

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 VIJAYASIMHA | M.I. | Last Name BONAGIRY | 2. Filer's Full Social Security No. (Example: 123-45-6789) 270 — 23 — 8891 | |
| 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) 1751 REGENCY STREET, APT. 201 | | | 4. School District Code (5 digits – see page 60) 82160 | |
| City or Town CANTON | | State MI | ZIP Code 48188 | |
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse | | | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | |
| 7. 2021 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | 8. 2021 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR. | |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

| | | | | | | | |
|--|-----|---|---|---------|-----|------|----|
| a. Number of exemptions (see instructions)..... | 9a. | <div style="border: 1px solid black; padding: 2px;">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. | 35384 | | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | | 00 |
| 12. Total. Add lines 10 and 11 | 12. | 35384 | | 00 |
| 13. Subtractions from Schedule 1, line 29. Include Schedule 1 | 13. | | | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | 14. | 35384 | | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | 4900 | | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | 16. | 30484 | | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425) | 17. | 1296 | | 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 |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... | 19a. | | | 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. | | | 1296 00 |

Filer's Full Social Security Number

270 — 23 — 8891

| | | | |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 1296 | 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. | 1296 | 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. | 1563 | 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. | 1563 | 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. | | |
| Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| YOU OWE | | | |
| 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33 | 35. | 267 | 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. | 267 | 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 | |
| | 111000025 | 488082339489 | 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) | | Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. | |
| Filer | — — | Spouse | — — |
| Preparer's PTIN, FEIN or SSN | | P02082703 | |
| Preparer's Name (print or type) | | SYAM PRIYA RAM SAGAR GUPTA TA | |
| Filer's Signature | Date | Preparer's Signature | |
| Spouse's Signature | | SYAM PRIYA RAM SAGAR GUPTA TA | |
| Preparer's Business Name, Address and Telephone Number | | GLOBAL TAXES LLC | |
| Preparer's Signature | | 2530 PEBBLE CREEK LN | |
| Preparer's Business Name, Address and Telephone Number | | CUMMING GA 30041 | |
| Preparer's Signature | | 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 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 VIJAYASIMHA | M.I. | Last Name BONAGIRY | 2. Filer's Full Social Security No. (Example: 123-45-6789) 270 — 23 — 8891 |
| 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 | | 27-0836130 | LORHAN CORPORATI | 1624 | 00 | 69 | 00 |
| X | | 98-0429806 | TATA CONSULTANCY | 36260 | 00 | 1494 | 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. | 1563 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. | 1563 00 |