home Address (Number, Street, or P.O. Box) 24910 WOODRIDGE DR, APT. 308			4. School District Code (5 digits – see page 60) 63200	
City or Town FARMINGTONHILLS		State MI	ZIP Code 48335	
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. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.	
7. 2020 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>			8. 2020 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>	

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.	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>	x	\$4,750	9a.	9500	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.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.					9500	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....						48889	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	1					48889	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.					48889	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.					9500	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....						39389	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					1674	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".....				1674 00

Filer's Full Social Security Number

200	—	08	—	2079
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21. Enter amount of Income Tax from line 20.....	21.	1 674	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.	1 674	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						
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27b.		00						
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">FEDERAL</td> <td style="width: 50px;"></td> <td style="text-align: center;">MICHIGAN</td> </tr> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table>				FEDERAL		MICHIGAN			
FEDERAL		MICHIGAN							
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.	22 65	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) .	31c.		00						
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.									
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	32.	22 65	00						

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.	33.		00
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00		YOU OWE	
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.	591	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.....	36.	591	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
011400495	388003948616	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)		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Spouse <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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.		Preparer's Name (print or type) SYAM PRIYA RAM SAGAR GUPTA TA	
Filer's Signature	Date	Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TA	
Spouse's Signature	Date	Preparer's Business Name, Address and Telephone Number GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 678-965-9522	
<input type="checkbox"/> 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 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 SUSHMA	M.I.	Last Name GILUKAR	2. Filer's Full Social Security No. (Example: 123-45-6789) 200 — 08 — 2079
If a Joint Return, Spouse's First Name ARUN	M.I.	Last Name KONDA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 394 — 99 — 9067

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		38-2603955	QUICKEN LOANS IN	40474	00	1720	00	
X		65-0000600	MODIS, INC.	13915	00	545	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.	22650

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.	2265

2020 City of Detroit Nonresident Income Tax Return

Issued under authority of Public Act 284 of 1964, as amended.

Check here if you are amending. List reason on page 3.

Return is due April 15, 2021.

Type or print in blue or black ink.

1. Filer's First Name SUSHMA		M.I.	Last Name GILUKAR		2. Filer's Full Social Security No. (Example: 123-45-6789) 200 — 08 — 2079	
If a Joint Return, Spouse's First Name ARUN		M.I.	Last Name KONDA		3. Spouse's Full Social Security No. (Example: 123-45-6789) 394 — 99 — 9067	
Home Address (Number, Street, or P.O. Box) 24910 WOODRIDGE DR, APT. 308						
City or Town FARMINGTONHILLS			State MI	ZIP Code 48335	4. City return for the city of: DETROIT	City Code 170
5. 2020 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div>					8. EXEMPTIONS. 8a-8c apply to you and your spouse only.	
6. 2020 DEPENDENT STATUS <input type="checkbox"/> Check the box if you or your spouse can be claimed as a dependent on another person's tax return.					Personal Exemption a. 2 65 and over..... b. Deaf, Disabled or Blind..... c. Number of dependent children d. Number of other dependents..... e.	
7a. Filer's date of birth (MM-DD-YYYY) 08 — 10 — 1990		7b. Spouse's date of birth (MM-DD-YYYY) 08 — 02 — 1988		TOTAL EXEMPTIONS. Add lines 8a through 8e. f. 2		

PART 1: INCOME

9. Wages, salaries, tips, etc. (see instructions)	9.	40474	00
10. Business or farm income or (loss) from line 47. Include a copy of U.S. <i>Schedule C</i> or <i>Schedule F</i>	10.		00
11. Gain or (loss) from the sale of tangible property in the City of Detroit.	11.		00
12. Rental real estate and royalties. Include a copy of U.S. <i>Schedule E</i>	12.		00
13. Partnerships and trusts.....	13.		00
14. Total. Add lines 9 through 13.	14.	40474	00
15. Subtractions from line 34.	15.		00
16. Income subject to tax. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".	16.	40474	00
17. Exemption allowance. Multiply line 8f by \$600.	17.	1200	00
18. Taxable income. Subtract line 17 from line 16. If line 17 is greater than line 16, enter "0".	18.	39274	00
19. Tax. Multiply line 18 by 1.2% (0.012).	19.	471	00

PART 2: CREDITS AND PAYMENTS

20. Tax withheld from City Schedule W, line 5.....	20.	486	00
21. City estimated tax, extension payments and 2019 credit forward.....	21.		00
22. Tax paid for you by a partnership from City Schedule W, line 6.....	22.		00
23. Total Credits and Payments. Add lines 20 through 22.....	23.	486	00

PART 3: REFUND OR TAX DUE

24a. Tax Due. If line 19 is greater than line 23, subtract line 23 from line 19.....	24a.		00
24b. Interest if applicable (see instructions).....	24b.		00
24c. Penalty if applicable (see instructions).....	24c.		00
24d. Underpaid estimate penalty and interest (see instructions).....	24d.		00
24e. Balance Due. Add lines 24a through 24d.....	24e.		00
YOU OWE			
25. Overpayment. If line 23 is greater than line 19, subtract line 19 from line 23.....	25.	15	00
26. Credit Forward. Amount of line 25 to be credited to your 2021 estimated tax for your 2021 tax return.....	26.		00
27. Refund. Subtract line 26 from line 25.....	27.	15	00
REFUND			

PART 4: SUBTRACTIONS FROM INCOME (All entries must be positive numbers.)

28. Employee business expenses (see instructions).....	28.		00
29. Individual Retirement Account (IRA) contribution (see instructions).....	29.		00
30. Alimony paid. Do not include child support (see instructions).....	30.		00
31. Work-related moving expenses for active duty military (see instructions).....	31.		00
32. Net profits received from a financial institution or an insurance company.....	32.		00
33. Capital gains (before July 1, 1962).....	33.		00
34. Total Subtractions. Add lines 28 through 33. Enter here and on line 15.....	34.		00

PART 5: BUSINESS INCOME APPORTIONMENT

Name of Business Entity		Federal Employer Identification No. (FEIN)			
	A. Located Everywhere	B. Located in Detroit		C. Percentage (B divided by A)	
35. Average net book value of real and tangible personal property.....	00		00	XXXXX	
36. Gross annual rent paid for real property multiplied by 8.....	00		00	XXXXX	
37. CITY SHARE OF PROPERTY: Add lines 35 and 36. Divide column B by column A and enter as a percentage in column C.....	00		00		%
38. Total wages, salaries, commissions and other compensation of all employees.....	00		00		%
39. Gross receipts from sales made or services rendered.....	00		00		%

Filer's Full Social Security Number

200 — 08 — 2079

40. TOTAL: Add lines 37, 38 and 39, column C.....		%
41. Divide line 40 by 3 if column A has an amount greater than zero on each of lines 37, 38, and 39. If column A is zero for any of lines 37, 38 or 39, then divide line 40 by the number of factors that include an amount greater than zero in column A.....		%
42. Net profit or (loss) from U.S. Schedule C or Schedule F.....	42.	00
43. Multiply line 41 by line 42.....	43.	00
44. Applicable portion of net operating loss carryover.....	44.	00
45. Applicable part of self-employment retirement deduction.....	45.	00
46. Add lines 44 and 45.....	46.	00
47. Subtract line 46 from line 43. Enter here and on line 10.....	47.	00

PART 6: AMENDED RETURN

48. Reason for amending:

PART 7: CERTIFICATION

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)		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
		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.		Preparer's Name (print or type) SYAM PRIYA RAM SAGAR GUPTA	
Filer's Signature	Date	Preparer's Business Name, Address and Telephone Number GLOBAL TAXES LLC	
Spouse's Signature	Date	2530 PEBBLE CREEK LN CUMMING GA 30041 678-965-9522	
<input type="checkbox"/> By checking this box, I authorize the Michigan Department of Treasury to discuss my return with my preparer.			

Refund or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 24e. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your Social Security number and "2020 Detroit Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the filer's name and the last four digits of the filer's Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5119 available when you visit www.michigan.gov/citytax.

City of Detroit Withholding Tax Schedule - 2020

Issued under authority of Public Act 284 of 1964, as amended.

Type or print in blue or black ink.

INSTRUCTIONS: If you had city income tax withheld in 2020, you **must complete** a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. **Do not attach your W-2s.** Include your completed City Schedule W with Form 5118, Form 5119, or Form 5120. If you need additional space, complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

1. Filer's First Name SUSHMA	M.I.	Last Name GILUKAR	2. Filer's Full Social Security No. (Example: 123-45-6789) 200 — 08 — 2079
If a Joint Return, Spouse's First Name ARUN	M.I.	Last Name KONDA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 394 — 99 — 9067
4. Return for the city of: DETROIT		City Code 170	

PART 1: CITY TAX WITHHELD

A Enter "X" for: Filer or Spouse		B — Employer's federal identification number (Example: 38-1234567)	C Employer's name	D — Wages, tips and other compensation from Box 1 of W-2 (see instructions)	E City income tax withheld from Box 19 of W-2
X		38-2603955	QUICKEN LOANS INC	40474 00	486 00
X		65-0000600	MODIS, INC.	13915 00	0 00
				00	00
				00	00
				00	00
				00	00
				00	00
				00	00
5. Total City Tax Withheld. Enter here and carry to Form 5118, line 17, Form 5119, line 20 or Form 5120, line 36.					486 00

PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP

A Name of Partnership	B Federal Identification Number	C Tax Paid
		00
		00
		00
6. Total. Enter here and carry to Form 5118, line 19, Form 5119, line 22 or Form 5120, line 38.		00

Check this box and complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253) if you have more than eight W-2s to report or had tax paid on your behalf by more than three partnerships.

NOTE:

- All wage income earned by residents is subject to tax. Residents **should not** complete Part 3 on page 2.
- Nonresidents who performed work both within and outside the city listed on line 4 should complete Part 3 on page 2.

NONRESIDENTS ONLY

PART 3: WAGE ALLOCATION FOR NONRESIDENTS

Part 3 applies only to Nonresidents computing wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit because all wages are subject to tax. See instructions for additional information and definition of "days worked".

Residents **do not** complete Part 3 because all wages are subject to tax.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, figure them separately. Include only wages allocated to Detroit in column H below on Form 5119, line 9 or Form 5120, line 10, column B. If you need additional space, include a *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

A	B	C	D	E	F	G	H
Enter "X" for: Filer or Spouse	Number of days paid (5 day week x 52 weeks = 260 days)	Number of vacation days, holidays, and other days not worked.	Actual number of days worked everywhere. Subtract C from B.	Actual number of days worked in Detroit	Percentage of days worked in Detroit. Divide E by D.	Total wages shown on W-2 (City Schedule W) (see instructions)	Wages earned in Detroit. Multiply G by percentage in F.
					%	00	00
If column B is not 260 days, enter explanation.							
					%	00	00
If column B is not 260 days, enter explanation.							
					%	00	00
If column B is not 260 days, enter explanation.							
					%	00	00
If column B is not 260 days, enter explanation.							
					%	00	00
If column B is not 260 days, enter explanation.							
					%	00	00
If column B is not 260 days, enter explanation.							
					%	00	00
If column B is not 260 days, enter explanation.							

NOTE: If your City of Detroit allocation is less than 100 percent, please obtain a letter from your employer to verify columns B through E of Form 5121 and retain your work log. Treasury may request a copy of your work log and employer letter.