-	1 MICHIGAN Indiv m is due April 18, 2022. ⁻			-		n MI-′	10)40				ended Return [
	's First Name	M.I.	Last Name		IK			2 Filer'	s Ful	Social Se	curity	No. (Example: 123-45-6	789)
ROJ	A		IRUKULAPAT	ΓI									100)
lf a Joi	nt Return, Spouse's First Name	M.I.	Last Name					1 1	74		29	<u> </u>	
ANI	LKUMAR		MABAGAPU					3. Spou	ise's	Full Social	Secu	rity No. (Example: 123-4	5-6789)
	Address (Number, Street, or P.O. Box	<)	-					۵ [15		97	9538	
	E LEO PL												
City or			State AZ		ZIP Code 85249			4. Scho		strict Code	(5 dig	gits – see page 60)	
	ANDLER		AZ		05245								
f t y	Check if you (and/or your spouse iling a joint return) want \$3 of you o go to this fund. This will not inc your tax or reduce your refund.	ur taxes rease	a. Filer	9] c		box	if 2/3 of y		AFARERS] ,
	2021 FILING STATUS. Check on	e.					1		CYS	STATUS.	Chec	k all that apply.	
a.	Single		ou check box "c," com			a	ļF	Resident				* If you check box "b'	or
ь. Г	X Married filing jointly	line : belo	3 and enter spouse's f w:	ull na	ame	b. X	1.	Vonreside	nt *			"c," you must comple	
^{D.} L						D. 🔼	' I	Noniesiue	111			and include Schedu	
c. [Married filing separately*					c.] F	Part-Year	Res	ident *		NR.	
9. E	EXEMPTIONS. NOTE: If some	one els	e can claim you as a c	depe	ndent, che	ck box 9e,	, er	nter 0 on	line	a and en	ter \$	1,500 on line 9e (see	instr.).
							ſ		1				
	a. Number of exemptions (see i	nstructi	ons)				a.	2	×	\$4,900	9a.	980	0 00
l	 Number of individuals who qu blind, hemiplegic, paraplegic, 		U 1		•		b.		x	\$2,800	9b.		00
	 Number of qualified disabled 	veterar	าร				c.		x	\$400	9c.		00
	d. Number of Certificates of Stil	lbirth fro	om MDHHS (see instru	uctio	ns)		d.		×	\$4,900	9d.		00
	e. Claimed as dependent, see li	ine 9 N	OTE above				e.				9e.		00
t	f. Add lines 9a, 9b, 9c, 9d and 9	9e. En	ter here and on line 15	j						·······	9f.	980	0 00
10.	Adjusted Gross Income from y	our U.S	6. Form <i>1040</i> (see inst	tructi	ons)					. 10.		25968	3 00
11.	Additions from Schedule 1, line	9. Incl ı	Ide Schedule 1							. 11.			00
12.	Total. Add lines 10 and 11									. 12.		25968	3 00
												00014	
13.	Subtractions from Schedule 1, li	ne 29.	Include Schedule 1.							. 13.		22714	4 00
14.	Income subject to tax. Subtrac	t line 1	3 from line 12. If line 1	13 is	greater tha	n line 12,	en	ter "0"		. 14.		3253	9 00
15.	Exemption allowance. Enter a	mount f	rom line 9f or Schedul	e NF	R, line 19					. 15.		122	8 00
16.	Taxable income. Subtract line	15 from	line 14. If line 15 is g	reate	er than line	14, enter '	"0"			. 16.		3131	1 00
17	Tax. Multiply line 16 by 4.25% ((0425)								. 17.		133	1 00
	REFUNDABLE CREDITS					AMOL				· ···Ľ		CREDIT	
	Income Tax Imposed by governi Include a copy of the return (see			18	a.				00	18b.			00
19.	Michigan Historic Preservation 1	ax Cre	dit carryforward (see	19					00	1			00
20.	Income Tax. Subtract the sum of t	of lines	18b and 19b from line	17.						19b.		1 7 7	
	If the sum of lines 18b and 19b i	s great	er than line 17, enter "	U"						. 20.		133	1 00

Continue on page 2. This form cannot be processed if page 2 is not completed and included.

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2021 M	I-1040, Page 2 of 2		Filer's	Full Social Se	ecurity Numbe	174	4 —	29 —	2753	
21.	Enter amount of Income Tax from lir	ne 20					21		1331	00
22.	Voluntary Contributions from Form 4	4642, line 6	. Include F	orm 4642			22	-		00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)						<u>23</u>		C) 00
24	Total Tax Liability. Add lines 21, 22	and 02					24		1331	00
	INDABLE CREDITS AND PAYM						24.		<u></u>	- 1001
25.	Property Tax Credit. Include MI-10	040CR or I	/II-1040CR-	2			25			00
26.	Farmland Preservation Tax Credit	t. Include I	MI-1040CR-	.5		DERAL	26			00
27.	Earned Income Tax Credit. Multiply				FEI				CHIGAN	
00	enter result on line 27b				0504	0				00
28.	Michigan Historic Preservation Tax (Credit for allocated share of tax paid	,	,							00
29.	Credit for allocated share of tax paid	a by all ele	sung now-u	irougri entity		ions)	29	-		
30.	Michigan tax withheld from Schedul	e W, line 6	Include So	chedule W (do not subn	nit W-2s)	30		1382	2 00
31.	Estimated tax, extension payments	and 2020 o	redit forwar	ď			31			00
32.	2021 AMENDED RETURNS ONLY. Amended returns must include Sch	Taxpayers	completing	an original 2				·		
	32a. If you had a refund and/or on negative number on line 32		d on the origi	nal return, che	eck box 32a an	d enter this amoun	t as a			
	32b. If you paid with the original any additional tax paid afte									00
33.	Total refundable credits and paymer	nts. Add lin	es 25, 26, 2	7b, 28, 29, 3	30, 31 and 32	2c	33.		1382	2 00
-	IND OR TAX DUE									
34.	If line 33 is less than line 24, subtrac	ct line 33 fr	om line 24.	If applicable	, see instruct	ions.				
	Include interest 00 a	ind penalty		00	N	OU OWE	34			00
35.	Overpayment. If line 33 is greater t	han line 24	, subtract li	ne 24 from li	ne 33		35.	T	51	00
36.	Credit Forward. Amount of line 35	to be credit	ed to your 2	2022 estimat	ted tax for yo	ur 2022 tax retur	n <u>36</u>			00
37	Subtract line 36 from line 35					REFUND	37.		51	00
	ECT DEPOSIT		ting Transit			ccount Number		с. Туре о	f Account	100
instituti	it your refund directly to your financial ion! See instructions and complete a, b	12210	0024		630783	L935	1.	X Checking	2. Savi	ings
	ased Taxpayer. If Filer and/or Spous R DATE OF DEATH ONLY. Example:					Preparer Cert				
Filer		Spouse				Preparer's PTIN, I P0208270		1		<u> </u>
	ayer Certification. I declare under p			information in	this return	Preparer's Name SYAM PRI	(print or type	,		
	tachments is true and complete to the bes Signature	ι οι πγ κηον	leuge.	Date		Preparer's Signatu			JUFIA I	
						SYAM PRI				ΓA _
Spous	e's Signature			Date		Preparer's Busine			one Number	
						GLOBAL I				
	By checking this box, I authorize Tre	easury to di	scuss my re	eturn with my	y preparer.	2530 PEE CUMMING 678-965-	GA 30			

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

2021 MICHIGAN Schedule 1 Additions and Subtractions

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

Inclu	de with Form MI-1040. Type c	r print	in blue or black ink.			Attachment 01
Filer	s First Name	M.I.	Last Name	Filer's Full Social S	Security No. (Ex	ample: 123-45-6789)
RO	JA		IRUKULAPATI	174 —	- 29	<u> </u>
Add	itions to Income (all entrie	s mus	t be positive numbers)			
1.	Gross interest and dividends (other than Michigan) or their		bligations issued by states al subdivisions		1.	00
2.			by income, including self-employment tax, taken tax paid by an electing flow-through entity (see		2.	00
3.	Gains from Michigan column	of MI-1	040D and MI-4797		3.	00
4.	Losses attributable to other s	tates (s	see instructions)		4.	00
5.	Net loss from federal column	of you	Michigan MI-1040D or MI-4797		5.	00
6.			neral expenses (Michigan sourced) deducted t		6.	00
7.	Federal Net Operating Loss of	leducti	on included in AGI		7.	00
8.	Other (see instructions). Des	cribe: _			8.	00
9.	Total additions. Add lines 1	throug	gh 8. Enter here and on MI-1040, line 11		9.	0 00
Sub	tractions from Income (al	l entrie	es must be positive numbers)			
10.			s and other U.S. obligations included in MI-10- 00		0.	00
11.			, from military retirement benefits due to servic onal Guard, or taxable railroad retirement bene		1.	00
12.	Gains from federal column of	Michig	an MI-1040D and MI-4797	1	2.	00
13.	Income attributable to anothe	r state	Explain type and source: SCHEDULE NR	1	3.	227144 00
14.	Taxable Social Security bene	fits or r	nilitary pay (not retirement) included on MI-104	40, line 10 1	4.	00
15.	Income earned while a reside	ent of a	Renaissance Zone (see instructions).	1	5.	00
16.			refunds received in 2021 and included	1	6	00
17.		-	m, MI 529 Advisor Plan, and Michigan Achievi	-	7.	00
18.	Michigan Education Trust			1	8.	00
			nerals income (Michigan sourced) included in A	AGI 1	9.	00
20.			mpted under a State/Tribal tax agreement or <i>Bulletin 1988-47</i>	2	0.	00
21.	Miscellaneous subtractions (s	see inst	ructions). Describe:	2	1.	00

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Attachment 01

2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
ROJA		IRUKULAPATI	174 — 29 — 2753

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.		F	LER				SD	OUSE	
<u>~</u> ~.	Α.	F	C.	D.		E.	<u>5</u> F	G.	н.
	A. Year of Birth (19xx)	Age as of 12-31-2021	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		L. Year of Birth (19xx)	F. Age as of 12-31-2021	G. Check if spouse received benefits from SSA exempt employment	Check if spouse retired as of 01-01-2013 and born after 1952
	1989	32				1989	32		
-	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								
	(if married) wa age 67 on or b	s born during the efore December	duction. Complete e period January 1 31, 2021. Do not	, 1953 through complete line	Jai s 2	nuary 1, 1955, 3, 25 or 26. Er	and reached nter amount		00
25.			nount from line 16 •			-			00
	limited to \$12, any deduction	127 for single or for retirement be	deduction for taxp married filing sepa enefits (see instruc unremarried survivir	arately filers an ctions)	d \$:	24,254 for joint	: filers, less 26		00
			born before 1946 w						

27. Subtotal. Add lines 10 through 26	27.	227144	00
28. 2021 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net</i> Operating Loss Deduction. Include Form 5674.	28.		00
29. Total Subtractions. Add lines 27 and 28. Enter here and on MI-1040, line 13	29.	227144	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.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
ROJA		IRUKULAPATI	174 — 29 — 2753
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
ANILKUMAR		MABAGAPU	815 — 97 — 9538

TO:

4. 2021 RESIDENCY STATUS: Check all that apply.

a. X Nonresident

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

2021

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

Income Allocation		A. Total Income		B. Michigan Income	C. Other State(s) Income		
5.	Wages, salaries, other payments (tips, etc.)	220696	00	32539	00	188157	00
6.	Interest and dividends	1783	00	0	00	1783	00
7.	Business and farm income (include U.S. <i>Schedules C</i> and <i>F</i>)	37920	00	0	00	37920	00
8.	Gains/losses from MI-1040D or U.S. S <i>chedule D</i> , and/or MI-4797 or U.S. Form <i>4797</i>		00		00		00
9.	Income reported on U.S. <i>Schedule E</i> (include U.S. <i>Schedule E</i> and supporting statements)		00		00		00
10.	Pensions, IRA distributions, annuities and Social Security (see Form 4884)		00		00		00
11.	Other (see instructions)	1582	00	0	00	1582	00
12.	Total income. Add lines 5 through 11	261981	00	32539	00	229442	00
13.	Enter the total adjustments from U.S. <i>1040</i> Describe: <u>SE TAX DEDUCTION</u>	2298	00	0	00	2298	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.		00	32539	00	227144	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.
16.	Enter Michigan source income from line 14, column B 16.	32539 00	
17.	Enter total income from line 14, column A 17.	259683 00	Г
18.	Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).		18.
19.	If both spouses are part-year or nonresidents, multiply line 15 by the p here and on MI-1040, line 15. If one spouse is a full-year resident, cor	0	
	here and on MI-1040, line 15		19.

Schedule NR

Attachment 02

2021

8.	12.53	%	
9.	1228	00	

9800

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.

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)
ROJA		IRUKULAPATI	174 — 29 — 2753
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
ANILKUMAR		MABAGAPU	815 — 97 — 9538

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

Α		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
	Х	58-1760235	INFOSYS LIMITED	32539 ₀	0 1382 00
				C	0 00
				C	0 00
				C	0 00
				C	0 00
Enter	Table	. 00			
4.	SUB	4. 1382 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	В	С	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	0	00
			00	0	00
			00	0	00
			00	0	00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable)					00
5. SUBTOTAL. Enter total of Table 2, column E.					00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30				. 1382	00

Attachment 13

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