

2018 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2019.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name SURESH	M.I.	Last Name PASHAM	2. Filer's Full Social Security No. (Example: 123-45-6789) 722 — 80 — 2188
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) 901 GARDEN TERRACE			4. School District Code (5 digits – see page 60) 63060
City or Town NORTH ARLINGTON	State NJ	ZIP Code 07031	

<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. 2018 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* <input style="width:150px; height:20px;" type="text"/></p>	<p>8. 2018 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 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions (see instructions).....	9a.	<input style="width:30px; text-align: center;" type="text" value="1"/>	x	\$4,050	9a.	4050	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.	<input style="width:30px;" type="text"/>	x	\$2,700	9b.		00
c. Number of qualified disabled veterans.....	9c.	<input style="width:30px;" type="text"/>	x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above.....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15.....	9e.				9e.	4050	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					103430	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	12.					103430	00
13. Subtractions from Schedule 1, line 27. 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.					103430	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.					4050	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					99380	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					4224	00

NON-REFUNDABLE CREDITS

		AMOUNT			CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	1156			1092
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	00			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.				3132

Filer's Full Social Security Number

722 — 80 — 2188

21. Enter amount of Income Tax from line 20.....	21.	3132	00
22. Voluntary Contributions from Form 4642, line 10. 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.	3132	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.	FEDERAL	00
	27b.	MICHIGAN	00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.	3139	00
30. Estimated tax, extension payments and 2017 credit forward.....	30.		00
31. 2018 AMENDED RETURNS ONLY. Taxpayers completing an original 2018 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	3139	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. 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"/>	33.		00
YOU OWE			
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	7	00
35. Credit Forward. Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return ...	35.		00
REFUND			
36. Subtract line 35 from line 34.....	36.	7	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	
211391825	19821180	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2017, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2018 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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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
Spouse's Signature	Date

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

2018 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2018, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name SURESH	M.I.	Last Name PASHAM	2. Filer's Full Social Security No. (Example: 123-45-6789) 722 — 80 — 2188
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		20-0388168	MEJENTA SYSTEMS	102426	00	3139	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.	3139 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS 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 29.....						6.	3139 00

Name as Shown on Return <u>SURESH PASHAM</u>	Social Security Number <u>722-80-2188</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 ▶ NJ
Jurisdiction name New Jersey

1	Income earned in another state or locality subject to Michigan tax	1	<u>26,739.</u>
2	Enter the amount from Form MI-1040, line 14.	2	<u>103,430.</u>
3	Divide line 1 by line 2	3	<u>0.2585</u>
4	Enter the amount from Form MI-1040, line 17.	4	<u>4,224.</u>
5	Multiply line 4 by line 3	5	<u>1,092.</u>
6	Enter the amount of tax imposed by another state or locality	6	<u>1,156.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>1,092.</u>