

2021 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 18, 2022. Type or print in blue or black ink.

1. Filer's First Name PAVAN KUMAR REDDY		M.I.	Last Name BASIREDDY		2. Filer's Full Social Security No. (Example: 123-45-6789) 064 — 51 — 0693	
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) 3950 SPRING VALLEY RD, APT. 232					4. School District Code (5 digits – see page 60) 25070	
City or Town DALLAS			State TX	ZIP Code 75244		
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. 2021 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. 2021 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input checked="" 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.	1	x	\$4,900	9a.	4900	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,800	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,900	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	4900	00

10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.	58956		00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.			00
12. Total. Add lines 10 and 11.....	12.	58956		00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.	54900		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	4056		00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	337		00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	3719		00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	158		00

NON-REFUNDABLE CREDITS

		AMOUNT				CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.			00	18b.		00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.			00	19b.		00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.				20.	158	00

Filer's Full Social Security Number

064 — 51 — 0693

21. Enter amount of Income Tax from line 20.....	21.	158	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.	158	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.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	172	00
31. Estimated tax, extension payments and 2020 credit forward	31.		00
32. 2021 AMENDED RETURNS ONLY. Taxpayers completing an original 2021 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.			00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.	172	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	34.		00
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YOU OWE			
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.	14	00
36. Credit Forward. Amount of line 35 to be credited to your 2022 estimated tax for your 2022 tax return ...	36.		00
37. Subtract line 36 from line 35.....	37.	14	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, 2020, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2021 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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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
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.

Filer's Signature _____ Date _____

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA

Spouse's Signature _____ Date _____

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

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

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

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 Schedule 1 Additions and Subtractions

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

Attachment 01

Include with Form MI-1040. Type or print in blue or black ink.

Filer's First Name PAVAN KUMAR REDDY	M.I.	Last Name BASIREDDY	Filer's Full Social Security No. (Example: 123-45-6789) 064 — 51 — 0693
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Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions) ..	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0	00

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	54900	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions)	15.		00
16. Michigan state and local income tax refunds received in 2021 and included on MI-1040, line 10 (see instructions)	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Miscellaneous subtractions (see instructions). Describe: _____	21.		00

REV 02/05/22 PRO

2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name PAVAN KUMAR REDDY	M.I.	Last Name BASIREDDY	Filer's Full Social Security No. (Example: 123-45-6789) 064 — 51 — 0693
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Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

22. FILER				SPOUSE			
A. Year of Birth (19xx)	B. Age as of 12-31-2021	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2021	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
1997	24	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

23. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 24, 25 or 26.	23.		00
24. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1955, and reached age 67 on or before December 31, 2021. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2.....	24.		00
25. Retirement benefits. Enter amount from line 16, 17 or 18 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884.	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 76 years and older. Deduction is limited to \$12,127 for single or married filing separately filers and \$24,254 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. Subtotal. Add lines 10 through 26	27.	54900	00
28. 2021 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	28.		00
29. Total Subtractions. Add lines 27 and 28. Enter here and on MI-1040, line 13.....	29.	54900	00

2021 MICHIGAN Nonresident and Part-Year Resident Schedule

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

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name PAVAN KUMAR REDDY	M.I.	Last Name BASIREDDY	2. Filer's Full Social Security No. (Example: 123-45-6789) 064 — 51 — 0693
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2021 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2021*

*Dates of Michigan residency in 2021 (Enter dates as MM-DD-YYYY, Example: 04-15-2021)

	FILER		SPOUSE	
FROM:	—	—	2021	— — 2021
TO:	—	—	2021	— — 2021

Income Allocation

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.)	61456	00	4056	00	57400	00
6. Interest and dividends		00		00		00
7. Business and farm income (include U.S. Schedules C and F).....		00		00		00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....		00		00		00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....		00		00		00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....		00		00		00
11. Other (see instructions)		00		00		00
12. Total income. Add lines 5 through 11.....	61456	00	4056	00	57400	00
13. Enter the total adjustments from U.S. 1040 Describe: <u>STUDENT LOAN INTE</u>	2500	00	0	00	2500	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	58956	00	4056	00	54900	00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....	15.	4900	00
16. Enter Michigan source income from line 14, column B.....	16.	4056	00
17. Enter total income from line 14, column A.....	17.	58956	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	6.88	%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.....	19.	337	00

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 PAVAN KUMAR REDDY	M.I.	Last Name BASIREDDY	2. Filer's Full Social Security No. (Example: 123-45-6789) 064 — 51 — 0693
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

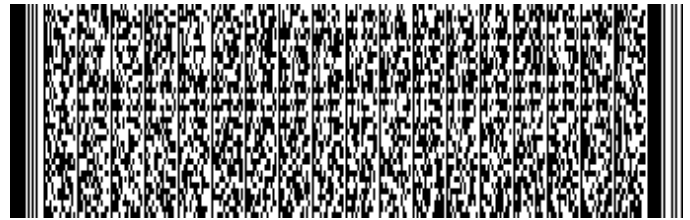
A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-6006309	UNIVERSITY OF MI	4056	00	172	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	172 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 30.....						6.	172 00

FLINT

2021 INDIVIDUAL CITY INCOME TAX BARCODE DATASHEET



This datasheet is the cover sheet of your return. If the software generates this form please send this with your individual income tax return and all required attachments. Please do not staple your return.

Taxpayer's SSN 064-51-0693		Taxpayer's first name PAVAN KUMAR REDDY		Initial	Last name BASIREDDY	
Spouse's SSN		If joint return spouse's first name		Initial	Last name	
Present home address (Number and street) 3950 SPRING VALLEY RD						Apt. no. 232
Address line 2 (P.O. Box address for mailing use only)						
City, town or post office DALLAS				State TX	Zip code 75244	
Foreign country name		Foreign province/county			Foreign postal code	



MAIL TO ADDRESS:

{CITY NAME} INCOME TAX DEPARTMENT, ADDRESS, CITY, ST ZIP CODE

Revised 10/15/2020

CITY OF FLINT - INCOME TAX

PO BOX 529

EATON RAPIDS, MI 48827-0529

1555

REV 02/05/22 PRO

INDIVIDUAL RETURN DUE APRIL 30, 2022

Taxpayer's SSN 064-51-0693		Taxpayer's first name PAVAN KUMAR REDDY		Initial REDDY	Last name BASIREDDY	RESIDENCE STATUS	
Spouse's SSN		If joint return spouse's first name		Initial	Last name	<input type="checkbox"/> Resident	<input checked="" type="checkbox"/> Nonresident
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) 3950 SPRING VALLEY RD			Apt. no. 232	Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)			FILING STATUS		
Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached		City, town or post office DALLAS		State TX	Zip code 75244	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly	
<input type="checkbox"/> Itemized deductions on your Federal tax return for 2021		Foreign country name		Foreign province/county	Foreign postal code	<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
						Spouse's full name if married filing separately _____	

		ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Column B	Column C
		INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Federal Return Data	Exclusions/Adjustments	Taxable Income
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		61456.00	57400.00	4056.00
	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		0.00	0.00	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		0.00	0.00	.00
18. Total income (Add lines 1 through 16)	18		61456.00	57400.00	4056.00	
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				4056.00	
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)	21a	21b				
22. Total income subject to tax (Subtract line 21b from line 20)	21a	21b			600.00	
23. Tax at 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	23b			17.00	
24. Payments and credits 24a. FLINT tax withheld 9.00 24b. Other tax payments (est. extension, or fwd. partnership & tax option corp) .00 24c. Credit for tax paid to another city .00 24d. Total payments & credits 9.00	24a	24b	24c	24d		
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00 25c. Total interest & penalty .00	25a	25b	25c			
26. TAX DUE PAYABLE TO: CITY OF FLINT , 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) PAY WITH RETURN 26 8.00			26			
27. OVERPAYMENT Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30) 27 .00			27			
28. Amount of overpayment donated 28a. Donation 1 .00 28b. Donation 2 .00 28c. Donation 3 .00 28d. Total donations .00	28a	28b	28c	28d		
29. Amount of overpayment credited forward to 2022 29 .00			29			
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) 30 .00			30			
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	31b	31c	31d	31e	
Direct deposit refund or direct withdrawal payment	<input type="checkbox"/>	Refund (direct deposit)	Routing number			
Pay tax due (direct withdrawal)	<input type="checkbox"/>	Pay tax due (direct withdrawal)	Account number			
31e. Account Type:				31e1. Checking	31e2. Savings	

Taxpayer's name: PAVAN KUMAR REDDY BASIREDDY; Taxpayer's SSN: 064-51-0693

EXEMPTIONS SCHEDULE

Form with fields for exemptions: 1a. You (Date of birth: 05/27/1997, Regular: X), 1b. Spouse, 1d. List Dependents, 1e. Enter the number of boxes checked on lines 1a and 1b (1), 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)

Table with 8 columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, 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 FLINT TAX WITHHELD, COLUMN F LOCALITY NAME. Totals: 57400.00 excluded wages, 9.00 tax withheld.

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

Table with 7 rows of deductions: 1. IRA deduction, 2. Self-employed SEP, SIMPLE and qualified plans, 3. Employee business expenses, 4. Moving expenses, 5. Alimony paid, 6. Renaissance Zone deduction, 7. Total deductions (0.00).

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

Table with 4 columns: MARK T, S, B; FROM MONTH, DAY; TO MONTH, DAY. Address: 2124 FOX HILL DRIVE GRAND BLANC MI 48439.

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following [X] No. Designee's name, Phone No., Personal identification number (PIN).

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 (Date: MM/DD/YY, Occupation: SOFTWARE ENGINEER, Phone: (810) 484-1757), SPOUSE'S SIGNATURE, SIGNATURE OF PREPARER OTHER THAN TAXPAYER (Date: 03/03/22, PTIN: 30-1017196).

PREPARER'S SIGNATURE: FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE: GLOBAL TAXES LLC, 2530 PEBBLE CREEK LN CUMMING GA 30041. NACTP software number: 1555.

CF-1040PV

FLINT

2021 RET RPV

INCOME TAX RETURN PAYMENT VOUCHER

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Taxpayer Name: PAVAN KUMAR REDDY BASIRE

Social Security No: 064-51-0693

Due on or Before: 4/30/2022, due date of 2021 return*

Payment: \$ 8

Payment Method: Make payment by check or money order payable to "City of FLINT ." Include your social security number, daytime phone number, and "2021 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of FLINT . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment: CITY OF FLINT - INCOME TAX PO BOX 529 EATON RAPIDS, MI 48827-0529

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: Check Number: Date Mailed:

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Revised: 11/05/2021

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040PV

FLINT INCOME TAX RETURN PAYMENT VOUCHER

2021 RET RPV

REV 02/05/22 PRO

Revised: 08/11/2015

Mail To: CITY OF FLINT - INCOME TAX PO BOX 529 EATON RAPIDS, MI 48827-0529

NACTP # 1555 EFIN #

Table with taxpayer information, SSN, contact number, address, city, and payment amount.

FLT064510693022021RETRPV0000000800

Taxpayer's name PAVAN KUMAR REDDY BASIREDDY	Taxpayer's SSN 064-51-0693	2021 FLINT	
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-1**
All W-2 forms must be attached to page 1 of the return 1555 REV 02/05/22 PRO Revised 06/15/2017

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, col. 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	81-4260874	
2. Employer's name (Form W-2, box c) or source's name	UNIVERSITY OF MICHIGAN PAYROLL OFFICE	TECHINTELLI SOLUTIONS INC	
3. SSN from Form W-2, box a	064-51-0693	064-51-0693	
4. Enter T for taxpayer or S for spouse	<input checked="" type="checkbox"/> T	<input checked="" type="checkbox"/> T	<input type="checkbox"/>
5. Dates of employment during tax year	From 10/01/2021 To 12/31/2021	From 11/01/2021 To 12/31/2021	From <input type="checkbox"/> To <input type="checkbox"/>
6. Mark (X) box if you work at multiple locations in and out of FLINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 481091279	14643 DALLAS PKWY SUITE 120 DALLAS TX 75254	
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	4056	57400	
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)		57400	
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by FLINT		EARNED OUTSIDE FLINT	
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)		57400	
21. Total taxable wages (Line 8 plus line 9 less line 20)	4056	0	
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)		61456	
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)			57400
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)			4056

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