



2019 Tax Return

Pavan Kumar Basireddy
607 East Second Avenue, FLINT, MI 48502

Dear Pavan Kumar Basireddy:

We appreciate your choosing Liberty Tax and our professional service to prepare your 2019 Tax Return. It is our goal to make the process easy and less stressful for you. We look forward to seeing you next year!

Federal

Your Federal tax return has been electronically filed.

Your Federal refund is **\$313**.

You have selected to receive your Federal refund by **Electronic method**.

Michigan - Income Tax

Your Michigan tax return has been electronically filed.

Your Michigan refund is **\$643**.

You have selected to receive your Michigan refund by **Electronic method**.

Michigan - Heating Credit

Your Michigan tax return has been electronically filed.

Your Michigan refund is **\$102**.

You have selected to receive your Michigan refund by **Electronic method**.

Flint - Income Tax

Your Flint tax return has been electronically filed.

Your Flint refund is **\$3**.

You have selected to receive your Flint refund by **Electronic method**.

We have provided a copy of your tax return to keep for your records.

Thank you for choosing Liberty Tax!

Business Name
Liberty Tax Service
Business Address (optional)
277 West Second Avenue
Raleigh, NC 27602

- 1. Your federal income tax return for 2012 was filed electronically with the IRS Submission Processing Center. The e-filed return was prepared by Liberty Tax Service.
- 2. Your return was accepted on [blank] using e-filed tax software. You provided a PIN or authorized the Electronic Return Originator (ERO) to use [blank] for you. The ERO (ID) assigned to your return is [blank].
- 3. Your return was accepted on [blank] allow 4 to 8 weeks for the original signature. The Earned Income Credit or a dependent's exemption on your return may be reduced if your spouse's name and social security number mismatch.
- 4. Your electronic funds withdrawal payment request was accepted for processing.
- 5. Your electronic funds withdrawal payment request was not accepted for processing due to the "If You Owe Tax" section.
- 6. Your Form 4853, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was submitted to [blank]. The ERO (ID) assigned to your extension is [blank].

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

CLIENT COPY

If You Need to Make a Change to Your Return

If you need to make a change to correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov. You can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your ERO when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to check your refund status. Otherwise, if less than three weeks have passed, allow 4 to 8 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the IRS toll-free at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for depositing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1064.

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

Pavan Kumar Basireddy

Taxpayer address (optional)

607 East Second Avenue
FLINT, MI 48502

1. Your federal income tax return for 2019 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Liberty Tax - Office 12488.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect.

TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Pavan Kumar Basireddy

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 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 Pavan Kumar | Last name Basireddy | Your social security number XXX-XX-XXXX |
| 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. 607 East Second Avenue | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FLINT, MI 48502 | | 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 |
| Foreign country name | Foreign province/state/county | Foreign postal code |
| If more than four dependents, see inst. & check here ▶ <input type="checkbox"/> | | |

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, 1955 Are blind
 Spouse: Was born before January 2, 1955 Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) check if qualifies for (see inst.): | |
|--------------------------------|-----------|----------------------------|-------------------------|---|-----------------------------|
| (1) First name | Last name | | | 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"/> |

| | | | |
|------------|---|------------|---------------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 2,472 |
| 2a | Tax-exempt interest | 2a | |
| b | Taxable interest | 2b | |
| 3a | Qualified dividends | 3a | |
| b | Ordinary dividends. | 3b | |
| 4a | IRA distributions | 4a | |
| b | Taxable amount | 4b | |
| c | Pensions and annuities | 4c | |
| d | Taxable amount | 4d | |
| 5a | Social security benefits. | 5a | |
| b | Taxable amount | 5b | |
| 6 | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/> | 6 | |
| 7a | Other income from Schedule 1, line 9 | 7a | |
| b | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶ | 7b | 2,472 |
| 8a | Adjustments to income from Schedule 1, line 22 | 8a | 0 |
| b | Subtract line 8a from line 7b. This is your adjusted gross income ▶ | 8b | 2,472 |
| 9 | Standard deduction or itemized deductions (from Schedule A) | 9 | 12,200 |
| 10 | Qualified business income deduction. Attach Form 8995 or Form 8995-A. | 10 | |
| 11a | Add lines 9 and 10 | 11a | 12,200 |
| b | Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | 11b | 0 |

Standard Deduction

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

12a Tax (see instructions). Check if any from:

1 Form(s) 8814 2 Form 4972 3 12a 0

b Add Schedule 2, line 3, and line 12a and enter the total 12b 0

13a Child tax credit or credit for other dependents 13a

b Add Schedule 3, line 7, and line 13a and enter the total 13b 0

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 0

15 Other taxes, including self-employment tax, from Schedule 2, line 10 15

16 Add lines 14 and 15. This is your total tax 16 0

17 Federal income tax withheld from Forms W-2 and 1099 17 313

18 Other payments and refundable credits:

a Earned income credit (EIC) NO 18a

b Additional child tax credit. Attach Schedule 8812 18b

c American opportunity credit from Form 8863, line 8 18c

d Schedule 3, line 14. 18d

e Add lines 18a through 18d. These are your total other payments and refundable credits 18e

19 Add lines 17 and 18e. These are your total payments 19 313

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 313

21 a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 313

Direct deposit? See instructions.

b Routing number 072000326 c Type: [X] Checking [] Savings

d Account number [X][X][X][X][X][9][6][3][5]

22 Amount of line 20 you want applied to your 2020 estimated tax. 22

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions. 23 0

24 Estimated tax penalty (see instructions) 24

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. [] Yes. Complete below. [] No

(Other than paid preparer)

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 95666 Date 04-22-2020 Your occupation If the IRS sent you an Identity Protection PIN, enter it here

Joint return? See instructions. Keep a copy for your records.

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

Phone no. 810-484-1757 Email address

Paid Preparer Use Only

Preparer's signature Preparer's name Rizwana Asghar Date 03-03-2021 PTIN XXXXXXXXXX Check if: [X] 3rd Party Designee [] Self-employed

Firm's name Liberty Tax - Office 12488

Firm's address 3218 S Dort Hwy Flint, MI 48507

Firm's EIN 11-3733405

Go to www.irs.gov/Form1040 for instructions and the latest information. EEA

Department of the Treasury
Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

2019

Submission Identification Number (SID) ▶ 00-XXXXXX-009710

| | |
|---|--|
| Taxpayer's name Pavan Kumar Basireddy | Social security number XXX-XX-XXXX |
| Spouse's name | Spouse's social security number |

| Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only) | |
|---|---------|
| 1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35) | 1 2,472 |
| 2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61) | 2 |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a) | 3 313 |
| 4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a) | 4 313 |
| 5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75) | 5 |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Liberty Tax - Office 12488 to enter or generate my PIN 95666 as my signature on my tax year 2019 electronically filed income tax return. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as my signature on my tax year 2019 electronically filed income tax return. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-02308
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub.1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 03-03-2021

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Carryover Worksheet
List of items that will carryover to the 2020 tax return
 (Keep for your records)

2019

Tax ID Number

XXX-XX-XXXX

Name(s) as shown on return

Pavan Kumar Basireddy

Carryover Amount

Itemized Deductions

| | | |
|--|-------|-------|
| Contributions subject to 100% of AGI limitations | _____ | _____ |
| Contributions subject to 60% of AGI limitations | _____ | _____ |
| Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) | _____ | _____ |
| Contributions subject to 30% of AGI limitations | _____ | _____ |
| Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) | _____ | _____ |
| Taxable state and local refunds to Form 1040, line 10 | _____ | _____ |
| State/local taxes paid in 2020 to flow to the Schedule A | _____ | _____ |
| State donations and contributions carryover | _____ | _____ |
| State overpayment applied to next year | _____ | _____ |

Expenses

| | | |
|---|-----------|----------------|
| Office in home operating expenses | _____ | _____ |
| Office in home excess casualty losses and depreciation | _____ | _____ |
| Disallowed investment interest expense | AMT _____ | Reg. Tax _____ |
| Section 179 expense | _____ | _____ |
| Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use | _____ | _____ |
| Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use | _____ | _____ |

Losses

| | | |
|--|-----------|----------------|
| Short-term capital loss | AMT _____ | Reg. Tax _____ |
| Long-term capital loss | AMT _____ | Reg. Tax _____ |
| Net operating loss | AMT _____ | Reg. Tax _____ |
| Excess business loss from Form 461 (becomes part of NOL next year) | AMT _____ | Reg. Tax _____ |
| Qualified REIT and PTP loss carryover | _____ | _____ |
| QBI loss carryover | _____ | _____ |
| Nonrecaptured net section 1231 losses from WK_1231C | AMT _____ | Reg. Tax _____ |

Credits

| | | |
|---|-----------|----------------|
| Mortgage interest credit | _____ | _____ |
| Credit for prior year minimum tax | _____ | _____ |
| Foreign Tax credit | AMT _____ | Reg. Tax _____ |
| District of Columbia first time home owner's credit | _____ | _____ |
| Res. energy efficient property credit | _____ | _____ |

Other

| | | |
|--|----------------|-------------------------------|
| Preparer Fee | _____ | _____ |
| Overpayment applied to next year's estimates | _____ | _____ |
| Estimated Tax Payment 1 | _____ | Estimated Tax Payment 2 _____ |
| Estimated Tax Payment 3 | _____ | Estimated Tax Payment 4 _____ |
| Federal tax liability for 2210 calculation | _____ | 0 |
| State tax liability for state 2210 calculation | _____ | _____ |
| IRA basis | Taxpayer _____ | Spouse _____ |

| | | |
|----------------------------|-------|-------|
| Total Tax | _____ | _____ |
| Payments | _____ | _____ |
| Withholding | _____ | _____ |
| Estimated tax payments | _____ | _____ |
| Excess income credit | _____ | _____ |
| Other payments and credits | _____ | _____ |
| Overpayment | _____ | _____ |

Passive Activity

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

At Risk Limitations

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

TAX RETURN COMPARISON
2017 / 2018 / 2019

2019

| | |
|--|--|
| Name(s) as shown on return Pavan Kumar Basireddy | Identifying number XXX-XX-XXXX |
|--|--|

| | 2017 | 2018 | 2019 | Difference 2018-2019 |
|--|------|------|---------------|----------------------|
| Filing Status | | | Single | |
| Number of Exemptions | | N/A | N/A | N/A |
| Number of Dependents | N/A | | | |
| Income | | | | |
| Wages, salaries, tips, etc. | | | 2,472 | 2,472 |
| Taxable interest and dividends | | | | |
| Taxable state and local refunds | | | | |
| Alimony | | | | |
| Business income (loss) | | | | |
| Gains (losses) | | | | |
| Pensions and IRA distributions | | | | |
| Rent and royalty income (loss) | | | | |
| Part, S-corps, trusts income (loss) | | | | |
| Farm income (loss) | | | | |
| Unemployment compensation | | | | |
| Total SS benefits received | | | | |
| Taxable SS benefits | | | | |
| Other income (loss) | | | | |
| Total Income | | | 2,472 | 2,472 |
| Adjusted Gross Income | | | | |
| Half of self-employment tax | | | | |
| IRA deduction | | | | |
| Other adjustments | | | | |
| Total Adjusted Gross Income | | | 2,472 | 2,472 |
| Deductions | | | | |
| Medical deductions | | | | |
| State and local taxes | | | | |
| Interest | | | | |
| Contributions | | | | |
| Employee business expenses | | | | |
| Standard or other deductions | | | 12,200 | 12,200 |
| Total Itemized or Standard Ded | | | 12,200 | 12,200 |
| Exemption Amount | | N/A | N/A | N/A |
| Qualified Business Income Deduction | N/A | | | |
| Tax and Credits | | | | |
| Taxable Income | | | | |
| Tax | | | | |
| Credits | | | | |
| Self-employment tax | | | | |
| Other taxes | | | | |
| Total Tax | | | | |
| Payments | | | | |
| Withholdings | | | 313 | 313 |
| Estimated tax payments | | | | |
| Earned income credit | | | | |
| Other payments and credits | | | | |
| Overpayment | | | 313 | 313 |
| Overpayment Applied | | | | |
| Refund | | | 313 | 313 |
| Balance Due | | | | |
| Marginal tax rate | | | 10.00 | 10.00 |
| Effective tax rate | | | | |

Account Transaction Summary

2019

Name(s) as shown on return

Your ID Number

Pavan Kumar Basireddy

XXX-XX-XXXX

Account #1

Financial Institution

Routing Transit Number

072000326

Account Number

525079635

Account Type

Checking

Federal Main Form

Federal Deposit

313

State Main Form(s)

MI Deposit

102

MI Deposit

643

FT Deposit .00

3

Net Deposit

1,061

CLIENT COPY

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize Liberty Tax - Office 12488 to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

2019 MI1040 Filing Instructions
Pavan Kumar Basireddy

Form filed:

MI1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

07-15-2020

Refund:

\$643.00

Transaction method:

The refund will be directly deposited into your checking account at ending in 9635.

CLIENT COPY

| | | | | |
|---|-----|---------|----|-------|
| 8. EXEMPTIONS | | | | |
| a. Number of dependent children (see instructions) | 0 | \$4,000 | 00 | 4,000 |
| b. Number of individuals who qualify for one of the following special exemptions: Elder, handicapped, caregiver, spouse/partner, or totally and permanently disabled | 0 | \$2,700 | 00 | 00 |
| c. Number of qualified disabled veterans | 0 | \$400 | 00 | 00 |
| d. Number of Caregivers of Spouses from Michigan (see instructions) | 0 | \$4,000 | 00 | 00 |
| e. Claimed as dependent, see line 107E above | 0 | | | 00 |
| f. Add lines 8a, 8b, 8c, 8d and 8e. Enter here | | | | 4,400 |
| 10. Adjusted Gross Income from your U.S. Federal Form 1041 (see instructions) | | | | 2,472 |
| 11. Additions from Schedule 1, line 9 | | | | 00 |
| 12. Total. Add line 10 and 11 | | | | 2,472 |
| 13. Subtractions from line 12. Enter from Schedule 1, line 10 | | | | 00 |
| 14. Income subject to Michigan tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | | | | 2,472 |
| 15. Exemption allowed. Subtract amount from line 14 or line 13, whichever is less | | | | 4,400 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | | | | 0 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425) | | | | 00 |
| NON-REFUNDABLE CREDITS | | | | |
| 18. Income Tax imposed by government units outside Michigan. Include a copy of the return (see instructions) | 18a | 00 | 00 | 00 |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions) | 19a | 00 | 00 | 00 |
| 20. Income Tax. Subtract the sum of lines 18a and 19a from line 17. If the sum of lines 18a and 19a is greater than line 17, enter "0" | 20 | | | 00 |

2019 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2020. Type or print in blue or black ink.

| | | | | | | |
|---|--|------|-------------------------------|--|--|--|
| 1. Filer's First Name PAVAN KUMAR | | M.I. | Last Name BASIREDDY | | 2. Filer's Full Social Security No. (Example: 123-45-6789) XXX — XX — XXXX | |
| 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) 607 EAST SECOND AVENUE | | | | | | |
| City or Town FLINT | | | State MI | ZIP Code 48502 | 4. School District Code (5 digits - see page 60) 25010 | |
| 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, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | | |
| a. <input type="checkbox"/> Filer | | | | | | |
| b. <input type="checkbox"/> Spouse | | | | | | |
| 7. 2019 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input 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; height: 20px; width: 100%;"></div> | | |
| 8. 2019 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident* c. <input type="checkbox"/> 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. | <input type="text" value="1"/> | x | \$4,400 | 9a. | <input type="text" value="4,400"/> | <input type="text" value="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. | <input type="text"/> | x | \$2,700 | 9b. | <input type="text"/> | <input type="text" value="00"/> |
| c. Number of qualified disabled veterans | 9c. | <input type="text"/> | x | \$400 | 9c. | <input type="text"/> | <input type="text" value="00"/> |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions) | 9d. | <input type="text"/> | x | \$4,400 | 9d. | <input type="text"/> | <input type="text" value="00"/> |
| e. Claimed as dependent, see line 9 NOTE above | 9e. | <input type="checkbox"/> | | | 9e. | <input type="text"/> | <input type="text" value="00"/> |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 | 9f. | | | | <input type="text" value="4,400"/> | <input type="text" value="00"/> | |

10. **Adjusted Gross Income** from your U.S. Forms 1040 or 1040NR (see instructions) 10.

11. Additions from Schedule 1, line 9. **Include Schedule 1** 11.

12. **Total.** Add lines 10 and 11 12.

13. Subtractions from Schedule 1, line 28. **Include Schedule 1** 13.

14. **Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14.

15. **Exemption allowance.** Enter amount from line 9f or Schedule NR, line 19 15.

16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16.

17. **Tax.** Multiply line 16 by 4.25% (0.0425) 17.

NON-REFUNDABLE CREDITS

| | AMOUNT | CREDIT |
|---|---|--|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions) 18a. | <input type="text" value=""/> <input type="text" value="00"/> | 18b. <input type="text" value=""/> <input type="text" value="00"/> |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions) 19a. | <input type="text" value=""/> <input type="text" value="00"/> | 19b. <input type="text" value=""/> <input type="text" value="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. | | <input type="text" value=""/> <input type="text" value="00"/> |

Filer's Full Social Security Number

XXX — XX — XXXX

| | | | |
|---|-----|---|----|
| 21. Enter amount of Income Tax from line 20 | 21. | | 00 |
| 22. Voluntary Contributions from Form 4642, line 10. 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. | | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|----------|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | 538 | 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 | 27a. | FEDERAL | 00 |
| | 27b. | MICHIGAN | 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. | 105 | 00 |
| 30. Estimated tax, extension payments and 2018 credit forward | 30. | | 00 |
| 31. 2019 AMENDED RETURNS ONLY. Taxpayers completing an original 2019 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. | 31c. | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c | 32. | 643 | 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"/> 00 and penalty <input type="text"/> 00 | 33. | | 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32 | 34. | 643 | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2020 estimated tax for your 2020 tax return. | 35. | | 00 |
| 36. Subtract line 35 from line 34 | 36. | REFUND | 643 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 | 525079635 | 1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2018, enter dates below.

ENTER DATE OF DEATH ONLY. Example: 04-15-2019 (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
XXXXXXXXXX

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)
RIZWANA ASGHAR

Preparer's Business Name, Address and Telephone Number
LIBERTY TAX - OFFICE 12488
3218 S DORT HWY
FLINT MI 48507
810-744-1040

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

2019 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

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

Type or print in blue or black ink.

Attachment 05

| 1. Filer's First Name PAVAN KUMAR | | M.I. | Last Name BASIREDDY | | 2. Filer's Full Social Security No. (Example: 123-45-6789) XXX — XX — XXXX | | | | | | | | | | |
|--|----------|--|---|--|--|--|--|-------|--------|-------|----------|----------|-----|----------|----------|
| 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, P.O. Box). If using a P.O. Box, you must complete line 45. 607 EAST SECOND AVENUE | | | | | | | | | | | | | | | |
| City or Town FLINT | | | State MI | ZIP Code 48502 | 4. School District Code (5 digits - see page 60) 25010 | | | | | | | | | | |
| 5. Check the box(es) for which you or your spouse qualify (excluding dependents). If you qualify for both, see instructions. | | | | | | | | | | | | | | | |
| a. <input type="checkbox"/> Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death. | | | b. <input type="checkbox"/> Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled. | | | | | | | | | | | | |
| 6. 2019 FILING STATUS: Check one. | | 7. 2019 RESIDENCY STATUS: Check all that apply. | | *If you checked box "c," enter dates of Michigan residency in 2019. Enter dates as MM-DD-YYYY (Example: 04-15-2019). | | | | | | | | | | | |
| a. <input checked="" type="checkbox"/> Single | | a. <input checked="" type="checkbox"/> Resident | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>FILER</th> <th>SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td>— — 2019</td> <td>— — 2019</td> </tr> <tr> <td>TO:</td> <td>— — 2019</td> <td>— — 2019</td> </tr> </tbody> </table> | | | | FILER | SPOUSE | FROM: | — — 2019 | — — 2019 | TO: | — — 2019 | — — 2019 |
| | FILER | SPOUSE | | | | | | | | | | | | | |
| FROM: | — — 2019 | — — 2019 | | | | | | | | | | | | | |
| TO: | — — 2019 | — — 2019 | | | | | | | | | | | | | |
| b. <input type="checkbox"/> Married filing jointly | | b. <input type="checkbox"/> Nonresident | | | | | | | | | | | | | |
| c. <input type="checkbox"/> Married filing separately (Include Form 5049) | | c. <input type="checkbox"/> Part-Year Resident * | | | | | | | | | | | | | |

8. Homestead Status

Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your local assessor.

9. Homeowners: Enter the 2019 taxable value of your homestead (see instructions). If you did not check box 8 above and your taxable value is greater than \$135,000, STOP; you are not eligible.

Farmers: enter the taxable value of your homestead, including eligible unoccupied farmland 9.

| | |
|--|----|
| | 00 |
|--|----|

10. Property taxes levied on your home for 2019 (see instructions) or amount from line 51, 56 and/or 57 10.

| | |
|--|----|
| | 00 |
|--|----|

11. Renters: Enter rent you paid for 2019 from line 53 and/or 55 11.

| | |
|-------|----|
| 4,800 | 00 |
|-------|----|

12. Multiply line 11 by 23% (0.23) 12.

| | |
|-------|----|
| 1,104 | 00 |
|-------|----|

13. Total. Add lines 10 and 12 13.

| | |
|-------|----|
| 1,104 | 00 |
|-------|----|

TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses.

If married filing separately, you must include Form 5049.

| | | | | | | | |
|--|-----|-------|----|---|-----|-------|----|
| 14. Wages, salaries, tips, sick, strike and SUB pay, etc. | 14. | 2,472 | 00 | 21. Social Security, SSI, and/or railroad retirement benefits | 21. | | 00 |
| 15. All interest and dividend income (including nontaxable interest) | 15. | | 00 | 22. Child support and foster parent payments | 22. | | 00 |
| 16. Net business income (including net farm income). If negative enter "0" | 16. | | 00 | 23. Unemployment compensation | 23. | | 00 |
| 17. Net royalty or rent income. If negative enter "0" | 17. | | 00 | 24. Gifts received or expenses paid on your behalf | 24. | 4,000 | 00 |
| 18. Retirement pension, annuity, and IRA benefits | 18. | | 00 | 25. Other nontaxable income Describe: | 25. | | 00 |
| 19. Capital gains less capital losses, (see instructions) | 19. | | 00 | 26. Workers'/veterans' disability compensation/pension benefits | 26. | | 00 |
| 20. Alimony and other taxable income Describe: | 20. | | 00 | 27. FIP and other MDHHS benefits (Do not include food assistance) | 27. | | 00 |

28. SUBTOTAL. Add lines 14 through 27 SUBTOTAL 28.

| | |
|-------|----|
| 6,472 | 00 |
|-------|----|

Continue on page 2. This form cannot be

processed if pages 2 and 3 are not completed and included.

+ 1024 2019 25 01 27 8

Filer's Full Social Security Number

XXX — XX — XXXX

| | | | |
|--|-----|-------|----|
| 29. Enter subtotal from line 28 | 29. | 6,472 | 00 |
| 30. Other adjustments (see instructions). Describe: _____ | 30. | | 00 |
| 31. Medical insurance/HMO premiums you paid for you and your family (see instructions) | 31. | | 00 |
| 32. Add lines 30 and 31 | 32. | | 00 |
| 33. TOTAL HOUSEHOLD RESOURCES. Subtract line 32 from line 29. If more than \$60,000, STOP; you are not eligible for this credit | 33. | 6,472 | 00 |
| 34. Multiply line 33 by 3.2% (0.032) or by the percent in Table 2 (see instructions). If negative, enter "0" | 34. | 207 | 00 |
| 35. Subtract line 34 from line 13 and enter the amount here. If line 34 is greater than line 13, enter "0" and STOP ; you are not eligible for this credit | 35. | 897 | 00 |

PART 1: ALLOWABLE COMPUTATION Complete one of the sections below, either A, B, or C (see instructions).

SECTION A: SENIOR CLAIMANTS (if you checked only box 5a)

| | | | |
|---|-----|--|----|
| 36. Enter amount from line 35 | 36. | | 00 |
| 37. Percentage from Table A (see instructions) that applies to the amount on line 33 | 37. | | % |
| 38. Multiply line 36 by line 37. Enter amount here and on line 42 (maximum \$1,500) | 38. | | 00 |

SECTION B: DISABLED CLAIMANTS (if you checked only box 5b, or both boxes 5a and 5b)

| | | | |
|---|-----|--|----|
| 39. Enter amount from line 35 here and on line 42 (maximum \$1,500) | 39. | | 00 |
|---|-----|--|----|

SECTION C: ALL OTHER CLAIMANTS (if you did not check box 5a or 5b)

| | | | |
|--|-----|-----|----|
| 40. Enter amount from line 35 | 40. | 897 | 00 |
| 41. Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,500) | 41. | 538 | 00 |

PART 2: PROPERTY TAX CREDIT CALCULATION All filers must complete this section.

| | | | |
|---|-----|-----|----|
| 42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see instructions) for FIP/MDHHS recipients | 42. | 538 | 00 |
| 43. Percentage from Table B (see instructions) that applies to the amount on line 33 | 43. | 100 | % |
| 44. PROPERTY TAX CREDIT. Multiply amount on line 42 by percentage on line 43. Enter amount here and if you file an MI-1040, carry this amount to MI-1040, line 25 | 44. | 538 | 00 |

NOTE: Seniors who pay rent (including rent paid to adult care facilities): Complete Worksheet 4 in the MI-1040 book and enter amount from worksheet on line 44 (maximum \$1,500).

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

XXX — XX — XXXX

PART 3: HOMEOWNERS WHO MOVED IN 2019. Report on lines 45 and 46 the addresses of the homesteads for which you are claiming a credit. **Homesteads with a taxable value greater than \$135,000 are not eligible for this credit.**

| | | |
|---|---------------|----|
| 45. Address where you lived on December 31, 2019, if different than reported on line 1 (Number, Street, City, State, ZIP Code). | Taxable Value | 00 |
| 46. Address of homestead sold (moved from) during 2019 (Number, Street, City, State, ZIP Code). | Taxable Value | 00 |

Homeowners who moved during 2019, complete lines 47 through 51.

- 47. Number of days occupied (total cannot be more than 365)
- 48. Divide line 47 by 365 and enter percentage here
- 49. Property taxes levied for calendar year 2019
- 50. **Prorated property taxes.** Multiply line 49 by the percentages on line 48
- 51. **Taxes eligible for credit.** Add line 50, columns A and B. Enter here and on line 10

| HOMESTEAD | |
|---------------|---------------|
| A. Moved Into | B. Moved From |
| | |
| % | % |
| 00 | 00 |
| 00 | 00 |
| 51. | 00 |

PART 4: RENTERS

| 52. A | B | C | D | | E | |
|--|--|-----------------|--------------|----|-----------------|----|
| Address of Homestead You Rented (Number, Street, Apt. #, City, State, ZIP Code) | Landowner's Name and Address (City, State and ZIP Code) | # Months Rented | Monthly Rent | | Total Rent Paid | |
| 607 E SECOND AVENUE FLINT MI 48502 | THE DURANT 8109004020 FLINT MI 48502 | 12 | 400 | 00 | 4,800 | 00 |
| | | | | 00 | | 00 |

53. Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 11 53. 4,800 00

PART 5: ALTERNATE HOUSING FACILITIES (see instructions)

54. If you lived in one of these types of facilities for all or part of 2019, check the appropriate box and see instructions.

- a. Subsidized Housing: complete line 55. Enter result on line 11.
- b. Service Fee Housing: complete lines 55 and 56.

55. Enter the total rent you paid in 2019 while a resident of an Alternate Housing Facility. Do not include amounts paid on your behalf by a government agency 55. 00

56. If you checked box 54b, multiply line 55 by 10% (0.10) (see instructions). Enter here and on line 10. 56. 00

57. **Special Housing:** If you lived in one of these types of facilities for all or part of 2019, check the appropriate box (see instructions).

- a. Cooperative Housing
- b. Home for the Aged
- c. Nursing Home
- d. Adult Foster Care Home
- e. Paid Room and Board

Enter your prorated share of taxes from the type of facility checked on line 57 here and on line 10 57. 00

58. Name and Address (including City, State and ZIP Code) of Housing Facility, Landowner, or Care Facility if you completed lines 54 through 57.

| | | | | |
|--|---------------------------|-------------------|---|-------------------------------------|
| DIRECT DEPOSIT Deposit your refund directly to your financial institution! See instructions and complete parts a, b and c. | a. Routing Transit Number | b. Account Number | c. Type of Account | |
| | 072000326 | 525079635 | 1. <input checked="" type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2018, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2019 (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
XXXXXXXXXX

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)
RIZWANA ASGHAR

Preparer's Business Name, Address and Telephone Number
LIBERTY TAX - OFFICE 12488
3218 S DORT HWY
FLINT MI 48507
810-744-1040

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

If you are also filing Form MI-1040, include this form behind it. If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956

2019 MICHIGAN Withholding Tax Schedule

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

Attachment 13

Type or print in blue or black ink.

INSTRUCTIONS: If you had Michigan income tax withheld in 2019, 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 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|--|------|------------------------|---|
| 1. Filer's First Name PAVAN KUMAR | M.I. | Last Name BASIREDDY | 2. Filer's Full Social Security No. (Example: 123-45-6789) XXX — XX — XXXX |
| 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 | 38-6006309 | UNIVERSITY OF MIC | 2,472.00 | 105.00 |
| | | | 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 | | | | 105.00 |

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 |
|--|---|-------------------|--|--------------------------------------|
| | | | 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 | | | | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29 | | | | 105.00 |

2019 MICHIGAN Home Heating Credit Claim MI-1040CR-7

Attachment 08

Issued under authority of Public Act 281 of 1967, as amended. Type or print in blue or black ink.

Amended Return

| | | | | | |
|---|--|--------------------|---|--|--|
| 1. Filer's First Name PAVAN KUMAR | | M.I. | Last Name BASIREDDY | | 2. Filer's Full Social Security No. (Example: 123-45-6789) XXX — XX — XXXX |
| If a Joint Return, Spouse's First Name | | M.I. | Last Name | | |
| Home Address (Number, Street, or P.O. Box) 607 EAST SECOND AVENUE | | | | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |
| City or Town FLINT | | State MI | ZIP Code 48502 | | |
| 5. Citizenship Status | | | | | 4. County Code (see instructions) 25 |
| a. <input checked="" type="checkbox"/> Filer is a U.S. citizen or qualified alien | | | b. <input type="checkbox"/> Spouse is a U.S. citizen or qualified alien | | |
| 6. Heat Provider Name Code (see instructions) | | | | | 7. Heat Type Code (see instructions) |

8. **2019 FILING STATUS:**
Check one.

a. Single

b. Married filing jointly

c. Married filing separately (Include Form 5049)

9. **2019 RESIDENCY STATUS:**
Check all that apply.

a. Resident

b. Nonresident

c. Part-Year Resident*

*If you checked box "c," enter dates of Michigan residency in 2019. Enter dates as MM-DD-YYYY (Example: 04-15-2019).

| | FILER | SPOUSE |
|-------|----------|----------|
| FROM: | — — 2019 | — — 2019 |
| TO: | — — 2019 | — — 2019 |

10. Check the box if your heating costs are currently included in your rent (see instructions)

11. Check the box if you want your name and address referred to other government assistance programs for which you may qualify

12. Check the box if you or your spouse now receive Supplemental Security Income (SSI)

13. ENTER YOUR AGE if you are age 60 or older

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

14. Amount you were billed for heat between 11/1/2018 and 10/31/2019

15. If you lived in one of these CARE facilities (not a senior apartment complex) for all of 2019, check the box and STOP here, see instructions.

a. Nursing Home

b. Adult Foster Care Home

c. Licensed Home for the Aged

d. Substance Abuse Center

17. You MUST enter below the name, Social Security number, and age of all household members. You MUST also check each box to indicate if the household member is a dependent and U.S. citizen or qualified alien.

16. **Exemptions.** Enter the number that applies to you, your spouse, or your dependents and complete line 17 below. See instructions if you are age 66 or older.

| | |
|--|---|
| Personal Exemption (You and your spouse only) a. | 1 |
| Deaf, Disabled or Blind b. | |
| Qualified Disabled Veteran c. | |
| Number of children living with you: | |
| • Ages 2 and under d. | |
| • Ages 3-5 e. | |
| • Ages 6-18 f. | |
| Dependent adults, other than your spouse, who live with you g. | |
| Add lines 16a through 16g h. | 1 |

| A. Household Member's Name | B. Social Security Number | C. Age in Years | D. Enter "X" for all that apply | |
|----------------------------|---------------------------|-----------------|---------------------------------|---------------------------------|
| | | | Dependent | U.S. citizen or qualified alien |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If you have more than four (4) household members, complete Home Heating Credit Claim MI-1040CR-7 Supplemental (Form 4976).

18. You must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible (see instructions).

+ 1024 2019 37 01 27 3

Filer's Full Social Security Number

XXX — XX — XXXX

TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses. If married filing separately, you must include Form 5049 available on Treasury's Web site.

| | | | | | | | |
|---|-----|-------|----|---|-----|-------|----|
| 19. Wages, salaries, tips, sick, strike and SUB pay, etc | 19. | 2,472 | 00 | 26. Social Security, SSI, and/or railroad retirement benefits | 26. | | 00 |
| 20. All interest and dividend income (including nontaxable interest) | 20. | | 00 | 27. Child support and foster parent payments | 27. | | 00 |
| 21. Net business income (including net farm income). If negative, enter "0" | 21. | | 00 | 28. Unemployment compensation | 28. | | 00 |
| 22. Net royalty or rent income. If negative, enter "0" | 22. | | 00 | 29. Gifts received or expenses paid on your behalf | 29. | 4,000 | 00 |
| 23. Retirement pension, annuity, and IRA benefits | 23. | | 00 | 30. Other nontaxable income. Describe: | 30. | | 00 |
| 24. Capital gains less capital losses (see instructions) | 24. | | 00 | 31. Workers'/veterans' disability compensation/pension benefits | 31. | | 00 |
| 25. Alimony and other taxable income. Describe: | 25. | | 00 | 32. FIP and other MDHHS benefits (Do not include food assistance) | 32. | | 00 |
| 33. Add lines 19 through 32 | | | | SUBTOTAL | 33. | 6,472 | 00 |
| 34. Other adjustments. Describe: | 34. | | 00 | | | | |
| 35. Medical insurance or HMO premiums paid | 35. | | 00 | | | | |
| 36. Add lines 34 and 35 | 36. | | | | | | 00 |
| 37. Subtract line 36 from line 33 | 37. | | | TOTAL HOUSEHOLD RESOURCES. | | 6,472 | 00 |

Standard and Alternate Home Heating Credit Computations

| | | | | | | | |
|---|-----|-----|----|--|--|-----|----|
| 38. STANDARD CREDIT. Standard allowance from Table A (see instr.) | 38. | 482 | 00 | | | | |
| 39. Multiply line 37 by 3.5% (0.035) (if negative, enter "0") | 39. | 227 | 00 | | | | |
| 40. Subtract line 39 from line 38 for standard credit amount. If line 39 is greater than line 38, enter "0" | 40. | 255 | 00 | | | | |
| 41. If you checked the box on line 10, multiply the amount on line 40 by 50% (0.50). Enter here and on line 46. (If approved, the final amount as shown on line 47 is issued as a check.) | 41. | | | | | 128 | 00 |
| 42. ALTERNATE CREDIT. Total heating costs from line 14 or \$2,741 (whichever is less) | 42. | | 00 | | | | |
| 43. Multiply line 37 by 11% (0.11) (if negative, enter "0") | 43. | | 00 | | | | |
| 44. Subtract line 43 from line 42. If line 43 is greater than line 42, enter "0" | 44. | | 00 | | | | |
| 45. Multiply line 44 by 70% (0.70) for alternate credit amount | 45. | | 00 | | | | |
| 46. If you completed line 41 enter that amount here. Otherwise enter the larger of lines 40 or 45 here | 46. | | | | | 128 | 00 |
| 47. HOME HEATING CREDIT. Multiply line 46 by 80% (0.80) | 47. | | | | | 102 | 00 |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2018, enter dates below.

ENTER DATE OF DEATH ONLY. Example: 04-15-2019 (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: XXXXXXXXX

Preparer's Name (print or type): RIZWANA ASGHAR

Preparer's Business Name, Address and Telephone Number: LIBERTY TAX - OFFICE 12488
3218 S DORT HWY
FLINT MI 48507
810-744-1040

File (postmark) your claim by **September 30, 2020.** Mail your claim to: Michigan Department of Treasury
Lansing, MI 48956

2019 MICHIGAN Direct Deposit of Refund

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

Only use this form if filing an MI-1040CR-7 and not receiving an energy draft. Include with your Form MI-1040CR-7.

Attachment 11

Type or print in blue or black ink.

| | | | |
|--|------|------------------------|---|
| 1. Filer's First Name PAVAN KUMAR | M.I. | Last Name BASIREDDY | 2. Filer's Full Social Security No. (Example: 123-45-6789) XXX — XX — XXXX |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |
| 4. Name of Financial Institution | | | |

5. Routing Transit Number (RTN)

The first two numbers of the RTN must be 01 through 12 or 21 through 32.

6. Account Number

7. Type of Account
 (1) Checking
 (2) Savings

CLIENT COPY

| MI-COMP | Three-year State Tax Return Comparison | | | 2019 |
|---|--|-------------|-------------|-----------------------------------|
| Name(s) as shown on return Pavan Kumar Basireddy | | | | Taxpayer ID Number XXX-XX-XXXX |
| [State] Income Tax Return | 2017 | 2018 | 2019 | Difference 2018-2019 |
| Filing Status | | | S | |
| Gross Income | | | 2,472 | 2,472 |
| Deductions | | | | |
| Taxable Income | | | | |
| Actual State Income | | | | |
| State Income Tax | | | | |
| Local Taxes | | | | |
| Use Tax | | | | |
| Contributions | | | | |
| Income Tax Withheld | | | 105 | 105 |
| Estimates and Extension payments | | | | |
| Underpayment Penalty | | | | |
| Overpayment Applied to Next Year | | | | |
| Refund | | | 643 | 643 |
| Balance Due | | | | |
| Marginal tax rate | | | 4.250000 | 4.250000 |
| Effective tax rate | | | | |

CLIENT COPY

2019 FT1040 Filing Instructions
Pavan Kumar Basireddy

Form filed:

FT1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

07-31-2020

Refund:

\$3.00

Transaction method:

The refund will be directly deposited into your checking account at ending in 9635.

CLIENT COPY

| Line | Description | Amount | Code | Amount | Code |
|------|---|----------|------|----------|------|
| 1 | Wages, salaries, tips, etc. | 2,472.00 | 00 | 2,472.00 | 00 |
| 2 | Dividends | 0.00 | 00 | 0.00 | 00 |
| 3 | Interest | 0.00 | 00 | 0.00 | 00 |
| 4 | Other income | 0.00 | 00 | 0.00 | 00 |
| 5 | Yield-saver IRA distributions | 0.00 | 00 | 0.00 | 00 |
| 6 | Taxable refunds and tax-exempt interest | 0.00 | 00 | 0.00 | 00 |
| 7 | Capital gain distributions | 0.00 | 00 | 0.00 | 00 |
| 8 | Qualified plan distributions | 0.00 | 00 | 0.00 | 00 |
| 9 | IRA distributions | 0.00 | 00 | 0.00 | 00 |
| 10 | 529 plan distributions | 0.00 | 00 | 0.00 | 00 |
| 11 | Other distributions | 0.00 | 00 | 0.00 | 00 |
| 12 | Charitable contributions | 0.00 | 00 | 0.00 | 00 |
| 13 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 14 | Employer's contribution | 0.00 | 00 | 0.00 | 00 |
| 15 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 16 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 17 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 18 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 19 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 20 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 21 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 22 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 23 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 24 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 25 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 26 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 27 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 28 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 29 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 30 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 31 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 32 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 33 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 34 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 35 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 36 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 37 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 38 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 39 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 40 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 41 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 42 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 43 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 44 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 45 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 46 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 47 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 48 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 49 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 50 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 51 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 52 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 53 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 54 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 55 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 56 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 57 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 58 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 59 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 60 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 61 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 62 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 63 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 64 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 65 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 66 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 67 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 68 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 69 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 70 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 71 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 72 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 73 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 74 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 75 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 76 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 77 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 78 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 79 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 80 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 81 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 82 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 83 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 84 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 85 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 86 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 87 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 88 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 89 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 90 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 91 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 92 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 93 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 94 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 95 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 96 | Other expenses | 0.00 | 00 | 0.00 | 00 |
| 97 | Charitable deductions | 0.00 | 00 | 0.00 | 00 |
| 98 | State and local taxes | 0.00 | 00 | 0.00 | 00 |
| 99 | Other deductions | 0.00 | 00 | 0.00 | 00 |
| 100 | Other expenses | 0.00 | 00 | 0.00 | 00 |

INDIVIDUAL RETURN DUE APRIL 30, 2020

| | | | | | |
|---|--|--|-------------------------|--|---|
| Taxpayer's SSN XXX-XX-XXXX | | Taxpayer's first name Initial Last name Pavan Kumar Basireddy | | RESIDENCE STATUS <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident | |
| Spouse's SSN | | If joint return spouse's first name Initial Last name | | Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____ | |
| Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse | | Present home address (Number and street) Apt. no. 607 East Second Avenue | | FILING STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly | |
| Enter date of death on page 2, right side of the signature area | | Address line 2 (P.O. Box address for mailing use only) | | <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here. | |
| Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached | | City, town or post office FLINT | State MI | Zip code 48502 | Spouse's full name if married filing separately |
| <input type="checkbox"/> Itemized deductions on your Federal tax return for 2019 | | Foreign country name | Foreign province/county | Foreign postal code | |

| INCOME | | Column A Federal Return Data | Column B Exclusions/Adjustments | Column C Taxable Income |
|--|----|---------------------------------|------------------------------------|----------------------------|
| ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar) | | | | |
| 1. Wages, salaries, tips, etc. (W-2 forms must be attached) | 1 | 2,472.00 | .00 | 2,472.00 |
| 2. Taxable interest | 2 | .00 | .00 | .00 |
| 3. Ordinary dividends | 3 | .00 | .00 | .00 |
| 4. Taxable refunds, credits or offsets of state and local income taxes | 4 | .00 | .00 | NOT TAXABLE |
| 5. Alimony received | 5 | .00 | .00 | .00 |
| 6. Business income or (loss) (Attach copy of federal Schedule C) | 6 | .00 | .00 | .00 |
| 7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required | 7 | .00 | .00 | .00 |
| 8. Other gains or (losses) (Attach copy of federal Form 4797) | 8 | .00 | .00 | .00 |
| 9. Taxable IRA distributions (Attach copy of Form(s) 1099-R) | 9 | .00 | .00 | .00 |
| 10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R) | 10 | .00 | .00 | .00 |
| 11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E) | 11 | .00 | .00 | .00 |
| 12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1) | 12 | NOT APPLICABLE | .00 | .00 |
| 13. Farm income or (loss) (Attach copy of federal Schedule F) | 13 | .00 | .00 | .00 |
| 14. Unemployment compensation | 14 | .00 | .00 | NOT TAXABLE |
| 15. Social security benefits | 15 | .00 | .00 | NOT TAXABLE |
| 16. Other income (Attach statement listing type and amount) | 16 | .00 | .00 | .00 |
| 17. Total additions (Add lines 2 through 16) | 17 | .00 | .00 | .00 |
| 18. Total income (Add lines 1 through 16) | 18 | 2,472.00 | .00 | 2,472.00 |
| 19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7) | 19 | | | .00 |
| 20. Total income after deductions (Subtract line 19 from line 18) | 20 | | | 2,472.00 |
| 21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b) 600 21a <input type="checkbox"/> 1 21b | | | | 600.00 |
| 22. Total income subject to tax (Subtract line 21b from line 20) | 22 | | | 1,872.00 |
| 23. Tax @ .0050 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d) 23a <input type="checkbox"/> 23b | | | | 9.00 |
| 24. Payments and credits 24a <input type="checkbox"/> tax withheld 12.00 24b <input type="checkbox"/> Other tax payments (est, extension, or fwd, partnership & tax option corp) 0.00 24c <input type="checkbox"/> Credit for tax paid to another city 0.00 24d Total payments & credits 12.00 | | | | |
| 25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="checkbox"/> Interest .00 25b <input type="checkbox"/> Penalty .00 25c Total interest & penalty 0.00 | | | | |
| 26. PAYABLE TO: CITY OF (Amount you owe (Add lines 23b and 25c, and subtract line 24d) MAKE CHECK OR MONEY ORDER , OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) (mark (X) pay tax due, line 31b, and complete lines 31c, d & e) TAX DUE | | | | 0.00 |
| 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30) OVERPAYMENT | | | | 3.00 |
| 28. Amount of overpayment donated 28a <input type="checkbox"/> Donation 1 .00 28b <input type="checkbox"/> Donation 2 .00 28c <input type="checkbox"/> Donation 3 .00 28d Total donation \$.00 | | | | |
| 29. Amount of overpayment credited forward to 2020 | | | | 0.00 |
| 30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e) Refund amount >> | | | | 3.00 |
| 31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e) | | | | |
| 31a <input checked="" type="checkbox"/> Refund (direct deposit) 31c Routing number 0 7 2 0 0 0 3 2 6 | | | | |
| 31b <input type="checkbox"/> Pay tax due (direct withdrawal) 31d Account number X X X X X 9 6 3 5 | | | | |
| 31e Account Type: <input checked="" type="checkbox"/> 31e1. Checking <input type="checkbox"/> 31e2. Savings | | | | |

MAIL TO: City of Flint Income Tax Department
PO Box 1800
Flint, MI 48501-1800

Revised 06/15/2017

CF-1040, PAGE 2

Taxpayer's name: **Pavan Kumar Basireddy** Taxpayer's SSN: **XXX-XX-XXXX**

EXEMPTIONS SCHEDULE

1a. You: Date of birth (mm/dd/yyyy) **05/27/1997**

1b. Spouse: _____

1c. Check box if you can be claimed as a dependent on another person's tax return

Regular 65 or over Blind Deaf Disabled

1e. Enter the number of boxes checked on lines 1a and 1b: **1**

| # | First Name | Last Name | Social Security Number | Relationship | Date of Birth |
|----|------------|-----------|------------------------|--------------|---------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

1f. Enter number of dependent children listed on line 1d: _____

1g. Enter number of other dependents listed on line 1d: _____

1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a): **1**

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

| W-2 # | Col. A T or S | COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a) | COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b) | COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch) | FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE | COLUMN E TAX WITHHELD (Form W-2, box 19) | COLUMN F LOCALITY NAME (Form W-2, box 20) |
|-------|--|---|---|---|---|--|---|
| 1. | T | XXX-XX-XXXX | 38-6006309 | 0.00 | | 12.00 | Flint |
| 2. | | | | .00 | | .00 | |
| 3. | | | | .00 | | .00 | |
| 4. | | | | .00 | | .00 | |
| 5. | | | | .00 | | .00 | |
| 6. | | | | .00 | | .00 | |
| 7. | | | | .00 | | .00 | |
| 8. | | | | .00 | | .00 | |
| 9. | | | | .00 | | .00 | |
| 10. | | | | .00 | | .00 | |
| 11. | Totals (Enter here and on page 1; part-yr residents on Sch TC) | | | 0.00 | << Enter on pg 1, ln 1, col B | 12.00 | << Enter on pg 1, ln 24a |

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

| Line | Description | Amount |
|------|---|--------|
| 1. | IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment) | .00 |
| 2. | Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return) | .00 |
| 3. | Employee business expenses (Attach copy of CF-2106 and detailed list) | .00 |
| 4. | Moving expenses (Into city area only) (Attach copy of federal Form 3903) | .00 |
| 5. | Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return) | .00 |
| 6. | Renaissance Zone deduction (Attach Schedule RZ OF 1040) | .00 |
| 7. | Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19) | 0.00 |

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

| MARK T, S, B | List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address. | FROM | | TO | |
|--------------|---|-------|-----|-------|-----|
| | | MONTH | DAY | MONTH | DAY |
| T | SAME | 01 | 01 | 12 | 31 |

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following No

Designee's name: **Rizwana Asghar** Phone No: **810-744-1040** Personal identification number (PIN): **02308**

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If I am a resident claiming a credit for taxes paid to another city, I acknowledge and consent to the City's verification of unrefunded payment to that city. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

SIGN HERE ==>

TAXPAYER'S SIGNATURE - If joint return, both spouses must sign: _____ Date (MM/DD/YY): **03/03/2021** Taxpayer's occupation: _____ Daytime phone number: **810-484-1757** If deceased, date of death: _____

SPOUSE'S SIGNATURE: _____ Date (MM/DD/YY): _____ Spouse's occupation: _____ If deceased, date of death: _____

PREPARER'S SIGNATURE

SIGNATURE OF PREPARER OTHER THAN TAXPAYER: _____ Date (MM/DD/YY): **03/03/2021** PTIN, EIN or SSN: **XXXXXXXXXX**

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE: **Liberty Tax - Office 3218 S Dort Hwy Flint MI 48507** Preparer's phone no.: **810-744-1040** NACTP software number: **1024**

| | | |
|---|--------------------------------------|-------------------|
| Taxpayer's name Pavan Kumar Basireddy | Taxpayer's SSN XXX-XX-XXXX | 2019 Flint |
|---|--------------------------------------|-------------------|

WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B

Attachment 2-1

Revised 06/15/2017

All W-2 forms must be attached to page 1 of the return

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2. Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, column B

| WAGES, ETC. | Employer (or source) 1 | Employer (or source) 2 | Employer (or source) 3 |
|---|---|------------------------|------------------------|
| 1. Employer's ID number (W-2, box b) or source's ID Number if available | 38-6006309 | | |
| 2. Employer's name (Form W-2, box c) or source's name | UNIVERSITY OF MICHIGAN PAYROLL | | |
| 3. SSN from Form W-2, box a | XXX-XX-XXXX | | |
| 4. Enter T for taxpayer or S for spouse | T | | |
| 5. Dates of employment during tax year | From 01-01-2019 To 12-31-2019 | From To | From To |
| 6. Mark (X) box if you work at multiple locations in and out of Flint | | | |
| 7. Address of work station. (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location) | 3003 S STATE STREET; Ann Arbor, MI 48109-0000 | | |
| 8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero | 2,472 | | |
| 9. Wages not included in Form W-2, box 1 (See instructions) | | | |
| 10. Code for wage type reported on line 9 | | | |

| NONRESIDENT WAGE ALLOCATION | Employer (or source) 1 | Employer (or source) 2 | Employer (or source) 3 |
|-----------------------------|------------------------|------------------------|------------------------|
|-----------------------------|------------------------|------------------------|------------------------|

For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.

| | | | |
|---|---|---|---|
| 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) | | | |
| 12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city | | | |
| 13. Actual number of days or hours worked (Line 11 less line 12) | | | |
| 14. Enter actual number of days or hours worked in city | | | |
| 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) | % | % | % |
| 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident) | | | |

| EXCLUDIBLE WAGES | Employer (or source) 1 | Employer (or source) 2 | Employer (or source) 3 |
|---|------------------------|------------------------|------------------------|
| 17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) | | | |
| 18. Enter resident excludible wages | | | |
| 19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by Flint | | | |
| 20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule) | | | |
| 21. Total taxable wages (Line 8 plus line 9 less line 20) | 2,472 | | |

| | | | |
|--|--|-------|-------|
| 22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A) | | 2,472 | |
| 23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B) | | | |
| 24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D) | | | 2,472 |

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.

FT-COMP

Three-year State Tax Return Comparison

2019

Name(s) as shown on return
Pavan Kumar Basireddy

Taxpayer ID Number
XXX-XX-XXXX

| [State] Income Tax Return | 2017 | 2018 | 2019 | Difference 2018-2019 |
|--|------|------|-------|----------------------|
| Filing Status | | | S | |
| Gross Income | | | 2,472 | 2,472 |
| Deductions | | | | |
| Taxable Income | | | 1,872 | 1,872 |
| Actual State Income | | | | |
| State Income Tax | | | 9 | 9 |
| Local Taxes | | | | |
| Use Tax | | | | |
| Contributions | | | | |
| Income Tax Withheld | | | 12 | 12 |
| Estimates and Extension payments | | | | |
| Underpayment Penalty | | | | |
| Overpayment Applied to Next Year | | | | |
| Refund | | | 3 | 3 |
| Balance Due | | | | |
| Marginal tax rate | | | | |
| Effective tax rate | | | | |

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