

2021 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

Jan. 1 - Dec. 31, 2021 or fiscal year ending _____, 20__ ●

CHECK BOX IF AMENDED RETURN

Software ID

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● ANIL	MI ●	Last name ● BOMMA	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● 720-43-3856
	Spouse's legal first name ●	MI ●	Last name ●	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ●
	Mailing address (number and street, P.O. box or rural route) ● 1260 COVENTRY LN				<input type="checkbox"/> Check if address is outside U.S.
	City ● CENTERTON	State or province ● AR	ZIP ● 72719	Foreign country name	

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN ● **NONRESIDENT:** List state of residence: MICHIGAN ● **PART YEAR RESIDENT:** Dates lived in AR: From: _____ To: _____

FILING STATUS Check Only One Box

1. ● Single (Or widowed before 2021 or divorced at end of 2021)
 2. ● Married filing joint (even if only one had income)
 3. ● Head of household (see instructions)
 If the qualifying person was your child, but not your dependent, enter child's name here: _____
 4. ● Married filing separately on the same return
 5. ● Married filing separately on different returns
 Enter spouse's name here and SSN above _____
 6. ● Surviving spouse with dependent child
 Year spouse died: (see instructions) _____

● Check here if you want a tax booklet mailed to you next year. ● Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS

7A. Yourself ● 65 or over ● 65 Special ● Blind ● Deaf ● Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)
 Spouse ● 65 or over ● 65 Special ● Blind ● Deaf

Multiply number of boxes checked 7A X \$29 =

Dependents (Do not list yourself or spouse)

1.	2.	3.
First name	Last name	Dependent's social security number

7B. Multiply number of **DEPENDENTS** from above 7B ● X \$29 =

7C. Multiply number of qualifying individuals from **AR1000RC5** (see instructions) 7C ● X \$500 =

7D. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D

ID

DL# / State ID 945009688 Your state AR Issue date (mm/dd/yyyy) 03/15/2022 Expiration date (mm/dd/yyyy) 01/17/2024
 DL# / State ID _____ Spouse state _____ (mm/dd/yyyy) _____ (mm/dd/yyyy) _____

DIRECT DEPOSIT

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ●

Routing Number 1 ● **Account Number 1** ● Checking or ● Savings ● **Direct deposit 1 Amt**

Routing Number 2 ● **Account Number 2** ● Checking or ● Savings ● **Direct deposit 2 Amt**

PLEASE SIGN HERE

PLEASE SIGN HERE: 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.

● We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

Primary's signature	Date	Telephone (816) 337-7247	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN/ID number ● 301017196	For Department Use Only	
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	Telephone (678) 965-9522	●
	E-mail SYAM@GTAXFILE.COM			



Primary SSN 720-43-3856

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
ROUND ALL AMOUNTS TO WHOLE DOLLARS					
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	104,888.00	00	43,853.00	
	9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>				
	10. Interest income: (If over \$1,500, Attach AR4)	00	00	00	
	11. Dividend income: (If over \$1,500, Attach AR4)	00	00	00	
	12. Alimony and separate maintenance received:	00	00	00	
	13. Business or professional income: (Attach federal Schedule C)	00	00	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instr. Attach federal Schedule D)	176.00	00	0.00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	00	00	00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs)	00	00	00	
	17. Military retirement: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amt <input type="text" value="00"/> Less \$6,000	00		00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amt <input type="text" value="00"/> Less \$6,000	00	00	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	-10,042.00	00	0.00	
	20. Farm income: (Attach federal Schedule F)	00	00	00	
	21. Unemployment: Primary/Joint <input type="text" value="00"/> Spouse <input type="text" value="00"/>				
	22. Other income/depreciation differences: (Attach Form AR-OI)	00	00	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	95,022.00	00	43,853.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	00	00	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	95,022.00	00	43,853.00	
	TAX COMPUTATION	26. Select tax table: (Select only one)			
		27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (Attach AR3)	2,200.00	00	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	92,822.00	00	00
		29. TAX: (Enter tax from tax table)	5,226.00	00	00
		30. Combined tax: (Add amounts from line 29, columns A and B)			5,226.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)			00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)				00	
33. TOTAL TAX: (Add lines 30 through 32)			5,226.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)			29.00	
	35. Child care credit: (Attach AR2441)			00	
	36. Other credits: (Attach AR1000TC)			00	
	37. TOTAL CREDITS: (Add lines 34 through 36)			29.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)			5,197.00		
PRORATION	38A. Enter the amount from line 25, Column C:			43,853.00	
	38B. Enter the total amount from line 25, Columns A and B:			95,022.00	
	38C. Divide line 38A by 38B: (See instructions)	38C	.461504		
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)			2,398.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)			2,488.00	
	40. Estimated tax paid or credit brought forward from 2020:			00	
	41. Payment made with extension: (See instructions)			00	
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)			00	
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441)			00	
	44. TOTAL PAYMENTS: (Add lines 39 through 43)			2,488.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)			00	
46. Adjusted total payments: (Subtract line 45 from line 44)			2,488.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference)			90.00	
	48. Amount to be applied to 2022 estimated tax:	48	<input type="text" value="00"/>		
	49. Amount of Check-Off contributions: (Attach Schedule AR1000-CO)	49	<input type="text" value="00"/>		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	REFUND	50	90.00	
	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A)	TAX DUE	51	00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text"/> Penalty 52B <input type="text" value="00"/>				
52C. Add lines 51 and 52B: (See instructions)	TOTAL DUE	52C	00		



**ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS**

Primary's legal name ANIL BOMMA	Primary's social security number 720-43-3856
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In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state t

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, **if any**, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns **(A) and (B) only**.

Nonresident or Part Year Resident Filers - Complete columns **(A), (B), and (C)**.

	Federal Schedule D	(A) Primary	(B) Spouse	(C) Arkansas Only
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1	00	00	00	00
2. Enter adjustment, if any , for depreciation differences in federal and state amounts.....2		00	00	00
3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3	●	00 ●	00 ●	00
4. Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4	00	00	00	00
5. Enter adjustment, if any , for depreciation differences in federal and state amounts.....5		00	00	00
6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6	●	00 ●	00 ●	00
7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)7a	●	00 ●	00 ●	00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b		00	00	00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8		00	00	00
9. Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D.....9	176.00	176.00	00	0.00
10. Enter adjustment, if any , for depreciation differences in federal and state amounts.....10		00	00	00
11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11	●	176.00 ●	00 ●	00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. (Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.) Enter here. Filing status 1,2,3,5 and 6: Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		176.00	00	0.00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: ANIL, Last Name: BOMMA, Primary's Social Security Number: 720-43-3856, Spouse's Legal First Name and Middle Initial, Last Name, Spouse's Social Security Number, Mailing Address: 1260 COVENTRY LN, Telephone: (816) 337-7247, City: CENTERTON, State or Province: AR, ZIP: 72719, Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 95,022.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 90.00; Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6b. [] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature 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 the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only Signature: GLOBAL TAXES LLC, Date: 04/13/2022, Check if paid preparer: [], Check if self-employed: [], Your SSN or PTIN: 30-1017196, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 04/13/2022, Check if self-employed: [], Preparer's SSN or PTIN: P02082703, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196

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 ANIL	M.I.	Last Name BOMMA	2. Filer's Full Social Security No. (Example: 123-45-6789) 720 — 43 — 3856	
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) 1260 COVENTRY LN			4. School District Code (5 digits – see page 60) 05035	
City or Town CENTERTON		State AR	ZIP Code 72719	

<p>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.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p>7. 2021 FILING STATUS. Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p>	<p>8. 2021 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p>

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).....	a.	1	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).....	1	95022	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11		00
12. Total. Add lines 10 and 11	12.	95022	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"		95022	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"		90122	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.	3830	00

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	2398	00	18b.	1727	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.	2103	00

Filer's Full Social Security Number

720 — 43 — 3856

21. Enter amount of Income Tax from line 20.....	21.	2103	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.	2103	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.	27b.		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).....			00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	2530	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	3	2530	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"/> <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"/>			
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.	427	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.	427	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	
	101000187	145574697499	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	Date	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 ANIL	M.I.	Last Name BOMMA	2. Filer's Full Social Security No. (Example: 123-45-6789) 720 — 43 — 3856
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		36-4386212	EGEN SOLUTIONS I	30450	00	1294	00	
X		71-0794409	WAL-MART ASSOCIA	74438	00	1236	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.	2530 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).....								
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.	2530

Name as Shown on Return <u>ANIL BOMMA</u>	Social Security Number <u>720-43-3856</u>
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- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ AR
Jurisdiction name Arkansas

1	Income earned in another state or locality subject to Michigan tax	1	<u>42,838.</u>
2	Enter the amount from Form MI-1040, line 14.	2	<u>95,022.</u>
3	Divide line 1 by line 2	3	<u>0.4508</u>
4	Enter the amount from Form MI-1040, line 17.	4	<u>3,830.</u>
5	Multiply line 4 by line 3	5	<u>1,727.</u>
6	Enter the amount of tax imposed by another state or locality	6	<u>2,398.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>1,727.</u>