

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2021 PA-40 V PA PAYMENT VOUCHER

1555
REV 03/22/22 PRO

796-36-9673 NA

2100913793

PAYMENT AMOUNT

NANDA
AKSHIT

814-862-8267

\$ 23.00

APT 218
1001 ROSS AVE
DALLAS
TX
75202

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

PA-40 - 2021
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

796369673

NANDA

AKSHIT

Occupation SOFTWARE E

Occupation

APT 218

1001 ROSS AVE

DALLAS

TX 75202

814-862-8267

99999

N Extension. N Amended Return.

P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 010121 to 063021
S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (24176), 1b (0), 1c (24176), 2 (0), 3 (0), 4 (0), 5 (728), 6 (0), 7 (0), 8 (0), 9 (24904), 10 (0), 11 (24904)



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2021

Social Security Number

796369673

Name(s) AKSHIT NANDA

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.

- 14 Credit from your 2020 PA Income Tax return.
- 15 2021 Estimated Installment Payments. REV-459B included. N
- 16 2021 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2022 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		765
13		742
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		742
25		0
26		23
27		0
28		23
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature		Spouse's Signature, if filing jointly	
Preparer's Name and Telephone Number		Date	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522		041822	

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



PA SCHEDULE D
Sale, Exchange or Disposition of Property

2101310023

PA-40 D (EX) 06-21 (I)
PA Department of Revenue

2021

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule
AKSHIT NANDA

Social Security Number (shown first)
796-36-9673

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1. ROBINHOOD SECURITIES	01/01/21	12/31/21	1,983.	1,862.	LOSS 121.
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	880.	273.	LOSS 607.
					LOSS
					LOSS
					LOSS
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					LOSS
					LOSS
2. Net gain (loss) from above sales.					LOSS 728.
3. Gain from installment sales from PA Schedule D-1.					
4. Taxable distributions from C corporations. Enter total distribution					
. Minus adjusted basis					
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.					LOSS
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1					LOSS

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19**. Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1					7.
8. Taxable distributions from partnerships from REV-999.					8.
9. Taxable distributions from PA S corporations from REV-998.					9.
10. Taxable gain from exchange of insurance contracts.					10.
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval).					LOSS 728.

Name
AKSHIT NANDA

Social Security Number
796-36-9673

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		THE PENNSYLVANIA UNIVERSITY 24-6000376	10,431.	10,431. 320.	PA
2		T		TRINET HR III, INC 48-1304650	26,722. 26,722.	13,745. 422.	PA
2	X	T		TRINET HR III, INC 48-1304650		12,976. 0.	MI

	Taxpayer	Spouse
Pennsylvania W-2	24,176.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6	12,976.	
Withholding	742.	

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	24-6000376	14 STCOL	10,431.	235.	PA
2		T	48-1304650	140407	13,745.	309.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	24,176.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	544.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation.
Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan.
Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above
Describe: _____ |

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	24,176.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	742.	_____

Total gross compensation to Form PA-40 line 1a	24,176.
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

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 AKSHIT	M.I.	Last Name NANDA	2. Filer's Full Social Security No. (Example: 123-45-6789) 796 — 36 — 9673
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) 1001 ROSS AVE, APT. 218			4. School District Code (5 digits – see page 60) 10000
City or Town DALLAS		State TX	ZIP Code 75202
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.	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).....	10.	35385	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.		00
12. Total. Add lines 10 and 11.....	12.	35385	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.	22409	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	12976	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	1797	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	11179	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	475	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.	475 00

Filer's Full Social Security Number

796 — 36 — 9673

21. Enter amount of Income Tax from line 20.....	21.	475	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.	14	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	489	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.	552	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.	552	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 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"/>	YOU OWE		
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.	63	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.....	REFUND		63

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	
043000096	1089912165	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
Spouse's Signature	Date

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Signature
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 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 AKSHIT	M.I.	Last Name NANDA	Filer's Full Social Security No. (Example: 123-45-6789) 796 — 36 — 9673
------------------------------	------	--------------------	--

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.	22409	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 04/02/22 PRO

2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name AKSHIT	M.I.	Last Name NANDA	Filer's Full Social Security No. (Example: 123-45-6789) 796 — 36 — 9673
------------------------------	------	--------------------	--

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
	1991	30	<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.	22409	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.	22409	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 AKSHIT	M.I.	Last Name NANDA	2. Filer's Full Social Security No. (Example: 123-45-6789) 796 — 36 — 9673
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:	07 — 01 — 2021	— — 2021
TO:	12 — 31 — 2021	— — 2021

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	37153 00	12976 00	24177 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.....	732 00	0 00	732 00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	00	00	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.....	37885 00	12976 00	24909 00
13. Enter the total adjustments from U.S. 1040 Describe: <u>STUDENT LOAN INTE</u>	2500 00	0 00	2500 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.	35385 00	12976 00	22409 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.	12976 00
17. Enter total income from line 14, column A.....	17.	35385 00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	36.67 %
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.	1797 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 AKSHIT	M.I.	Last Name NANDA	2. Filer's Full Social Security No. (Example: 123-45-6789) 796 — 36 — 9673
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		48-1304650	TRINET HR III, I	26722	00	552	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.	552 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.	552 00