DEPARTMENT OF REVENUE





VENKATA VISWANATH Your First Name and Initial		KAJJAM Last Name	177397933 Your Social Security Numb	$\frac{04091998}{\text{Your Date of Birth (MM/DD/YYY)}}$		
If a Joint	t Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Nu	mber Spouse's Date of Birth		
	7 W 36TH ST Home Address		Check if Address is:	New Foreign		
<u>MINI</u> City	NEAPOLIS			55416 ZIP Code		
2021	Federal Filing Status (pla	ce an X in one box):				
× (1) Single (2) Married Filing Jointly	Spouse Name		ehold (5) Qualifying Widow(er)		
Depe	endents (see instructions)	Spouse SSN				
Dependent 1 First Name		Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You		
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You		
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You		
	Your Federal Return (see in 53891	nstructions) O	0	38841		
A. Wag		O A, pensions, and annuities		38841 D. Federal taxable income		
			O and 1040-SR)			
3	Add lines 1 and 2			351391		
4	Itemized deductions (from Sched	4 12525				
5	5 Exemptions (determine from instructions)					
6	State income tax refund from line 1 of federal Schedule 1					
7	Subtractions from line 32 of Schedule M1M and line 22 of Schedule M1MB (see instructions)					
8	Total subtractions. Add lines 4 th	812525				
9	Minnesota taxable income. Subt	ract line 8 from line 3. If zero o	r less, leave blank.	9 <u>38866</u>		
10	Tax from the table in the Form M	1 instructions		. 102247		



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
				2247
12 13	Add lines 10 and 11		.12	
12	Part-year residents and nonresidents: From Schedule M1NR, 6	•		
	line 13, from line 28 on line 13a, and from line 29 on line 13b		13	2247
	13a 🖩 0 13b 📕 (
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14	
			17	
15	Tax before credits. Add lines 13 and 14		15	2247
16	Amount from line 18 of Schedule M1C, Nonrefundable Credit	16		
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	nk)	17	2247
18	Nongame Wildlife Fund contribution (see instructions)	·····		
	This will reduce your refund or increase the amount you owe		18	
				2247
19	Add lines 17 and 18		19	2247
20	Minnesota income tax withheld. Complete and enclose Sched Minnesota withholding from Forms W-2, 1099, and W-2G (do n		20	3173
			20	
21	Minnesota estimated tax and extension payments made for 2	2021	21	
22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 🔳	
23	Total payments. Add lines 20 through 22		23	3173
24	REFUND . If line 23 is more than line 19, subtract line 19 from		23	
	For direct deposit, complete line 25		24	926
25	Direct deposit of your refund (you must use an account not a	issociated with a foreign bank):		
	Checking Savings 07121457	9 374004096649		
	Checking Savings 07121457 Routing Number	Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract l	line 23 from line 19 (see instructions)	26	
27	Penalty amount from Schedule M15 (see instructions). Also su			
	this amount from line 24 or add it to line 26 (enclose Schedule		27 🔳	
	OU PAY ESTIMATED TAX and want part of your refund credited	-		
28	Amount from line 24 you want sent to you		28	
29	Amount from line 24 you want applied to your 2022 estimate	d tax	29	
	ayer: I declare that this return is correct and complete to the be			
Your	Signature	Spouse's Signature (If Filing Jointly)	Da	te (MM/DD/YYYY)
952	25670776	VISWANATHKAJJAM@GMAIL.CO	MC	
Dayti	me Phone	Email Address		
	AM PRIYA RAM SAGAR GUPTA TALLAM	03022022	P02082703	
	Preparer's Signature	Date (MM/DD/YYYY)	PI	IN or VITA/TCE # (required)
	89659522arer's Daytime Phone	SYAM@GTAXFILE.COM Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	to discuss	this tax return
	Include a copy of your 2021 federal return and schedules.	with the preparer or the third-party designee indic		
-	Mail to: Minnesota Individual Income Tax, Mail Station 0010	, 600 N. Robert St., St. Paul, MN 55145-0010		
	REV 02/15/22 PRO	1031		

DEPARTMENT OF REVENUE



2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

VENKATA VISWANATH	KAJJAM	177397933
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or

W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2,

CC	omplete line 5 on t	he back.			
Α		B—Box 13	C—Box 15	D-Box 16	E—Box
If	the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
	• you, enter 1	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
	• spouse, enter 2	mark a X below.			
	a1 <u>1</u>	b1 ×	c1 MN 5785119	d153891_	e13173_
	a2	b2	c2 MN	d2	e2
	a3	b3	c3 MN	d3	e3
	a4	b4	c4 MN	d4	e4
	a5	b5	c5 MN	d5	e5
Si	ubtotal for additio	nal Forms W-2 (from	n line 5 on page 2)		
То	otal Minnesota tax	withheld on all Fo	rms W-2 (add amounts in line 1, cc	olumn E)	1 <u>3173</u>
2 Ⅳ	linnesota tax withl	neld on Forms 1099	, W-2G, and 1042-S. If you have mo	ore than four forms, complete line	e 6 on the back.
Α			В	С	D
lf	the Form 1099, W-2G	, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld
•	you, enter 1		Number (if unknown, contact the pa	yer) the back for amounts to include)	(round to nearest whole dolla
•	spouse, ente				
	a1		b1 MN	c1	d1
	a2		b2 MN	c2	d2
	a3		b3 MN	c3	d3
	a4		b4 MN	c4	d4
Si	ubtotal for additio	nal 1099, W-2G, and	1042-S (from line 6 on page 2)		
То	otal Minnesota tax	withheld on all 10	99, W-2G, and 1042-S (add amoun	ts in line 2, column D)	2
			erships, S corporations, and fiduci		
	1 5	,			3
			on lines 1, 2, and 3. orm M1		4 3173
-			Include this schedule wit		
			If required, include Schedu		
L	REV 02/15	5/22 PRO	103	1	