

FORM 40NR Alabama 2021 Individual Income Tax Return NONRESIDENTS ONLY



Your social security number 007-69-3846

Spouse's SSN if joint return
 Check if spouse is deceased
 Spouse's deceased date (mm/dd/yy)

Your first name Initial Last name
 SANDEEP SUDHAKAR SHINDE

Spouse's first name Initial Last name

Present home address (number and street or P.O. Box number)

4105 NORTH BROKDALE PLACE 2B3

City, town or post office

State ZIP code

PEORIA

IL 61614

Check if address is outside U.S. Foreign Country

CHECK BOX IF AMENDED RETURN

Filing Status/ 1 \$1,500 Single 3 \$1,500 Married filing separate. Complete Spouse SSN

Exemptions 2 \$3,000 Married filing joint 4 \$3,000 Head of Family (with qualifying person). Complete Schedule HOF.

5 Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)

	A - Alabama Tax Withheld	B - All Sources	C - Alabama Income
5	36	50,561	3,865

6 Other income (from page 2, Part I, line 9)

6		0	0
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7 Total income. Add amounts in col. B then add amounts in col. C, lines 5 and 6

7		50,561	3,865
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8 Adjustments to income (from page 2, Part II, line 8)

8			
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9 Adjusted total income. Subtract line 8 from line 7

9		50,561	3,865
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10 Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (not over 100%)

10			7.64%
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11 Other Adjustments (from page 2, Part III, line 4 and line 6)

11			
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12 Adjusted Gross Income. Subtract line 11 from line 9

12		50,561	3,865
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13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30.

	Box a or b MUST be checked	
a <input type="checkbox"/> Itemized Deductions	b <input checked="" type="checkbox"/> Standard Deduction	13

14 Federal Income Tax deduction (from page 2, Part IV, line 7)

14		283
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15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)

15		115
----	--	-----

16 Dependent exemption (from page 2, Part V, line 4)

16		
----	--	--

17 Total deductions. Add lines 13, 14, 15, and 16

17			551
----	--	--	-----

18 Taxable income. Subtract line 17 from line 12, column C

18			3,314
----	--	--	-------

19 Tax due. Enter amount from tax table or check if from Form NOL-85A

19		128
----	--	-----

20 Net tax due Alabama. Check box if computing tax using Schedule OC, otherwise enter amount from line 19

20			128
----	--	--	-----

21 Alabama Income Tax withheld (from column A, line 5)

21		36
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22 2021 estimated tax payments/Automatic Extension Payment

22		
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23 Composite tax payments/Electing PTE credit (from Schedule CP, Section B, line 1)

23		
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24 Amended Returns Only - Previous payments (see instructions)

24		
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25 Refundable Credits. Enter the amount from the Schedule OC, Section F, line F4

25		
----	--	--

26 Total payments. Add lines 21 through 25

26			36
----	--	--	----

27 Amended Returns Only - Previous refund (see instructions)

27		
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28 Adjusted total payments. Subtract line 27 from line 26

28			36
----	--	--	----

29 If line 20 is larger than line 28, subtract line 28 from line 20, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

29			92
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30 Estimated tax penalty. Also include on line 29 (see instructions)

30		
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31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter amount OVERPAID

31		
----	--	--

32 Amount of line 31 to be applied to your 2022 estimated tax

32		
----	--	--

33 REFUNDED TO YOU. Subtract line 32 from line 31

33		
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I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here In Black Ink
 Your Signature Date Daytime Telephone Number Your Occupation
 Spouse's Signature (if joint return, BOTH must sign) Date Daytime Telephone Number Spouse's Occupation

Preparer's Signature Date 04/04/2022 Check if Self-employed Preparer's SSN or PTIN E.I. Number
 Firms Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 30041

Address 2530 PEBBLE CREEK LN

MAIL FORM 40NR TO: SEE INSTRUCTIONS



		B – All Sources		C – Alabama Income		
PART I Other Income <i>(See instructions)</i>	1 Interest and dividend income <i>(attach Schedule B if over \$1500.00)</i>	1 ●		1 ●		
	2 Alimony received	2 ●				
	3 Taxable portion of pensions and annuities <i>(see instructions)</i>	3 ●				
	4 Business income or (loss) <i>(attach Federal Schedule C) (see instructions)</i>	4 ●		4 ●		
	5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i>	5 ●		5 ●		
	6 Rents, Royalties, Partnerships, Estates, Trusts, etc. <i>(attach Schedule E)</i>	6 ●	0	6 ●	0	
	7 Farm income or (loss) <i>(attach Federal Schedule F) (see instructions)</i>	7 ●		7 ●		
	8 Other income <i>(state nature and source)</i>	8 ●		8 ●		
	9 Total other income. Add lines 1-8, column B, and lines 1, 4-8, column C. Enter here and also on page 1, line 6	9 ●	0	9 ●	0	
PART II Adjustments to Income <i>(See instructions)</i>	1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction	1 ●		1 ●		
	2 Penalty on early withdrawal of savings	2 ●				
	3 Moving Expenses (Attach Federal Form 3903) Place of new employment:	3 ●		3 ●		
	4 Self-employed health insurance deduction	4 ●		4 ●		
	5 Payments to Alabama College Counts 529 Fund or Alabama PACT program	5 ●		5 ●		
	6 Firefighter's Insurance Premiums	6 ●		6 ●		
	7 Contributions to an Achieving a Better Life Experience (ABLE) savings account	7 ●		7 ●		
	8 Adjustments to income. Add lines 1-7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C	8 ●		8 ●		
PART III Other Adjustments <i>(See instructions)</i>	1 Alimony Paid	1 ●				
	2 Adoption Expenses	2 ●				
	3 Health insurance deduction for small employer employee	3 ●				
	4 Add lines 1 through 3, enter here and on page 1, line 11, column B	4 ●				
	5 Enter percentage from page 1, line 10	5 ●	7.64%			
	6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C	6 ●				
PART IV Federal Income Tax Deduction <i>(See instructions)</i>	If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3.		B – Federal Adjusted Gross Income		C – Alabama Federal Tax Deduction Computation	
	1 Your joint federal adjusted gross income	1 ●				
	2 Your federal adjusted gross income	2 ●				
	3 Divide line 2 by line 1. Enter percentage here				3 ●	%
	4 Enter Federal Income Tax Liability from worksheet <i>(see instructions)</i>				4 ●	3,698
	5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3				5 ●	
	6 Enter percentage from page 1, line 10				6 ●	7.64%
7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6				7 ●	283	
PART V Dependents	1 Total number of dependents from Schedule DS, line 1b	1 ●				
	2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions	2 ●				
	3 Enter percentage from page 1, line 10 of your return	3 ●				%
	4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16	4 ●				
PART VI General Information	1 Name of state of which you were a legal resident in 2021 <u>IL</u>					
	2 Did you file a return with that state for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____					
	3 If married, did your spouse receive a separate income for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here. _____					
	4 Did you file an Alabama return for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____					
All Taxpayers Must Complete This Section <i>(See instructions)</i>	5 Give name and address of your present employer(s). Yours: <u>PREFERRED PRECISION GROUP LLC 1310 COMER AVE PELL CITY AL 351252718</u> Your Spouse's: _____					
	6 Enter the Adjusted Gross Income reported on your 2021 Federal Individual Income Tax Return				6 ●	45,331
Drivers License Info	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	Your state ● <u>XX</u>	DL# ● <u>XXXXXXXX</u>	Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	
	DOB (mm/dd/yyyy) ● _____	Spouse state ● _____	DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____	

SCHEDULES
A, B, D, & E
(FORM 40NR)



(Schedules B, D, and E are on back)
ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40NR	Your social security number
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The itemized deductions you may claim for the year 2021 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule.

<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>						
Medical and Dental Expenses	1 Medical and dental expenses.....	1		00		
	2 Enter amount from Form 40NR, line 12, col. B	2		00		
	3 Multiply the amount on line 2 by 4% (.04). Enter the result.	3		00		
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....				4 ● 00	
Taxes You Paid	5 Real estate taxes.	5		00		
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6		00		
	7 Railroad Retirement. (Tier 1 only)	7		00		
	8 Other taxes. (List – include personal property taxes.) _____	8		00		
	9 Add the amounts on lines 5 through 8. Enter the total here.				9 ● 00	
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098.	10a		00		
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ► _____					
		10b		00		
	11 Qualified mortgage insurance premiums.	11		00		
	12 Points not reported to you on Form 1098.	12		00		
<i>NOTE: Personal interest is not deductible.</i>	13 Investment interest. (Attach Form 4952A).	13		00		
	14 Add the amounts on lines 10a through 13. Enter the total here.				14 ● 00	
Gifts to Charity	<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>					
	15 Contributions by cash or check.	15		00		
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00		
	17 Carryover from prior year.	17		00		
	18 Add the amounts on lines 15 through 17. Enter the total here.				18 ● 00	
Qualified Long-Term Care	<i>CAUTION: Do not include medical insurance premiums.</i>					
	19 Enter Amount				19 ● 00	
Miscellaneous Deductions	20 List type and amount. (See instructions.) ► _____					
					20 ● 00	
Proration of Above Amounts	21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.)	21		00		
	22 Enter percentage (%) from Form 40NR, page 1, line 10.	22		%		
	23 Multiply line 21 by the percentage on line 22.	23			00	
Alabama Casualty and Theft Losses	24a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16, attach copy.	24a		00		
	b Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) if box B checked, otherwise enter zero	24b		00		
	c Subtract line 24b from line 24a. If zero or less, enter -0-				24c ● 00	
Alabama Job Related Expenses	25 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ► _____	25		00		
	26 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ► _____	26		00		
	<i>You may <u>ONLY</u> deduct expenses associated with your Alabama income.</i>	27 Add the amounts on lines 25 and 26. Enter the total here.	27		00	
	28 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here.	28		00		
	29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0-				29 ● 00	
Total Itemized Deductions	30 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then enter on Form 40NR, page 1, line 13 and check 13a, Itemized Deductions.	30			● 00	



Name(s) as shown on Form 40NR (Do not enter name and social security number if shown on other side)
SANDEEP SUDHAKAR SHINDE
 Your social security number
007-69-3846

SCHEDULE B – Interest and Dividend Income

1	Total Income from Interest and Dividends before any exclusions	1		00	B Adjusted Gross Income from All Sources	C Adjusted Gross Income Earned in Alabama
2	List all interest received from obligations of the Federal Government, State of Alabama, and political subdivisions of Alabama.					
a		2a		00		
b		2b		00		
c		2c		00		
d		2d		00		
3	Total. Add amounts on lines 2a, b, c, and d.	3		00		
4	TOTAL TAXABLE INCOME FROM INTEREST AND DIVIDENDS. Subtract line 3 from line 1. Enter here and also on Form 40NR, page 2, Part I, line 1, column B and C.	4		00		00

SCHEDULE D – Profit From Sale of Real Estate, Stocks, Bonds, etc.

1	Enter total gain or (loss), before any Federal exclusion, from the sale of all assets which is not taxable to the State of Alabama.	1		00	B	C					
2	Itemize all other transactions which are taxable to Alabama in columns a through f below.										
a	Kind of Property & Location	b	Date Acquired	c	Amount Received	d	Depreciation Allowable Since Acquisition	e	Cost or Other Basis	f	Subsequent Improvements
3	Totals										
4	Net profit or (loss) (total of columns c and d less total of columns e and f).	4		00		00					
5	TOTAL GAIN OR (LOSS) FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC. Add the amounts on lines 1 and 4. Enter here and on Form 40NR, page 2, Part I, line 5, columns B and C.	5		00		00					

SCHEDULE E – Income From Rents, Royalties, Partnerships, Estates, Trusts, and S Corporations

PART I – Rent and Royalty Income or (Loss)

1	Enter total income or (loss) from all rents and royalties which is not taxable to Alabama.	1		00	B	C			
2	Itemize below all rent and royalty income which is taxable to Alabama.								
a	Kind of Property & Location	b	Amount of Rent or Royalty	c	Depreciation or Depletion (attach schedule)	d	Repairs (attach itemized list)	e	Other Expenses (attach itemized list)
3	Totals (columns 2b through 2e).								
4	Net profit or (loss) (column b less sum of columns 2c through 2e).	4		0	00	0	00		
5	TOTAL INCOME FROM RENTS AND ROYALTIES. Add the amounts on lines 1 and 4. Enter the totals here and include in line 8 below.	5		0	00	0	00		

PART II – Income or (Loss) from Partnerships, S Corporations, Estates, or Trusts

6	List income received from partnerships, estates, trusts, and S corporations in 2021. Income from these sources not taxable to Alabama should be listed in column B only. This type income earned from Alabama sources should be listed in both columns B and C.					
	Name and Address	Check One Partnership Estate or Trust S Corporation			Employer Identification Number	
6a						00
6b						00
6c						00
7	TOTAL INCOME OR (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts on lines 6a, b, and c. Enter the totals here and include in line 8 below.	7		00		00

PART III – Summary

8	TOTAL INCOME OR (LOSS). Combine the amounts on lines 5 and 7, columns B and C. Enter here and on Form 40NR, page 2, Part I, line 6, columns B and C.	8		0	00	0	00
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Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN: SANDEEP SUDHAKAR SHINDE PRIMARY'S SOCIAL SECURITY NO. 007-69-3846 SPOUSE'S SOCIAL SECURITY NO. _____

A	B	C	D	E	F	G	H	I	J
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States
1	007-69-3846	<input type="checkbox"/>	<input type="checkbox"/>	AL	007935718	36		3,865	
2	007-69-3846	<input type="checkbox"/>	<input type="checkbox"/>	OS			3,865		3,000
3	007-69-3846	<input type="checkbox"/>	<input type="checkbox"/>	OS					15,830
4	007-69-3846	<input type="checkbox"/>	<input type="checkbox"/>	OS			46,696		30,865
5		<input type="checkbox"/>	<input type="checkbox"/>						
6		<input type="checkbox"/>	<input type="checkbox"/>						
7		<input type="checkbox"/>	<input type="checkbox"/>						
8		<input type="checkbox"/>	<input type="checkbox"/>						
9		<input type="checkbox"/>	<input type="checkbox"/>						
10		<input type="checkbox"/>	<input type="checkbox"/>						
11		<input type="checkbox"/>	<input type="checkbox"/>						
12		<input type="checkbox"/>	<input type="checkbox"/>						
13		<input type="checkbox"/>	<input type="checkbox"/>						
14		<input type="checkbox"/>	<input type="checkbox"/>						
15		<input type="checkbox"/>	<input type="checkbox"/>						
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .					36			
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements					0			
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions					36	50,561	3,865	49,695

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

Your first name and initial SANDEEP SUDHAKAR	Last name SHINDE
If a joint return, spouse's first name and initial	Last name
Home address (number and street). If a P.O. Box, see instructions. 4105 NORTH BROKDALE PLACE	
City, town or post office, state, and ZIP code PEORIA IL 61614	
Apt. no. 2B3	

Your social security number 007693846
Spouse's soc. sec. no. if joint return :
Telephone number (optional) (313)942-0088

Part I	
Tax Return Information (Whole dollars only.)	
1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1 3,314
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2 128
3 Total payments (Form 40, line 27 or Form 40NR, line 26)	3 36
4 Refund (Form 40, line 35 or Form 40NR, line 33)	4
5 Amount you owe (Form 40, line 30 or Form 40NR, line 29)	5 92

Part II	
Refund and Payment Information	
1 Routing number:	<input type="text"/>
2 Account number:	<input type="text"/>
3 Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
4 Type of transaction:	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Direct Debit
5	<input type="checkbox"/> Paper Check (Check this box to have your refund issued by a paper check.)

Part III	
Declaration of Taxpayer (Sign only after Part I is completed.)	Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2021 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.
	<input type="checkbox"/> I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶

_____ Your signature	_____ Date	_____ Spouse's signature. If a joint return, BOTH must sign.	_____ Date
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Part IV	
Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)	I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2021), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue , as applicable by law. If I am also the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

ERO's Use Only	
ERO's signature ▶	Date 04/04/2022
	Check if also paid preparer <input type="checkbox"/>
Preparer's PTIN	
Firm's name (or yours if self-employed) and address ▶	E.I. No. 30-1017196
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA	ZIP Code 30041

Paid Preparer's Use Only	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.	
Preparer's signature ▶	Date 04/04/2022
	Check if self-employed <input type="checkbox"/>
Preparer's PTIN P02082703	
Firm's name (or yours if self-employed) and address ▶	E.I. No. 30-1017196
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA	ZIP Code 30041

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Individual Income Tax Payment Voucher

NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and **cannot** be used for any other kind of tax payment.

When is my tax return and payment due?

Your 2021 return and payment for the full amount of tax due must be mailed by the due date of your federal return. If you elected to file your 2021 return under the automatic extension rule, then the full amount of tax due must be mailed by the due date of your federal return. If you owe and your payment is mailed after the due date of your federal return, you will owe penalties and interest for failure to timely pay. If you are filing a return other than the current tax year or an amended return, the full amount of tax due must be submitted with your return.

How do I pay this amount?

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit. Do not send cash through the mail. If you pay by check or money order, make it payable to **Alabama Department of Revenue** and write your social security number on the check.

How do I pay by credit card?

You may choose to use your Discover/Novus, Visa, Master Card, or American Express card by using either of the following companies: You can pay by calling Official Payments Corporation at **1-800-272-9829** or visit www.officialpayments.com. Enter jurisdiction code 1100.

You can also pay by visiting Value Payment Systems at www.paystatetax.com/al.

There is a convenience fee for this service which is paid directly to the company that you choose to use. The amount of the convenience fee is based on the amount of your payment. Do not use Form 40V when paying by credit card.

How do I pay by ACH Debit? (E-check)

You may pay by ACH Debit by going to www.myalabamataxes.alabama.gov. Do not use Form 40V when paying by ACH Debit. You will need to have your bank routing number and checking account number to use this service. No fee is charged for this service.

If mailing a payment without a paper return, please use the PO Box as shown below. If mailing Form 40V with your paper return, please use the mailing address as shown on your return.

Form 40

Alabama Income Tax
P.O. Box 327467
Montgomery, AL 36132-7467

Form 40NR

Alabama Income Tax
P.O. Box 327467
Montgomery, AL 36132-7467

Form 40A

Alabama Income Tax
P.O. Box 327467
Montgomery, AL 36132-7467

Form E40 / E40NR / 40EZ / Automatic Extension

Alabama Department of Revenue
P.O. Box 327467
Montgomery, AL 36132-7467

DO NOT **staple** or attach your payment or **Form 40V** to your return or to each other.

DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

40V 2021

1555-1
VENDOR CODE

Alabama Department of Revenue
Individual Income Tax Payment Voucher

PRIMARY TAXPAYER'S FIRST NAME SANDEEP SUDHAKAR SPOUSE'S FIRST NAME _____ LAST NAME SHINDE
MAILING ADDRESS 4105 NORTH BROKDALE PLACE 2B3

CITY PEORIA STATE IL ZIP 61614 DAYTIME TELEPHONE NUMBER (313) 942-0088

Tax Type: III
Tax Period: 12-31-20 21

Primary Taxpayer's SSN: 007-69-3846

Spouse's SSN:
Tax Form: Return Amended
CHECK ONLY ONE BOX Automatic Extension Payment

Amount Due: \$ 92.00



DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT.

Income Worksheet

2021

Name as Shown on Return SANDEEP SUDHAKAR SHINDE	Social Security Number 007-69-3846
--	---------------------------------------

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
PREFERRED PRECISION GROUP	<input type="checkbox"/>	AL	3,865.	3,865.	36.
PREFERRED PRECISION GROUP	<input type="checkbox"/>	MI	3,000.	0.	
CNH INDUSTRIAL AMERICA LL	<input type="checkbox"/>	IA	15,830.	0.	
CNH INDUSTRIAL AMERICA LL	<input type="checkbox"/>	IL	30,865.	0.	
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			53,560.	3,865.	36.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			

Your first name, middle initial, and last name SANDEEP SUDHAKAR SHINDE Spouse's first name, middle initial, and last name _____
 Your Social Security Number 007-69-3846 Spouse's Social Security Number _____
 Home address, City, State, ZIP 4105 NORTH BROKDALE PLACE, 2B3 PEORIA IL 61614

Part I Tax Return Information	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B _____ .00	1A <u>45,331</u> .00
2. Total Tax (IA 1040, line 42 A & B).....	2B _____ .00	2A <u>1,636</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>729</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>172</u> .00
5. Total Amount Due (IA 1040, line 73).....		5. _____ .00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
 7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at 515-281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: CHASE BANK

Routing Number

0	7	2	0	0	0	3	2	6
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

5	9	1	6	1	8	2	8	2											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature _____ Date _____ Spouse Signature If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>04/04/2022</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

2021 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning / / and ending / /

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: SHINDE Your first name/middle initial: SANDEEP SUDHAKAR

Spouse's last name: Spouse's first name/middle initial:



Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 4105 NORTH BROKDALE PLACE, 2B3

City, State, ZIP: PEORIA IL 61614

Spouse SSN: Your SSN: 007-69-3846

Step 2 Filing Status: Mark one box only

Form with checkboxes for filing status: Single, Married filing a joint return, Married filing separately, etc.

Step 3 Exemptions

Table for exemptions with columns for Personal Credit, Blind, Dependents, and Total.

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

Form for Social Security benefits with columns for Spouse/Status 3 and A. You or Joint.

Main income table with columns for Gross Income, B. Spouse/Status 3, A. You or Joint, and Total.

NOTE: Use only blue or black ink, no pencils or red ink.

Table for Adjustments to Income with columns for adjustments and Total.

Table for Federal Taxes and Qualified Deductions with columns for taxes, deductions, and Balance.



2021 IA 1040, page 2

Table with columns for line numbers, descriptions, and amounts. Includes sections for Step 8 Taxable Income, Step 9 Tax, Credits, and Contributions, Step 10 Credits, and Step 11 Refund. Total amount due is 172.00.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE
Your signature Date Check if deceased Date of death
Spouse's signature Date Check if deceased Date of death
SYAM PRIYA RAM SAGAR GUPTA TALLAM 4/04/2022
Preparer's signature Date
P02082703 30-1017196
Preparer's PTIN Firm's FEIN
(313)942-0088 (678)965-9522
Daytime telephone number Daytime telephone number

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Iowa Department of Revenue



Name(s): SANDEEP SUDHAKAR SHINDE Social Security Number: 007-69-3846

Mark the appropriate box for you and your spouse

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2021	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
A part-year resident of Iowa during 2021	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
Date moved into Iowa: _____		
Date moved out of Iowa: _____		
A full-year resident of Iowa during 2021	<input type="checkbox"/>	<input type="checkbox"/>

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	15,830.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (losses).....	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	0.00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ 15,830.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24.....	25. _____ .00	▲ _____ .00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	15,830.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	45,331.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. _____ %	34.9 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	65.1 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	1,636.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	1,596.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	1,039.00





Illinois Department of Revenue
2021 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

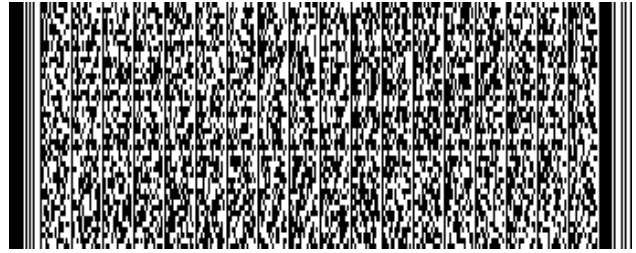
Step 1: Personal Information

1997

007-69-3846

SANDEEP SUDHAKAR SHINDE

4105 NORTH BROKDALE PLACE 2B3
 PEORIA IL 61614 PEORIA



SAMSHINDE79.SS@GMAIL.COM

- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2021: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

	(Whole dollars only)
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 45,331.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 45,331.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 45,331.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 2,375.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 0.00
Exemption allowance. Add Lines 10a through 10d.	10 2,375.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 29,248.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 1,448.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 1,448.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 1,448.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 1,448.00

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



NO HANDWRITTEN ENTRIES ON THIS FORM

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 1,448.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,528.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 1,528.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 80.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund

- 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 80.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 80.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 0 7 2 0 0 0 3 2 6 X Checking or Savings
Account number 5 9 1 6 1 8 2 8 2

- b paper check.

- 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00

Step 12: Amount You Owe

- 40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

Refer to the 2021 IL-1040 Instructions for the address to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



Illinois Department of Revenue
2021 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

SANDEEP SUDHAKAR SHINDE

Your name as shown on your Form IL-1040

0 0 7 - 6 9 - 3 8 4 6

Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2021.
a I lived in **Illinois** from 09 / 05 / 21 to 12 / 31 / 21 I lived in Michigan from 01 / 01 / 21 to 09 / 04 / 21
 Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from ___ / ___ / 21 to ___ / ___ / 21, and _____ from ___ / ___ / 21 to ___ / ___ / 21
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2021. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	<u>5</u> 50,561.00	<u>30,865.00</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> .00	<u>.00</u>
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> .00	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> .00	<u>.00</u>
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> .00	<u>.00</u>
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> -5,230.00	<u>0.00</u>
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> .00	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	<u>30,865.00</u>

Continue with Step 3 on Page 2 →



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	30,865.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	0.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00
	33 RESERVED	33	
	34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	45,331.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	30,865.00
	47 Enter the base income from Form IL-1040, Line 9.	47	45,331.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.681
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,375.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	1,617.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	29,248.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. →	52	1,448.00



Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SANDEEP SUDHAKAR SHINDE

Your name as shown on Form IL-1040

0 0 7 - 6 9 - 3 8 4 6
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	76-0433811 000 6	\$ 46,696.00	\$ 30,865.00	\$ 1,528.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,528.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

SANDEEP SUDHAKAR SHINDE 007-69-3846
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
4105 NORTH BROKDALE PLACE 2B3 Mailing address
PEORIA IL 61614 (313) 942-0088
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 29,248 | 00
2 Tax from Form IL-1040, Line 14 2 1,448 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 1,528 | 00
4 Overpayment from Form IL-1040, Line 36 4 80 | 00
5 Total amount due from Form IL-1040, Line 40 5 | 00
6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 072000326
8 Account no. (AN): 591618282
9 Type of account: X Checking Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2021 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 04/04/2022 Check if paid preparer: X (See instructions.)
GLOBAL TAXES LLC Date
2530 Pebble Creek Ln Your PTIN
Cumming GA 30041 (678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



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 SANDEEP SUDHAKAR	M.I.	Last Name SHINDE	2. Filer's Full Social Security No. (Example: 123-45-6789) 007 — 69 — 3846	
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) 4105 NORTH BROKDALE PLACE, APT. 2B3			4. School District Code (5 digits – see page 60) 10000	
City or Town PEORIA		State IL	ZIP Code 61614	
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* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>			8. 2021 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>	

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.	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	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.	45331	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.		00
12. Total. Add lines 10 and 11.....	12.	45331	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.	42331	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	3000	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	324	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	2676	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	114	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.	114	00

Filer's Full Social Security Number

007 — 69 — 3846

21. Enter amount of Income Tax from line 20.....	21.	114	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.	114	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.	128	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.	128	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"/> and penalty <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	591618282	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	— —
-------	-----	--------	-----

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 SANDEEP SUDHAKAR	M.I.	Last Name SHINDE	Filer's Full Social Security No. (Example: 123-45-6789) 007 — 69 — 3846
--	------	---------------------	--

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.	42331	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 03/29/22 PRO

2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name SANDEEP SUDHAKAR	M.I.	Last Name SHINDE	Filer's Full Social Security No. (Example: 123-45-6789) 007 — 69 — 3846
---	------	----------------------------	---

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.	42331	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.	42331	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 SANDEEP SUDHAKAR	M.I.	Last Name SHINDE	2. Filer's Full Social Security No. (Example: 123-45-6789) 007 — 69 — 3846
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:	01 — 01 — 2021	— — 2021
TO:	09 — 04 — 2021	— — 2021

Income Allocation

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.)	50561	00	3000	00	47561	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)	-5230	00	0	00	-5230	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	45331	00	3000	00	42331	00
13. Enter the total adjustments from U.S. 1040 Describe:	0	00	0	00	0	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.	45331	00	3000	00	42331	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.	3000	00
17. Enter total income from line 14, column A	17.	45331	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)	18.	6.62	%
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.	324	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 SANDEEP SUDHAKAR	M.I.	Last Name SHINDE	2. Filer's Full Social Security No. (Example: 123-45-6789) 007 — 69 — 3846
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		45-3685534	PREFERRED PRECIS	3865	00	128	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.	128 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.	128 00