

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning _____, 2021 ending _____, 20__.

Check here if this is an amended return [] Complete form using BLACK INK

NOTE

DO NOT STAPLE

Your legal last name: YAKALA, Legal first name: SURYA ANIRUDH, M.I., Your social security number: 673528287

Home address: 6902 10TH STREET NORTH, Apt. no. 302, City: OAKDALE, State: MN, Zip code: 55128

Tax district, City, village, or town, County of, School district number

Filing status: [X] Single, [] Married filing joint return, [] Married filing separate return

Resident status: [] Full-year resident of Wisconsin, [X] Nonresident of Wisconsin; state of residence MN



Note: Complete residence questionnaire, page 61.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with 4 columns: Income, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing wages, interest, dividends, etc.

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 26)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26)	.00	.00
19	Health savings account deduction (see page 26)	.00	.00
20	Moving expenses for members of the Armed Forces (see page 26)	.00	.00
21	Deductible part of self-employment tax (see page 27)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 27)	.00	.00
23	Self-employed health insurance deduction (see page 28)	.00	.00
24	Penalty on early withdrawal of savings (see page 29)	.00	0.00
25	Alimony paid (see page 29)	.00	.00
26	IRA deduction (see page 29)	.00	.00
27	Student loan interest deduction (see page 30)	.00	.00
28	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount	.00	.00
29	Total adjustments to income. Add lines 17 through 28	.00	0.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		16520.00
31	Federal income. Subtract line 29, column A from line 16, column A	19018.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31)		.8687

Tax Computation			
33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	19018.00
34a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 31	34a	<input type="checkbox"/>
34b	Aliens (see page 31 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 50	34c	10828.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	8190.00
36	Exemptions (Caution: see page 32)		
a	Fill in exemptions allowed <u>1</u> x \$700	36a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	36b	.00
c	Add lines 36a and 36b	36c	700.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	7490.00
38	Tax (see table on page 52)	38	264.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	.00
40	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2021—heat included <u>.00</u> } Find credit from table page 35	40a	.00
	Rent paid in 2021—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2021 <u>.00</u> } Find credit from table page 36	40b	.00
41	Add credits on lines 39, 40a, and 40b	41	.00
42	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero)	42	264.00
43	Fill in ratio from line 32	43	.8687
44	Multiply line 42 by ratio on line 43	44	229.00



Name(s) shown on Form 1NPR SURYA ANIRUDH YAKALA		Your social security number 673528287
45	Fill in amount from line 44	45 <u>229.00</u>
46	Working families tax credit. (Full-year Wisconsin residents only)	46 <u>.00</u>
47	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	47 <u>.00</u>
48	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	48 <u>.00</u>
49	Net income tax paid to another state. Enclose Schedule OS	49 <u>.00</u>
50	Add lines 46 through 49	50 <u>.00</u>
51	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	51 <u>229.00</u>
52	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	52 <u>.00</u>
53	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	53i <u>.00</u>
54	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) \blacktriangleright <u>.00</u> x .33 =	54 <u>.00</u>
55	Other penalties (see page 41)	55 <u>.00</u>
56	Add lines 51 through 55	56 <u>229.00</u>

Payments and Credits

57	Wisconsin income tax withheld. Enclose readable withholding statements	57 <u>957.00</u>	
58	2021 Wisconsin estimated tax paid and amount applied from 2020 return	58 <u>.00</u>	
59	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children \blacktriangleright _____ Federal credit \blacktriangleright _____ \times _____ % =	59 <u>.00</u>	NOTE: You must use your 2021 earned income (see page 42).
60	Farmland preservation credit. a. Schedule FC, line 17 b. Schedule FC-A, line 13	60a <u>.00</u> 60b <u>.00</u>	
61	Repayment credit	61 <u>.00</u>	
62	Homestead credit. (Full-year Wisconsin residents only)	62 <u>.00</u>	
63	Eligible veterans and surviving spouses property tax credit	63 <u>.00</u>	
64	Refundable credits from Schedule CR, line 40	64 <u>.00</u>	
65	AMENDED RETURN ONLY – amount previously paid (see page 46)	65 <u>.00</u>	
66	Add lines 57 through 65	66 <u>957.00</u>	
67	AMENDED RETURN ONLY – amount previously refunded (see page 47)	67 <u>.00</u>	
68	Subtract line 67 from line 66	68 <u>957.00</u>	

Refund or Amount You Owe

69	If line 68 is more than line 56, subtract line 56 from line 68. This is the AMOUNT OVERPAID	69 <u>728.00</u>
70	Amount of line 69 you want REFUNDED TO YOU	70 <u>728.00</u>
71	Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX	71 <u>0.00</u>



Paper clip a copy of your federal income tax return and schedules to this return.

72a If line 68 is less than line 56, subtract line 68 from line 56 . . . This is the AMOUNT YOU OWE 72a .00
72b Interest (see page 47) 72b .00
73 Underpayment interest. Fill in exception code - see Sch. U -> [] 73 .00
Also include on line 72a (see page 48).

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? [] Yes Complete the following. [X] No
Designee's name [] Phone no. [] Personal identification number (PIN) [][][][][][]

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here Your signature Date Wisconsin Identity Protection PIN (7 characters)
Sign here Spouse's signature (if filing jointly, BOTH must sign) Date Wisconsin Identity Protection PIN (7 characters)

Mail your return to: Wisconsin Department of Revenue
(if tax is due) (if refund or no tax due)
PO Box 268 PO Box 59
Madison WI 53790-0001 Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 39 instructions)

Table with 3 columns: Line number, Description, Amount. Rows include Medical and dental expenses, Interest paid, Gifts to charity, Casualty losses, Add lines 1 through 4, Wisconsin standard deduction, Subtract line 6 from line 5, Rate of credit is .05 (5%), Multiply line 7 by line 8.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 4 columns: Line number, Description, (A) YOURSELF, (B) YOUR SPOUSE. Rows include Wages, salaries, tips, etc., Net profit or (loss) from self-employment, Combine lines 1 and 2, Add amounts on Form 1NPR, Subtract line 4 from line 3, Compare the amount in columns (A) and (B), Rate of credit is .03 (3%), Multiply line 6 by line 7.

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SURYA ANIRUDH
Last name: YAKALA
Your social security number: 673-52-8287
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
6902 10TH STREET NORTH
Apt. no.: 302
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and final taxable income calculation. Total income: 19,018. Taxable income: 6,468.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	648.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	648.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	648.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	648.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,881.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,881.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	1,881.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,233.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,233.
Direct deposit? See instructions.	b Routing number 1 1 1 0 0 0 6 1 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 9 3 3 7 2 9 5 3		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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.

Your signature	Date	Your occupation QUALITY ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (979) 985-7916 Email address ANIRUDHYAKALA@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/05/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196



2021 Form M1, Individual Income Tax

Do not use staples on anything you submit.

SURYA ANIRUDH _____ YAKALA _____ 673528287 _____ 07051996 _____
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)

If a Joint Return, Spouse's First Name and Initial _____ Spouse's Last Name _____ Spouse's Social Security Number _____ Spouse's Date of Birth _____
 6902 10TH STREET NORTH APT #302 _____ Check if Address is: New Foreign
 Current Home Address

OAKDALE _____ MN _____ 55128 _____
 City State ZIP Code

2021 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
 Spouse SSN _____

Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Democratic/Farmer-Labor . . . 12 Grassroots/Legalize Cannabis 14 Legal Marijuana Now 17
 Republican 11 Independence 13 Libertarian 16 General Campaign Fund 99

Your Code _____ Spouse's Code _____

From Your Federal Return (see instructions)

19018	0	0	6468
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1	19018
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2	
3	Add lines 1 and 2.	3	19018
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4	12525
5	Exemptions (determine from instructions)	5	
6	State income tax refund from line 1 of federal Schedule 1	6	
7	Subtractions from line 32 of Schedule M1M and line 22 of Schedule M1MB (see instructions)	7	
8	Total subtractions. Add lines 4 through 7	8	12525
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	6493
10	Tax from the table in the Form M1 instructions	10	345





11 Alternative minimum tax (enclose Schedule M1MT) 11 ■ _____

12 Add lines 10 and 11 12 _____ 345

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 _____ 345

13a ■ _____ 0 13b ■ _____ 0

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)


(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 _____ 345

16 Amount from line 18 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ _____ 229

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 _____ 116

18 Nongame Wildlife Fund contribution (see instructions)

This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 _____ 116

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ _____ 5

21 Minnesota estimated tax and extension payments made for 2021 21 ■ _____

22 Amount from line 11 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) . . . 22 ■ _____

23 Total payments. Add lines 20 through 22 23 _____ 5

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). For direct deposit, complete line 25 24 ■ _____

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):

Checking Savings _____ Routing Number _____ Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____ 111

27 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2022 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature

9799857916
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature

6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY)

ANIRUDHYAKALA@GMAIL.COM
Email Address

04052022
Date (MM/DD/YYYY)

SYAM@GTAXFILE.COM
Preparer's Email Address

P02082703
PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2021 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



2021 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

SURYA ANIRUDH
Your First Name and Initial

YAKALA
Your Last Name

673528287
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (*enclose Schedule M1MA*) **1** ■ _____
- 2 Credit for long-term care insurance premiums paid (*enclose Schedule M1LTI*) **2** ■ _____
- 3 Credit for taxes paid to another state (*enclose Schedule(s) M1CR and M1RCR*) **3** ■ _____ 229
- 4 Credit for Past Military Service (*see instructions*) **4** ■ _____
- 5 Employer Transit Pass Credit (*enclose Schedule ETP*) **5** ■ _____
- 6 SEED Capital Investment Credit (*see instructions; enclose certification*) **6** ■ _____
- 7 Education Savings Account Contribution Credit (*enclose Schedule M1529*) **7** ■ _____
- 8 Credit for Attaining Master’s Degree in Teacher’s Licensure Field (*enclose Schedule M1CMD*) **8** ■ _____
- 9 Student Loan Credit (*enclose Schedule M1SLC*) **9** ■ _____
- 10 Beginning Farmer Management Credit **10** ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
BF 21 - _____
- 11 Film Production Credit **11** ■ _____
Enter the credit certificate number: TAXC - _____
- 12 Tax Credit for Owners of Agricultural Assets **12** ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
AO 21 - _____
AO 21 - _____
AO 21 - _____
- 13 Credit for increasing research activities (*enclose Schedule KPI, KS, or KF*) **13** ■ _____
- 14 Carryforward of prior year Beginning Farmer Management Credits (*see instructions*) **14** ■ _____
BF ____ - _____
BF ____ - _____
- 15 Carryforward of prior year Owners of Agricultural Assets Credits (*see instructions*) **15** ■ _____
AO ____ - _____
AO ____ - _____
- 16 Carryforward of prior year Credit for Increasing Research Activities **16** ■ _____
List the years the credits were reported to you on Schedule KPI, KS, or KF:

- 17 Alternative Minimum Tax Credit (*enclose Schedule M1MTC*) **17** ■ _____
- 18 Add lines 1 through 17. Enter total here and on line 16 of Form M1. **18** _____ 229

You must include this schedule with your Form M1.



2021 Schedule M1RCR, Credit for Tax Paid to Wisconsin

SURYA ANIRUDH
Your First Name and Initial

YAKALA
Last Name

673528287
Social Security Number

Complete this schedule if you paid state income tax to Minnesota and Wisconsin on the same income while a resident of Minnesota. If you paid income tax to other states or Canadian provinces, complete Schedule M1CR, *Credit for Taxes Paid to Another State*.

To be eligible for this credit, all of these must apply:

- You were a full- or part-year Minnesota resident in 2021
- You paid 2021 state income tax to **both Minnesota and Wisconsin on the same income**
- You were a Minnesota resident when both states taxed the same income.

Round amounts to the nearest whole dollar.

Full-Year Residents and Part-Year Residents

1	Amount of adjusted gross income you received while a Minnesota resident that was taxed by Wisconsin (<i>see instructions</i>)	1	16520
2	Your adjusted gross income adjusted by U.S. bond interest and bonds of another state (<i>see instructions</i>)	2	19018
3	Divide line 1 by line 2. Enter the result as a decimal (<i>carry to five decimal places; if line 1 is more than line 2, enter 1.00000</i>)	3	.86865
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1.	4 a	345
	b Add lines 1-2 and 4-9 of Schedule M1C.	4 b	
	Subtract line 4b from line 4a (<i>if result is zero or less, enter 0</i>)	4	345
5	Multiply line 4 by line 3	5	300
6	From your Wisconsin Form 1NPR, enter the income tax amount before you subtract any tax withheld or estimated tax payments (<i>see instructions</i>)	6	229
7	Full-year residents: Enter amount from line 5 or line 6, whichever is less. Also include on line 3 of Schedule M1C. Part-year residents: Complete the worksheet in the instructions. Do not enter more than the amount on line 5	7	229
8	Subtract line 7 from line 6	8	
9	Amount included on line 1 that is from wages or personal service income received while a Minnesota resident that was taxed by Wisconsin	9	
10	Divide line 9 by line 1 (<i>carry to five decimal places; if line 9 is more than line 1, enter 1.00000</i>)	10	
11	Full-year residents: Multiply line 8 by line 10. Enter the result here and line 5 of Schedule M1REF. Part-year residents: Complete the worksheet in the instructions. Enter the result here and line 5 of Schedule M1REF.	11	

You must include this schedule with your Form M1.



2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SURYA ANIRUDH
Your First Name and Initial

YAKALA
Last Name

673528287
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A If the Form W-2 is for:	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
• you, enter 1				
• spouse, enter 2				
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>5997845</u>	d1 <u>16520</u>	e1 <u>5</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 5

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A If the Form 1099, W-2G, or 1042-S is for:	B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld (round to nearest whole dollar)
• you, enter 1			
• spouse, enter 2			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 5**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SURYA ANIRUDH
Last name: YAKALA
Your social security number: 673-52-8287
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
6902 10TH STREET NORTH
Apt. no.: 302
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with sub-rows for various income types and deductions. Total taxable income is 6,468.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	648.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	648.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	648.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	648.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,881.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,881.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	1,881.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,233.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,233.
Direct deposit? See instructions.	b Routing number 1 1 1 0 0 0 6 1 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 9 3 3 7 2 9 5 3		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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.

Your signature	Date	Your occupation QUALITY ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (979) 985-7916 Email address ANIRUDHYAKALA@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/05/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196