## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Internal Revenue Service	Go to www.irs.gov/rormoo/9 for the latest	information.			
Submission Identification Number (S	SID)				
Taxpayer's name		Sc	cial security	number	
NAGA SAI KIRAN GUDIKAND	ULA		875-86-0	0823	
Spouse's name		Sp	ouse's socia	l security number	r
Part I Tax Return Informat	tion — Tax Year Ending December 31,	2021 (Enter ye	ar vou are	authorizino	1)
Enter whole dollars only on lines 1 th	<u> </u>	ZUZI (Enter ye	ar you are	z dati ionzing	.,
	4 only. Leave lines 1, 2, 3, and 5 blank.				
			1	1 7	7,564.
			_		9,988.
	from Form(s) W-2 and Form(s) 1099		-		1,726.
4 Amount you want refunded to	* * * * * * * * * * * * * * * * * * * *		<u> </u>		2,424.
•				5	1,121.
	on and Signature Authorization (Be sure			of your retu	urn)
return (original or amended) I am now at to send my return to the IRS and to receive for any delay in processing the return or Agent to initiate an ACH electronic funds payment of my federal taxes owed on the authorization is to remain in full force a payment, I must contact the U.S. Treat business days prior to the payment (set taxes to receive confidential information)	rect, and complete. I further declare that the amounthorizing. I consent to allow my intermediate service eight from the IRS (a) an acknowledgement of receipt refund, and (c) the date of any refund. If applicable, is withdrawal (direct debit) entry to the financial institutions return and/or a payment of estimated tax, and the und effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment tlement) date. I also authorize the financial institution necessary to answer inquiries and resolve issues ow is my signature for the income tax return (original institution).	e provider, transmitter or reason for rejectic I authorize the U.S. Tution account indicate financial institution to agent to terminate the cancellation request as involved in the pro- or related to the payn	r, or electron on of the train Treasury and ed in the tax of debit the end authorizations must be ended in the tax of the end of the	ic return original insmission, (b) to distribute the designated of the designated of the designation so the designation of the	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the
·			DIN 6	0 8 2 3	
X I authorize GLOBAL TA	ERO firm name  x return (original or amended) I am now authoriz	ter or generate my	Ente	r five digits, but t enter all zeros	as my
☐ I will enter my PIN as my s	ignature on the income tax return (original or all no not not not not not not not not not	mended) I am now			
Your signature ▶		_ Date ►			
Spouse's PIN: check one box only	,				1
I authorize	to en	ter or generate my	PIN		as my
	ERO firm name			r five digits, but	
signature on the income tax	x return (original or amended) I am now authori:	zing.	don1	t enter all zeros	
	ignature on the income tax return (original or and return is filed using the Practiful process.)				
Spouse's signature ▶		Date ►			
	Practitioner PIN Method Returns Only—c	ontinue below			
Part III Certification and Au	thentication — Practitioner PIN Method	Only			
ERO's EFIN/PIN. Enter your six-dig	it EFIN followed by your five-digit self-selected	PIN. 5 8 7	2 7 8	all zeros	
authorized to file for tax year indicated	my PIN, which is my signature for the electronic inc above for the taxpayer(s) indicated above. I confirm thod and <b>Pub. 1345,</b> Handbook for Authorized IRS e-	n that I am submittin	ig this returr	n in accordanc	
ERO's signature ▶		Date ►			
Don'	ERO Must Retain This Form — See Ir t Submit This Form to the IRS Unless Re		So		

## **£1040**

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** 

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	— name of	ed filing separately your spouse. If you	` ′	_		` ,	_	, ,	. , . ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
NAGA SA	I KI	RAN	GUD:	IKANDULA					875-8	36-082	:3
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
Home address	•	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.		ntial Electi	ion Campaigr
City, town, or p		ce. If you have a foreign address, also co	omplete s	spaces below.	Sta			code	spouse	if filing joir	ntly, want \$3 Checking a
NOVI					M:			377		ow will not	
Foreign countr	y name			Foreign province/stat	e/coun	ty	Fore	eign postal code	your tax	or refund	l.
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interes	t in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		neone can claim:				'	t				
Age/Blindnes	You	: Were born before January 2, 1	1957 [	Are blind S	pouse	: Was b	orn be	efore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relation	ship	<b>(4)</b> 🗸 if q	ualifies for	(see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child tax c	redit	Credit for of	ther dependents
than four											
dependents, see instruction	e										
and check											<u> </u>
here ►											
A 1	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		85,064.
Attach Sch. B if	2a	Tax-exempt interest	2a		<b>b</b> T	axable intere	est		. 2b		
required.	3a	Qualified dividends	3a		<b>b</b> 0	Ordinary divid	lends		. 3b		
	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5b		
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amou	ınt .		. 6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D	if required. If not re	quired	, check here		▶ [	7		
Married filing	8	Other income from Schedule 1, lir	ne 10						. 8		-7,500.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	come				▶ 9		77,564.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross inc	ome				▶ 11		77,564.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	ıle A)	1	2a	12,55	0.		
Head of	b	Charitable contributions if you take				ructions) 1	2b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or les	s, ente	er -0			. 15		64,714.

Form 1040 (2021	1)										Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	S	,988.
	17	Amount from Schedule 2, lin	ie 3						17		
	18	Add lines 16 and 17							18	9	988.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e 8812			19		
	20	Amount from Schedule 3, lin	ie 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9	988.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. ▶	24	9	9,988.
	25	Federal income tax withheld									
	а	Form(s) W-2				25a	11,	726.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions				25c					
	d	Add lines 25a through 25c							25d	11	,726.
16	26	2021 estimated tax payment							26		
If you have a qualifying child,	27a	Earned income credit (EIC)			Nο	27a					
attach Sch. EIC.		Check here if you were k									
		January 2, 2004, and you taxpayers who are at least a	ge 18, to claim t	he EIC. See in							
	b	Nontaxable combat pay elec									
	С	Prior year (2019) earned inco	ome	. 27c							
	28	Refundable child tax credit or				28			-		
	29	American opportunity credit				29					
	30	Recovery rebate credit. See	instructions .			30		686.	-		
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27a and 28 throug							32		686.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. ▶	33		2,412.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	ınt you <b>o</b>	verpaid		34		2,424.
	35a	Amount of line 34 you want			is attached, che	ck here	!		35a	2	2,424.
Direct deposit? See instructions.	►b	Routing number 1 0 3 0 0 0 6 4 8 ▶ c Type: X Checking Savings									
See instructions.	►d	Account number 6 0 2	9 9 5 7	7   8		1 1 .					
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax ►	36					
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instr	uctions	. ▶	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38					
Third Party Designee		you want to allow another tructions			rn with the IRS?	? See . ▶ [	Yes. Com	nplete b	elow.	X No	
		signee's		Phone				al identifi			$\overline{}$
<u> </u>		ne ▶	h - t	no. ►	1			r (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occupation			1		nt you an Id	•
	\	:		- 3.1.2				Prote	ction Pl	N, enter it h	
Joint return?					ELECTRICA	L ENG	INEER	(see i	nst.) 🕨		
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	tion				nt your spou	use an enter it here
your records.	,							- 1	nst.) ▶	CHOILEIN,	I I I I I
	————	one no. (918)998-484	 1	Email address	GNSKSAC@G	MATT (	COM				
-		eparer's name	Preparer's signat		- DWJACME	Date		PTIN	$\neg$	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסיים ייאו. דאו			02082	,702		employed
Preparer		m's name ► GLOBAL TA		10711 DAGAA	COLIA IALLAN	.   02/2	0,2022   P			678)96	
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041				e no. ( s EIN ▶		017196
Go to unancian =				ii Callilli		DEV	10/00 555		LIIN		1040 (2021)
ao to www.iis.go	JV/1.0111	11040 for instructions and the late	or milorination.		BAA	KEV 02/	16/22 PRO			LOIII)	1 <b>0-70</b> (2021)

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

NAGA SAI KIRAN GUDIKANDULA

Your social security number
875-86-0823

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
<b>2</b> a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E	•	5	-7,500.
6	Farm income or (loss). Attach Schedule F $\ldots$		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	_	
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-7,500.

Schedule 1 (Form 1040) 2021 Page **2** 

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	<b>&gt;</b>	_	
С	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	<b>24</b> g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	<b>24i</b>		
j	Housing deduction from Form 2555	<b>24</b> j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments</b> there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### **SCHEDULE E** (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

#### **Supplemental Income and Loss**

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 875-86-0823 NAGA SAI KIRAN GUDIKANDULA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α LIG 76/2, KPHB 4TH PHASE KUKATPALLY HYDERABAD, TELANGANA IN 500045 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a (from list below) **Days Days** 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 600. 4 4 Royalties received . . . . Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,000. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 14 Repairs. . . . . . . . 14 1,800. 15 1,800. 15 Supplies . Taxes . . . . . 16 16 17 17 2,500. 18 Depreciation expense or depletion . . 18 Other (list) 
----19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 8,100. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -7,500. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 7,500.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e 8,100. Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 7,500. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -7,500.

## Form **8889**

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR NAGA SAI KIRAN GUDIKANDULA Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 875-86-0823

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

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1		⊠ Sel	f-only Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,600.
9	Employer contributions made to your HSAs for 2021		
10	Qualified HSA funding distributions	4.4	0.63
11	Add lines 9 and 10	11	863.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,737.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  HSA Distributions. If you are filing jointly and both you and your spouse each have separately an additional tax.	roto l	JCAs, samplets
ı aı t	a separate Part II for each spouse.	lial <del>e</del> i	ions, complete
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
J	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form		
Part	1040), Part II, line 17c	17b	
		ions b	
18	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep	ions b	
18 19	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ions b arate	
	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.  Last-month rule	ions b arate	

Amended Return

### 2021 MICHIGAN Individual Income Tax Return MI-1040

	rn is due April 18, 2022. Ty	/pe o	print in blue or blac	k ink.							(Incl	ude Schedule AMD)	
	er's First Name	M.I.	Last Name					2. Filer's	s Full	Social Sec	curity	No. (Example: 123-45-6789	9)
	GA SAI KIRAN  pint Return, Spouse's First Name	M.I.	GUDIKANDUL Last Name	<u>A</u>				8	75		86	<del></del> 0823	
								3. Spou	se's l	Full Social	Secui	rity No. (Example: 123-45-6	789)
	Address (Number, Street, or P.O. Box)												
	084 WARLEY COURT												
	r Town		State		Code 48377	,		4. School		strict Code   3100	(5 dig	its – see page 60)	
NO			MI		483//								
	STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of your to go to this fund. This will not incre your tax or reduce your refund.	taxes	a. Filer b. Spouse			6. <b>FA</b>	Che		box	if 2/3 of ye		AFARERS  ncome is from farming,	
7.	2021 FILING STATUS. Check one						_		CY S	STATUS.	Chec	k all that apply.	
a.	X Single		ou check box "c," com			a. X	Re	sident					
b.	Married filing jointly	line (	3 and enter spouse's fu	ıll nam	ne	b	No	nreside	nt *			* If you check box "b" or "c," you must complete and <b>include Schedule</b>	ſ
C.	Married filing separately*					c	Pa	rt-Year	Resi	ident *		NR.	
9.	<b>EXEMPTIONS. NOTE:</b> If someo	ne els	e can claim you as a d	epend	dent, che	ck box 9e	e, ente	er 0 on l	ine 9	and ent	ter \$	1,500 on line 9e (see ins	str.).
								1				4000	
	a. Number of exemptions (see in		,				9a. <u>├</u>	1	х	\$4,900	9a.	4900	00
	b. Number of individuals who qua									40.000			
	blind, hemiplegic, paraplegic, o				-		9b.		Х	\$2,800	9b.		00
	c. Number of qualified disabled v						9c		Х	\$400	9c.		00
	d. Number of Certificates of Stillb	irth fro	om MDHHS (see instru	ctions	3)	9	9d		Х	\$4,900	9d.		00
	e. Claimed as dependent, see lin	e 9 N	OTE above			9	Эе. [				9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9d	e. Ent	er here and on line 15							г	9f.	4900	00
10.	Adjusted Gross Income from yo	ur U.S	S. Form 1040 (see insti	ructior	าร)					. 10.		77564	00
11.	Additions from Schedule 1, line 9	Inclu	de Schedule 1							. 11.			00
12.	Total. Add lines 10 and 11									. 12.		77564	00
13.	Subtractions from Schedule 1, lin	e 29.	Include Schedule 1							. 13.			00
14.	Income subject to tax. Subtract	line 1	3 from line 12. If line 1	3 is gr	reater tha	n line 12	, ente	r "0"		. 14.		77564	00
15.	Exemption allowance. Enter am	ount f	rom line 9f or Schedule	∍ NR, l	line 19					. 15.		4900	00
16.	Taxable income. Subtract line 15	from	line 14. If line 15 is gr	eater 1	than line	14, enter	"0"…			. 16.		72664	00
	<b>Tax.</b> Multiply line 16 by 4.25% (0.	0425)								. 17.		3088	00
NON	REFUNDABLE CREDITS					AMO	UNT					CREDIT	
18.	Income Tax Imposed by governm Include a copy of the return (see			18a.					00	18b.			00
19.	Michigan Historic Preservation Tainstructions)			19a.					00	19b.			00
20.	<b>Income Tax.</b> Subtract the sum of If the sum of lines 18b and 19b is									. 20.		3088	00

2021 N	II-1040, Page 2 of 2									
		F	iler's Full Social S	ecurity Number	8	75 <b>–</b>	_ 8	36 — 08	823	
21.	Enter amount of Income Tax from li	ne 20					21.		3088	Inn
22.	Voluntary Contributions from Form						22.		3000	00
	•				•••••					1
23.	<b>USE TAX.</b> Use tax due on Internet, Worksheet 1 (see instructions)					r	23.		0	00
24	Total Tay Liebility Add lines 24, 25	0 and 22				24			3088	امما
	Total Tax Liability. Add lines 21, 22  JNDABLE CREDITS AND PAYN					24.			3000	100
KEFC	INDABLE CREDITS AND PATH	MENTS					Г			
25.	Property Tax Credit. Include MI-1	040CR or MI-1040	CR-2				25.			00
26.	Farmland Preservation Tax Credi	it. Include MI-1040	CR-5				26.			00
				FE	DERAL			МІСНІС	SAN	
27.	Earned Income Tax Credit. Multiply enter result on line 27b	line 27a by 6% (0.	06) and			00	27b.			00
28.	Michigan Historic Preservation Tax		_	3581			28.			00
29.	Credit for allocated share of tax pai	` '					29.			00
	•			,	,					
30.	Michigan tax withheld from Schedu	le W, line 6. <b>Includ</b>	e Schedule W (	do not subn	nit W-2s)		30.		3639	00
31.	Estimated tax, extension payments	and 2020 credit fo	rward				31.			00
32.	2021 AMENDED RETURNS ONLY	. Taxpavers comple	eting an original	2021 return s	should skip to	line 33.				
	Amended returns must include Scl		0 0							
	32a. If you had a refund and/or negative number on line 3:		original return, che	eck box 32a an	d enter this amo	ount as a				
	If you paid with the origina	l return, check box 32					222			00
	32b any additional tax paid after	er filing, as a positive	number on line 32d	c. Do not includ	le interest or per	nalty.	32c.			100
33.	Total refundable credits and payme	nts. Add lines 25. 2	26. 27b. 28. 29. 3	30. 31 and 32	?c	33.			3639	00
	IND OR TAX DUE	,		,		_				
34.	If line 33 is less than line 24, subtra	ct line 33 fro <u>m line</u>	24. If applicable	, see instruct	ions.					
	Include interest 00 a	and penalty	00	<b>\</b>	OU OWE	34.				00
35	Overpayment. If line 33 is greater	than line 24 subtra	et line 24 from li	no 33		35.			551	00
35.	Overpayment. If life 33 is greater	triair iirie 24, Subtra	ici iirie 24 irom ii	116 33		35.				100
36.	Credit Forward. Amount of line 35	to be credited to yo	our 2022 estimat	ted tax for yo	ur 2022 tax re	turn	36.			00
		,		,		Γ				
37.	Subtract line 36 from line 35				REFUND	37.			551	00
	ECT DEPOSIT	a. Routing Tra	nsit Number	b. A	ccount Numbe	r	<b>」</b>	c. Type of Ac	count	
	it your refund directly to your financial ion! See instructions and complete a, b	103000648	o	602995	770		1.	X Checking 2	. Savir	igs
and c.	<u></u>	<u> </u>		L						
	eased Taxpayer. If Filer and/or Spouser. If Filer and/or Spouser. If Filer and/or Spouser.							declare under penal tion of which I have		
	TO DEATH ONE I. Example	104-10-2021 (WW-DE			Preparer's PTII				any knomou	90.
Filer		Spouse			P02082	703				
	ayer Certification. I declare under tachments is true and complete to the bes		t the information in	this return	Preparer's Nan SYAM PI			SAGAR GU	JPTA T	A
Filer's	Signature		Date		Preparer's Sign		D 7 M			7
Spour	se's Signature		Date					SAGAR GU		A_
Opous	o o orginaturo		Date		GLOBAL			•	- Tallibel	
					2530 PI					
	By checking this box, I authorize Tro	easury to discuss n	nv return with m	v preparer	CUMMING					
╽└─┤		, to alboads II	.,	, p. sparon	678-96			_		

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

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

### 2021 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 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). 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)
NAGA SAI KIRAN		GUDIKANDULA	875 — 86 — 0823
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

	Δ	В	С	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		27-4160917	NEUMODX MOLECULA	85064	00	3639	00
					00		00
					00		00
					00		00
					00		00
Enter	· Table	: 1 Subtotal from additional Sche			00		
4.	SUB	TOTAL. Enter total of Table 1, c	olumn E		4.	3639	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	E						
Enter "X" fo	Payer's federal identification	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 Tab	ole 2 Subtotal from additional Sche	dule W forms (if applicable)		00						
5. <b>S</b> U	5. <b>SUBTOTAL.</b> Enter total of Table 2, column E									
6. <b>TO</b>	<b>PTAL.</b> Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30.	6.	3639 00						

REV 02/05/22 PRO