

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 KARTHIK	Last name DEVARAJA	Your social security number 339-08-5362
If joint return, spouse's first name and middle initial AISHWARYA R	Last name SREENIVASAN	Spouse's social security number 047-73-8930
Home address (number and street). If you have a P.O. box, see instructions. 39242 POLO CLUB DRIVE		Apt. no. 103
City, town, or post office. If you have a foreign address, also complete spaces below. FARMINGTON	State MI	ZIP code 48335
Foreign country name	Foreign province/state/county	Foreign postal code

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):

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

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	137,828.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	b Taxable interest	2b	505.
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	-11,458.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	126,875.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:					
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b	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	126,575.
	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	101,775.

**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
KARTHIK DEVARAJA & AISHWARYA R SREENIVASAN

Your social security number
339-08-5362

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	-11,458.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	-11,458.

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 C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor KARTHIK DEVARAJA		Social security number (SSN) 339-08-5362
A Principal business or profession, including product or service (see instructions) CONSULTANCY SERVICES	B Enter code from instructions ▶ 5 1 9 1 0 0	
C Business name. If no separate business name, leave blank. AISHWARYA SHREENTVASAN	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) ▶ 22545 MAYWOOD DR., 104 City, town or post office, state, and ZIP code FARMINGTON, MI 48335		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	4,862.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,862.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	4,862.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	4,862.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	12,120.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	2,400.
17 Legal and professional services	17		25 Utilities	25	1,800.
18 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	18		26 Wages (less employment credits)	26	
19 Tentative profit or (loss). Subtract line 18 from line 7	19		27a Other expenses (from line 48)	27a	
20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			27b Reserved for future use	27b	
Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	16,320.
21 Net profit or (loss). Subtract line 20 from line 19.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	-11,458.
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .			30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		
• If a loss, you must go to line 32.			Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
22 If you have a loss, check the box that describes your investment in this activity. See instructions.			31 Net profit or (loss). Subtract line 30 from line 29.	31	-11,458.
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 .			• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .		
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.			• If a loss, you must go to line 32.		
			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Additional information from your 2020 Federal Tax Return**Schedule C (CONSULTANCY SERVICES): Profit or Loss from Business****Line 20b****Itemization Statement**

Description	Amount
RENT (12M*\$1010 P.M)	12,120.
Total	12,120.

Schedule C (CONSULTANCY SERVICES): Profit or Loss from Business**Line 25****Itemization Statement**

Description	Amount
INTENET (12M*\$75 P.M)	900.
CELL PHONE (12M*\$75 P.M)	900.
Total	1,800.

DO NOT MAIL

Instructions for Form MI-1040-V

2020 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2021. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your individual income tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2020 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-20)

2020 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 02/15/21 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) KARTHIK DEVARAJA AISHWARYA R SREENIVASAN 39242 POLO CLUB DRIVE APT 103 FARMINGTON MI 48335	Filer's Full Social Security Number 339-08-5362	Spouse's Full Social Security Number 047-73-8930
WRITE PAYMENT AMOUNT HERE ➡ \$ 53 .00		MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909
Make check payable to “State of Michigan.” Write the last four digits of filer's Social Security number and “2020 MI-1040-V” on the check. Do not fold or staple.		

DO NOT WRITE IN THIS SPACE

1555

68698665 02 2020 047738930 339085362 3

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 KARTHIK	M.I.	Last Name DEVARAJA	2. Filer's Full Social Security No. (Example: 123-45-6789) 339 — 08 — 5362
If a Joint Return, Spouse's First Name AISHWARYA	M.I. R	Last Name SREENIVASAN	3. Spouse's Full Social Security No. (Example: 123-45-6789) 047 — 73 — 8930
Home Address (Number, Street, or P.O. Box) 39242 POLO CLUB DRIVE , APT. 103			4. School District Code (5 digits – see page 60) 68030
City or Town FARMINGTON		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* * If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 200px; height: 20px;" type="text"/>	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 * * 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 style="width: 40px; text-align: center;" type="text" value="2"/>	x \$4,750	9a.	<input style="width: 80px; text-align: right;" type="text" value="9500"/>	<input style="width: 40px; text-align: right;" 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 style="width: 40px;" type="text"/>	x \$2,800	9b.	<input style="width: 80px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
c. Number of qualified disabled veterans.....	9c.	<input style="width: 40px;" type="text"/>	x \$400	9c.	<input style="width: 80px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	<input style="width: 40px;" type="text"/>	x \$4,750	9d.	<input style="width: 80px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>		9e.	<input style="width: 80px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				<input style="width: 80px; text-align: right;" type="text" value="9500"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>

10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.	<input style="width: 100px; text-align: right;" type="text" value="126575"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
11. Additions from Schedule 1, line 9. Include Schedule 1	11.	<input style="width: 100px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
12. Total. Add lines 10 and 11.....	12.	<input style="width: 100px; text-align: right;" type="text" value="126575"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.	<input style="width: 100px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	<input style="width: 100px; text-align: right;" type="text" value="126575"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	<input style="width: 100px; text-align: right;" type="text" value="9500"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	<input style="width: 100px; text-align: right;" type="text" value="117075"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	<input style="width: 100px; text-align: right;" type="text" value="4976"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a. <input style="width: 100px;" type="text"/>	18b. <input style="width: 100px;" type="text"/>
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a. <input style="width: 100px;" type="text"/>	19b. <input style="width: 100px;" type="text"/>
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 style="width: 100px; text-align: right;" type="text" value="4976"/>

Filer's Full Social Security Number

339 — 08 — 5362

21. Enter amount of Income Tax from line 20.....	21.	4976	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.	4976	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.....	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.		4923
30. Estimated tax, extension payments and 2019 credit forward.....	30.		00
31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
31c.			00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.		4923

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.	YOU OWE	53	00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.			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.	REFUND		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	
			1. <input 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	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 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 KARTHIK	M.I.	Last Name DEVARAJA	2. Filer's Full Social Security No. (Example: 123-45-6789) 339 — 08 — 5362
If a Joint Return, Spouse's First Name AISHWARYA	M.I. R	Last Name SREENIVASAN	3. Spouse's Full Social Security No. (Example: 123-45-6789) 047 — 73 — 8930

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		20-2675614	REVSPRING INC	45988	00	1617	00
X		02-0789550	SIGNS365 COM LLC	51688	00	2003	00
	X	81-1674348	SELECT IT RESOUR	40152	00	1303	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.	4923 00

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

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.....						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	4923 00