Amended Return

2020 MICHIGAN Individual Income Tax Return MI-1040

Retu	rn is due April 15, 2021. Ty	/pe oi	print in blue o	r black	ink.							(Inclu	ude Schedule AMD)	<u>.</u>	
	r's First Name	M.I.	Last Name						2. Filer's	s Full	Social Sec	curity	No. (Example: 123-45-6789))	
	IUL BHARGAV int Return, Spouse's First Name	M.I.	PINGLE Last Name						8	14		66			
									3. Spouse's Full Social Security No. (Example: 123-45-6789)						
	Address (Number, Street, or P.O. Box) 379 TIMBERIDGE CI	эαт.													
City o			<u>.</u>	State	ZIP Cod				1 Sobo	al Die	triot Codo	/E dia	its – see page 60)		
-	RMINGTON			MI	483				4. 30110		3200	(5 dig	its – see page ooj		
1	STATE CAMPAIGN FUND Check if you (and/or your spouse, iling a joint return) want \$3 of your ogo to this fund. This will not increyour tax or reduce your refund.	taxes		iler Spouse			6. FA	Ch		box	if 2/3 of ye		AFARERS ncome is from farming,		
a. [b. [c. [2020 FILING STATUS. Check one X Single Married filing jointly Married filing separately*	* If you		se's full	name		a. X b c	Re No	esident onreside art-Year	nt * Resi	ident *		k all that apply. * If you check box "b" or "c," you must complete and include Schedule NR.		
9. l	EXEMPTIONS. NOTE: If someo	ne els	e can claim you a	as a dep	endent,	chec	k box 9	e, ente	er 0 on I	ine 9	and ent	ter \$	1,500 on line 9e (see ins	tr.).	
	Number of exemptions (see in:	structi	ons)				9	9a.	1	x	\$4,750	9a.	4750	00	
	 b. Number of individuals who quablind, hemiplegic, paraplegic, c c. Number of qualified disabled v d. Number of Certificates of Stillb 	lify for quadri eterar	one of the following one of the following of the followin	ing spec and perr	ial exem	ptions disal	s: deaf, oled (9b 9c 9d		x x x	\$2,800 \$400 \$4,750	9b. 9c. 9d.		00 00 00	
	e. Claimed as dependent, see lin	e 9 N(OTE above				9	9e.				9e.		00	
	f. Add lines 9a, 9b, 9c, 9d and 9e	e. Ent	er here and on li	ne 15								9f.	4750	00	
10.	Adjusted Gross Income from yo	ur U.S	6. Forms <i>1040</i> or	1040NI	₹ (see in	struc	ions)				. 10.		58149	00	
11.	Additions from Schedule 1, line 9	Inclu	de Schedule 1 .								. 11.			00	
12.	Total. Add lines 10 and 11										. 12.		58149	00	
13.	Subtractions from Schedule 1, lin	e 29.	Include Schedu	le 1							. 13.			00	
14.	Income subject to tax. Subtract	line 13	3 from line 12. If	line 13	s greate	r thar	line 12	, ente	er "0"		14.		58149	00	
15.	Exemption allowance. Enter am	ount f	rom line 9f or Sch	nedule N	NR, line 1	19					15.		4750	00	
16.	Taxable income. Subtract line 15	from	line 14. If line 15	5 is grea	ter than	line 1	4, entei	"0"			16.		53399	00	
	Tax. Multiply line 16 by 4.25% (0.	0425)						DUNT			17.		2269 CREDIT	00	
18.	Income Tax Imposed by governm Include a copy of the return (see				8a					00	18b.			00	
19.	Michigan Historic Preservation Tainstructions)				9a					00	19b.			00	
20.	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is										20.		2269	00	

2020 N	II-1040, Page 2 of 2									
		Filer's	s Full Social S	ecurity Number	r 8	14 -		66 — 567	1	
21.	Enter amount of Income Tax from lin	ne 20					21.		2269	00
22.	Voluntary Contributions from Form						22.			00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)						23.		0	00
	Workshoot 1 (see mandations)	•••••				Γ	20.1			
24.	Total Tax Liability. Add lines 21, 22	2 and 23				24.			2269	00
REFU	INDABLE CREDITS AND PAYN	IENTS								
25.	Property Tax Credit. Include MI-1	040CR or MI-1040CR	-2				25.			00
26.	Farmland Preservation Tax Credi	t. Include MI-1040CR	-5				26.			00
			_	FEI	DERAL			MICHIGAN		
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax	Credit (refundable). In	clude Form	3581			28.			00
29.	Michigan tax withheld from Schedul	le W, line 6. Include S	chedule W ((do not subn	nit W-2s)		29.	:	2459	00
30.	Estimated tax, extension payments	and 2019 credit forwa	rd				30.			00
31.										
	Amended returns must include Sci		, ,			02.				
	31a. If you had a refund and/or negative number on line 3		inal return, che	eck box 31a an	d enter this amo	ount as a				
	31b. If you paid with the original any additional tax paid after	l return, check box 31b ar					31c.			00
					•				2450	
32.	Total refundable credits and payme	nts. Add lines 25, 26, 2	27b, 28, 29, 3	30 and 31c		32.			2459	00
	JND OR TAX DUE If line 32 is less than line 24, subtra	ct line 32 from line 24	If applicable	see instruct	ions	Γ				
00.	I line of its less than line 24, subtra	ot line of hom line 24.	Парриоавис	, 500 111511401	iono.					
	Include interest 00 a	and penalty	00	\	OU OWE	33.				00
34.	Overpayment. If line 32 is greater t	than line 24, subtract li	ine 24 from li	ne 32		34.			190	00
						_				
35.	Credit Forward. Amount of line 34	to be credited to your	2021 estimat	ted tax for yo	ur 2021 tax re	turn	35.			00
00	0.14 41 056 11 04				DEFLIND				190	
	Subtract line 35 from line 34 ECT DEPOSIT	a. Routing Transit			REFUND	36. _ er	\neg	c. Type of Accou		100
Depos	it your refund directly to your financial						1. [X Checking 2.	Savin	gs
institut and c.	ion! See instructions and complete a, b	072000805		375019	9476635		'			
	eased Taxpayer. If Filer and/or Spous							I declare under penalty of		
ENTE	R DATE OF DEATH ONLY. Example:	: 04-15-2020 (MM-DD-YY	YY)		this return is base. Preparer's PTI			ation of which I have any	knowledg	ge.
Filer		Spouse -	_		P02082	703				
	ayer Certification. I declare under tachments is true and complete to the bes		e information in	this return	Preparer's Nam SYAM PI	**		M SAGAR GUP	TA T	A
Filer's	Signature		Date		Preparer's Sign		RAN	M SAGAR GUP'	TA T	A
Spous	se's Signature		Date					dress and Telephone Num		
					GLOBAL					
								REEK LN		
	By checking this box, I authorize Tre	easury to discuss my re	eturn with my	y preparer.	CUMMING 678-965)41		

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2020 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
RAHUL BHARGAV		PINGLE	814 — 66 — 5671
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

TABLE II MIGHIO/III TAK TATILLED OK MILLIAKT TATILLED OK TA 1, TO GO GOTALEGIED TO 1 TOKING										
Α	В	С	D		E					
Enter "X" Filer or Spo		Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld					
X	33-0194574	SUBARU RESEARCH	63055	00	2459	00				
				00		00				
				00		00				
				00		00				
				00		00				
Enter Ta	able 1 Subtotal from additional Sche			00						
4. S	UBTOTAL. Enter total of Table 1, o	4.	2459	00						

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

Α	В	С	D	П	E	
Enter "X" for: Filer or Spouse	'E 00 4004E07\ B		Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld	
			(00		00
			C	00		00
				00		00
				00		00
				00		00
Enter Table	2 Subtotal from additional Sched	dule W forms (if applicable)				00
5. SUBTOTAL. Enter total of Table 2, column E.				5.		00
6. TOT	AL. Add lines 4 and 5. Enter here	9	6	2459	00	

REV 02/15/21 PRO