

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 657-35-8492		Taxpayer's first name LAXMAN YASHWANT		Initial	Last name BYREDDI	
Spouse's SSN		If joint return spouse's first name		Initial	Last name	
Present home address (Number and street) 8891 SUGARLAND DRIVE						Apt. no. 8203
Address line 2 (P.O. Box address for mailing use only)						
City, town or post office SHREVEPORT				State LA	Zip code 71115	
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 03/01/22 PRO

INDIVIDUAL RETURN DUE APRIL 30, 2022

Taxpayer's SSN 657-35-8492		Taxpayer's first name LAXMAN YASHWANT		Initial BY	Last name REDDI	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) 8891 SUGARLAND DRIVE			Apt. no. 8203	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 SHREVEPORT		State LA	Zip code 71115		<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/country	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	119196.00	119196.00	88809.00	30387.00	
	2. Taxable interest	2	.00	.00	.00	.00	
	3. Ordinary dividends	3	.00	.00	.00	.00	
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	.00	NOT TAXABLE	
	5. Alimony received	5	.00	.00	.00	.00	
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.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	.00	
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00	.00	
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00	.00	
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00	.00	
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	-10535.00	-10535.00	-10535.00	0.00	
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE	.00	.00	.00	
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00	.00	
	14. Unemployment compensation	14	.00	.00	.00	NOT TAXABLE	
	15. Social security benefits	15	.00	.00	.00	NOT TAXABLE	
	16. Other income (Attach statement listing type and amount)	16	1000.00	1000.00	1000.00	0.00	
	17. Total additions (Add lines 2 through 16)	17	-9535.00	-9535.00	-9535.00	0.00	
	18. Total income (Add lines 1 through 16)	18	109661.00	79274.00	30387.00	30387.00	
	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				30387.00	
ENCLOSE CHECK OR MONEY ORDER	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	1	21b		600.00	
	22. Total income subject to tax (Subtract line 21b from line 20)	22				29787.00	
	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		149.00	
	24. Payments and credits 24a. FLINT tax withheld 304.00 24b. Other tax payments (est. extension, or fwd. partnership & tax option corp) .00 24c. Credit for tax paid to another city .00	24a	304.00	24b	.00	24c	.00
	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	25a	.00	25b	.00	25c	.00
	26. 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	26					.00
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27					155.00
	28. 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)	28a	.00	28b	.00	28c	.00
	29. Amount of overpayment credited forward to 2022	29					.00
	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					155.00
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	<input checked="" type="checkbox"/>	Refund (direct deposit)	31c	Routing number	072000326	
	31b	<input type="checkbox"/>	Pay tax due (direct withdrawal)	31d	Account number	293969660	
				31e	Account Type:	<input checked="" type="checkbox"/> 31e1. Checking <input type="checkbox"/> 31e2. Savings	

EXEMPTIONS SCHEDULE	Date of birth (mm/dd/yyyy)					Regular	65 or over	Blind	Deaf	Disabled	1e. Enter the number of boxes checked on lines 1a and 1b	1
	1a. You	04/13/1993				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	1b. Spouse					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1d. List Dependents	1c.	Check box if you can be claimed as a dependent on another person's tax return										
#	First Name	Last Name	Social Security Number	Relationship	Date of Birth	1f. Enter number of dependent children listed on line 1d						
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
										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)

W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	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 (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)
1.	T	657-35-8492	72-0702002	88809.00		0.00	
2.	T	657-35-8492	38-2383119	0.00		304.00	FLINT
3.				.00		.00	
4.				.00		.00	
5.				.00		.00	
6.				.00		.00	
7.				.00		.00	
8.				.00		.00	
9.				.00		.00	
10.				.00		.00	
11.	Totals (Enter here and on page 1; part-yr residents on Sch TC)			88809.00	<< Enter on pg 1, ln 1, col B	304.00	<< Enter on pg 1, ln 24a

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

	DEDUCTIONS
1. IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	1 .00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	2 .00
3. Employee business expenses (Attach copy of CF-2106 and detailed list)	3 .00
4. Moving expenses (Into city area only, Military ONLY) (Attach copy of federal Form 3903)	4 .00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return)	5 .00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)	6 .00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7 .00

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

MARK T, S, B	List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	FROM		TO	
		MONTH	DAY	MONTH	DAY
T	1207 RAMSGATE RD FLINT MI 48532	01	01	06	30

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following 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 - If joint return, both spouses must sign	Date (MM/DD/YY)	Taxpayer's occupation	Daytime phone number	If deceased, date of death
		ASSISTANT PROFESS	(813) 451-1314	
SPOUSE'S SIGNATURE	Date (MM/DD/YY)	Spouse's occupation		If deceased, date of death

PREPARER'S SIGNATURE

SIGNATURE OF PREPARER OTHER THAN TAXPAYER _____ Date (MM/DD/YY) 03/17/22 PTIN, EIN or SSN 30-1017196

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 Preparer's phone no. (678) 965-9522

NACTP software number 1555

Taxpayer's name LAXMAN YASHWANT BYREDDI	Taxpayer's SSN 657-35-8492	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 03/01/22 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	72-0702002	38-2383119	
2. Employer's name (Form W-2, box c) or source's name	LSUHSC SHREVEPORT PAYROLL OFFICE	MCLAREN FLINT	
3. SSN from Form W-2, box a	657-35-8492	657-35-8492	
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 07/01/2021 To 12/31/2021	From 01/01/2021 To 06/30/2021	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)	1501 KINGS HIGHWAY SHREVEPORT LA 71130	401 S BALLENGER HWY FLINT MI 48532	
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	88809	30387	
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)	88809		
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)	88809		
21. Total taxable wages (Line 8 plus line 9 less line 20)	0	30387	
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)		119196	
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)			88809
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)			30387

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

Taxpayer's name LAXMAN YASHWANT BYREDDI	Taxpayer's SSN 657-35-8492	2021 FLINT	
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EXCLUSIONS AND ADJUSTMENTS TO INCOME FROM RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC. - CF-1040, PAGE 1, LINE 11, COLUMN B **Attachment 10**
Revised 06/15/2017

Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to income from rental real estate, royalties, partnerships, S corporations, estates, trusts, REMIC's and farm rentals.	RESIDENT COLUMN	NONRESIDENT COLUMN
1. Rental income (loss) from real estate located outside the City See Expl	NOT EXCLUDIBLE ON RESIDENT RETURN	-10,535 .00
2. Royalties (A resident may exclude only royalty income upon which Michigan severance tax was paid; a nonresident may exclude royalty income upon which Michigan severance tax was paid and royalty income from sources outside the city)	.00	.00
3. Partnership income (loss) from partnership business activity outside the City	NOT EXCLUDIBLE ON RESIDENT RETURN	.00
4. Subchapter S corporation income (loss) (See instructions; not excludible on Flint and Grand Rapids resident returns.)	.00	.00
5. Estate or trust income or loss (Enter the total amount from federal Schedule E, line 37)	NOT EXCLUDIBLE ON RESIDENT RETURN	.00
6. Real estate mortgage investment conduits (REMIC's) income or loss and net farm rental income or loss from property located outside the city	NOT EXCLUDIBLE ON RESIDENT RETURN	
7. Total adjustments to income from rental real estate, royalties, partnerships, trusts, etc. (Enter here and on Form CF-1040, page 1, line 11, column B, or for part-year residents enter total of resident and nonresident columns on Schedule TC, line 11, column B)	.00	-10,535 .00

Attach a schedule detailing the complete address of each piece of rental real estate.
 Attach a schedule detailing name and ID number of each partnership and amount of adjustment.
 Attach a schedule detailing name and ID number of each Subchapter S Corporation and amount of adjustment.
 Attach copy of federal Schedule E.

Additional information from your CF1040 (Flint): Common City Individual Return -- CF1040 (Flint): Exclusions and Adjs to RRE, Royalties (Attach. 10)

CF1040 (Flint): Common City Individual Return -- CF1040 (Flint): Exclusions and Adjs to RRE, Royalties (Attach. 10)

NR - Rental Income

Explanation Statement

Adjs to Rental Real Estate, Royalties, Etc. Address of Real Estate Located Outside City
MY HOME ANKURA VILLA 414, TELLAPUR, HYDERABAD TELANGANA, 502330, India