Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

			_			
Submi	ission Identification Number (SID)					
Taxpaye	er's name	Social securi	ty numl	per		
SAUI	RAV PATI	794-77	-928	6		
Spouse'	's name	Spouse's so	cial secu	urity numb	er	
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enti-	 er year you a	are au	thorizing	g.)	
	whole dollars only on lines 1 through 5.	, ,			<i>,</i>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	5	2,9	98.
2	Total tax		2		4,6	16.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		6,4	71.
4	Amount you want refunded to you		4		1,8	<u>55.</u>
5	Amount you owe		5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)	
return (to send for any Agent t paymen authori paymen busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about a mended) I am now authorizing. I consent to allow my intermediate service provider, trans a my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I miss funds withdrawal Consent.	mitter, or electrejection of the t U.S. Treasury a dicated in the t tion to debit the atte the authoriz quests must b be processing o payment. I fur	onic refransmisted in the control of	turn origin ssion, (b) designated paration so this accroto revoke ved no la ectronic psknowledge	nator (the red d Fina oftwa count (can iter the bayme	(ERO) eason ancial are for This cel) a nan 2 ent of at the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				7	
X		e my PIN	9 2	2 8 6] as	s my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Er		digits, but er all zeros	ac	Jilly
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN merbelow.					
Your s	signature ▶ Date ▶					
Spous	se's PIN: check one box only	_			,	
	I authorize to enter or generate	e mv PIN			as	s my
	ERO firm name	Er		digits, but	_	,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	w				
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	8 7 2 7 Don't en	8 6		8 9	9
		Don't en	or an Ze	55		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	mitting this ret	urn in a	accordanc		
ERO's	s signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

£1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	— name of	ied filing separately your spouse. If you	, ,	_		` ,	_	, ,	, , , ,		
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number		
SAURAV			PAT	I	794-77-9286								
If joint return, s	pouse's	s first name and middle initial	Last na	Last name						Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.		Apt. no.	Presidential Election Campaig						
1823 TE	RRY .	AVE				3203		Check here if you, or your					
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete :	mplete spaces below. State ZIP						0,	ntly, want \$3		
SEATTLE					W	A	98	3101		ow will not	Checking a t change		
Foreign countr	y name			Foreign province/sta	te/coun	ty	For	eign postal code		or refund			
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	any fina	ancial interes	t in an	y virtual curre	ncy?	Yes	⊠ No		
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur	•				t						
Age/Blindness	s You	: Were born before January 2, 1	1957 [Are blind	pouse	: Was b	orn be	efore January	2, 1957	☐ Is b	lind		
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relation	ship	(4) ✓ if c	ualifies fo	r (see instru	uctions):		
If more	(1) F	irst name Last name		number		to you		Child tax o	redit	Credit for of	ther dependents		
than four													
dependents, see instruction	۰												
and check													
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		60,998.		
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2b)			
Sch. B if required.	3a	Qualified dividends	За		b C	Ordinary divid	ends		. 3b	,			
required.	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4b				
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5b				
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .		. 6b				
Deduction for -	7	Capital gain or (loss). Attach Sche	dule D	if required. If not re	equired	, check here		▶[7				
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10		٠				. 8		-8,000.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total ir	ncome				▶ 9		52,998.		
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10)			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross ind	ome				▶ 11		52,998.		
widow(er), \$25,100	12a	Standard deduction or itemized	-	-		1	2a	12,55	0.				
€25,100 • Head of	b	Charitable contributions if you take		•	,	ructions)	2b	30	0.				
household, \$18,800 c Add lines 12a and 12b				,						C	12,850.		
If you checked	13	Qualified business income deduct			rm 899	95-A			. 13				
any box under Standard	14	Add lines 12c and 13							. 14	_	12,850.		
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or les	s, ente	er -0			. 15		40,148.		

Form 1040 (2021)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	4,616.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	4,616.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedule	e 8812		19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,616.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. ▶	24	4,616.
	25	Federal income tax withheld							
	а	Form(s) W-2				25a 6	5,471.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	6,471.
	26	2021 estimated tax payment						26	<u> </u>
If you have a L qualifying child,	27a	Earned income credit (EIC)			Nο	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a	ge 18, to claim t	he EIC. See in					
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or							
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug						32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. ▶	33	6,471.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,855.
	35a	Amount of line 34 you want	35a	1,855.					
Direct deposit?	►b	Routing number 1 1 1							
See instructions.	►d	Account number 6 3 8	2 8 9 5	5 0					
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax ►	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. ▶	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party Designee		you want to allow another structions	•		n with the IRS?		omplete k	pelow.	⋈ No
		signee's		Phone			onal identi		
		me ►		no. ►			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	١.٥٠	ar signature		Date	Tour occupation				N, enter it here
Joint return?					SAP SYSTE	MS ANALYST	(see	inst.) 🕨	
See instructions. Keep a copy for	Spe	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an
your records.	,						I .	ity Prote inst.) ▶	ection PIN, enter it here
		000 00 //(0) 00 00 000	<u> </u>	Email address		1240eamatt a			
		one no. (469)925-382 eparer's name	U Preparer's signat	Email address	SAUKAV.PATI	[340@GMAIL.CO Date	PTIN		Check if:
Paid			'		מיגדיתה החודי			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		NADAG MAN	GUPIA IALLAM	1 04/08/2022	P02083		
Use Only		m's name ► GLOBAL TAX		n Cummin	~ (7 20041				678)965-9522
		m's address ► 2530 Pebb		ii Cullillin			Firm	s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/01/22 PRO			Form 1040 (2021)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAURAV PATI

Your social security number
794-77-9286

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E	•	5	-8,000.
6	Farm income or (loss). Attach Schedule F \ldots		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	-	
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n	-	
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-8,000.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>	_	
С	Date of original divorce or separation agreement (see instructions)	-		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment Sequence No. 13

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number 794-77-9286

SAUR	AV PATI								1-77-92		
Part		From Rental Real Estate and Ro	-		-			7			ty, use
		nstructions. If you are an individual, rep									
		nts in 2021 that would require you to									
	Yes," did you or will yo	ou file required Form(s) 1099?							🗀	Yes	∐ No
1a	Physical address of e	each property (street, city, state, ZIF	code	e)							
Α_											
В											
C	True and Dune north (0 5 1 1 1 1 1 1				Foir	Rental	Doro	onal Use		
1b	Type of Property (from list below)	2 For each rental real estate propagore, report the number of fa	oerty I ir rent	isted al and			Days		Days		QJV
Α	3	above, report the number of fa personal use days. Check the	QJV k	ox only	Α	-	365		0		
В	3	if you meet the requirements to qualified joint venture. See inst	ructio	is a ns.	В		303		0		\vdash
C		4			C						
	of Property:										
	gle Family Residence	3 Vacation/Short-Term Rental	5 la	nd		7 Self-	Rental				
	ti-Family Residence	4 Commercial		yalties			r (describe)	١			
Incom		Properties:	1	,	Α	<u> </u>	E			С	
3	Rents received		3			600.	_				
4			4								
Exper											
5			5								
6	Auto and travel (see in	nstructions)	6								
7	Cleaning and mainten	ance	7			800.					
8	Commissions		8								
9	Insurance		9								
10		ssional fees	10								
11	Management fees .		11			800.					
12	Mortgage interest paid	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14			000.					
15	• •		15		2,	000.					
16			16								
17			17		3,	000.					
18		or depletion	18								
19	Other (list)		19								
20	•	ines 5 through 19	20		8,	600.					
21		line 3 (rents) and/or 4 (royalties). If									
		nstructions to find out if you must	04		O	000					
00	file Form 6198		21		-ø,	000.					
22	on Form 8582 (see ins	estate loss after limitation, if any,	22	,	0 (00.)	()(,
23a		structions) eported on line 3 for all rental prope		Į(23a	(600	0		
zsa b		eported on line 4 for all royalty prope				23b		001	· .		
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e		8,600	0		
24		e amounts shown on line 21. Do no	t incli			208			2 4		
25	•	sses from line 21 and rental real estate		-		nter tot	al losses her		25 (8	,000.
		ate and royalty income or (loss).							(, ,
26		V, and line 40 on page 2 do not									
		0), line 5. Otherwise, include this ar							26	_	8,000.

Amended Return

2021 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 18, 2022. ⊺	уре о	r print in blue or	r black	ink.					(Inclu	ude Schedule AMD)	
1. Filer's First Name	M.I.	Last Name				2. Filer's	Full	Social Sec	urity !	No. (Example: 123-45-6789	∂)
SAURAV If a Joint Return, Spouse's First Name	M.I.	PATI Last Name				7	94		77	 9286	
·						3. Spous	se's [Full Social (Secur	rity No. (Example: 123-45-6	789)
Home Address (Number, Street, or P.O. Box) 1823 TERRY AVE, APT		203									
City or Town	<u>· </u>		State	ZIP Code		1 School	ol Dis	etrict Code	/5 dia	gits – see page 60)	\dashv
SEATTLE			WA	9810)1	4. 00100			ုပ် ပ ျ မျှ	ils – see page ou,	
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not incr your tax or reduce your refund.	ır taxes		Filer Spouse				box	if 2/3 of yo		AFARERS ncome is from farming,	
 7. 2021 FILING STATUS. Check one a. X Single b. Married filing jointly c. Married filing separately* 	* If y line 3 below		se's full r	name	a f b f c f	Resident Nonreside Part-Year I	nt * Resi	ident *		* If you check box "b" or "c," you must complete and include Schedule NR .	
9. EXEMPTIONS. NOTE: If some	one els	e can claim you a	as a dep	endent, ch	ieck box 9e, er	nter 0 on li	ne 9	and ent	er \$1	1,500 on line 9e (see ins	str.).
Number of exemptions (see in	nstruct	ions)			9a.	1	x	\$4,900	9a.	4900	00
 b. Number of individuals who quablind, hemiplegic, paraplegic, c. Number of qualified disabled of Number of Certificates of Stilling e. Claimed as dependent, see ling f. Add lines 9a, 9b, 9c, 9d and 9 	quadri veterar birth fro	iplegic, or totally ansom MDHHS (see	and perm	manently di ions)	isabled 9b		x x x	\$400 \$4,900	9b. 9c. 9d. 9e.	4900	00 00 00 00
									<u> </u>		
10. Adjusted Gross Income from you	our U.S	3. Form 1040 (see	e instruc	tions)				. 10.		52998	00
11. Additions from Schedule 1, line 9). Inclu	ıde Schedule 1						. 11.			00
12. Total. Add lines 10 and 11								. 12.		52998	00
13. Subtractions from Schedule 1, lin	ne 29.	Include Schedu	ile 1					. 13.		16108	00
14. Income subject to tax. Subtract	line 1	3 from line 12. If	line 13 i	s greater t	han line 12, er	nter "0"		. 14.		36890	00
15. Exemption allowance. Enter an	nount f	rom line 9f or Sch	hedule N	IR, line 19				. 15.		3411	00
16. Taxable income. Subtract line 1	5 from	line 14. If line 15	5 is grea	ter than lin	ıe 14, enter "0"			. 16.		33479	00
17. Tax. Multiply line 16 by 4.25% (0	.0425)				AMOUN			. 17.		1423 CREDIT	00
Income Tax Imposed by governm Include a copy of the return (see				8a.			00	18b.			00
Michigan Historic Preservation Tainstructions)	ax Cre	dit carryforward (s	(see	9a.			00	19b.			00
20. Income Tax. Subtract the sum of If the sum of lines 18b and 19b is	f lines	18b and 19b from	n line 17.	·. ——				·		1423	

2021 N	II-1040, Page 2 of 2									
		File	er's Full Social S	ecurity Number	7	94 -	_ '	77 — 92	286	
21.	Enter amount of Income Tax from li	ne 20					21.		1423	00
22.	Voluntary Contributions from Form						22.			00
	•									100
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)		•				23.		0	00
24.	Total Tax Liability. Add lines 21, 22	2 and 23				24.			1423	00
	INDABLE CREDITS AND PAYN					_				
25.	Property Tax Credit. Include MI-1	040CR or MI-1040C	R-2				25.			00
26.	Farmland Preservation Tax Credi	it. Include MI-1040C	R-5				26.			00
			_	FEC	DERAL		_	МІСНІС	AN	
27.	Earned Income Tax Credit. Multiply enter result on line 27b	line 27a by 6% (0.06	6) and 27a.			00	27b.			00
28.	Michigan Historic Preservation Tax			3581			28.			00
29.	Credit for allocated share of tax pair	,					29.			00
	•	, ,	,	`	,		Ī			
30.	Michigan tax withheld from Schedul	le W, line 6. Include	Schedule W ((do not subn	nit W-2s)		30.		1568	00
31.	Estimated tax, extension payments	and 2020 credit forw	/ard				31.			00
32.	2021 AMENDED RETURNS ONLY	' '	0	2021 return s	should skip to	line 33.				
	Amended returns must include Scl	hedule AMD (see in:	structions).							
	32a. If you had a refund and/or negative number on line 33		iginal return, che	eck box 32a an	d enter this amo	ount as a				
	32b. If you paid with the origina any additional tax paid after						32c.			00
33.	Total refundable credits and payme	ents. Add lines 25, 26	, 27b, 28, 29, 3	30, 31 and 32	?c	33.			1568	00
REFL	IND OR TAX DUE									
34.	If line 33 is less than line 24, subtra	ict line 33 from line 24	4. If applicable	, see instruct	ions.					
	Include interest 00 a	and penalty	00]	\	OU OWE	34.				00
35.	Overpayment. If line 33 is greater to	than line 24, subtract	line 24 from li	ine 33		35.			145	00
36	Credit Forward. Amount of line 35	to be credited to you	r 2022 octimat	tod tay for yo	ur 2022 tay ro	turn	36.			00
30.	Credit Forward. Amount of fine 33	to be credited to you	ii 2022 C Suilla	led lax for yo	ui 2022 lax ie		30.1			
	Subtract line 36 from line 35				REFUND	37.			145	00
	ECT DEPOSIT	a. Routing Trans	sit Number	b. A	ccount Numbe	r	┙,	c. Type of Ac	count	
institut	it your refund directly to your financial ion! See instructions and complete a, b	111000614		638289	3550		1.	X Checking 2	. Savin	igs
and c.				<u> </u>		4161				
	eased Taxpayer. If Filer and/or Spouser. If Filer and/or Spouser. If Filer and/or Spouser.							declare under penalt tion of which I have		
		7 <u>È</u>		i	Preparer's PTII		or SSN			
Filer		Spouse			P02082					
	ayer Certification. I declare under tachments is true and complete to the bes		he information in	n this return	Preparer's Nan SYAM PI			SAGAR GU	JPTA T	A
Filer's	Signature		Date		Preparer's Sign		D V W	SAGAR GU	JPTA T.	Δ
Spous	se's Signature		Date					ress and Telephone I		
۱	-				GLOBAL			•		
					2530 PI					
	By checking this box, I authorize Tre	easury to discuss my	return with my	y preparer.	CUMMING					
╵┶┙	,	, 15 a.55455 iiiy		, ,,	678-96					

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.

Include with Form MI-1040. Ty	pe or print	in blue or black ink.			Attachmen	ıt 01
Filer's First Name	M.I.	Last Name	Filer's Full Socia	al Security No	o. (Example: 123-45-6789)	
SAURAV		PATI	794 -	 77	— 9286	
Additions to Income (all e	ntries mus	t be positive numbers)				
Gross interest and divide (other than Michigan) or		bligations issued by states al subdivisions		1.		00
		by income, including self-emplo tax paid by an electing flow-thro		2.		00
3. Gains from Michigan colu	umn of MI-1	040D and MI-4797		3.		00
4. Losses attributable to oth	ner states (s	see instructions)		4.		00
5. Net loss from federal col	umn of you	Michigan MI-1040D or MI-479	97	5		00
, 0		neral expenses (Michigan sour	,	6.		00
7. Federal Net Operating Lo	oss deducti	on included in AGI		7.		00
8. Other (see instructions).	Describe: _			8.		00
9. Total additions. Add lin	es 1 throu	gh 8. Enter here and on MI-1	040, line 11	9	0	00
Subtractions from Income	e (all entrie	es must be positive numbers	;)			
		s and other U.S. obligations in		10.		00
		, from military retirement benef onal Guard, or taxable railroad		11.		00
12. Gains from federal colum	nn of Michig	an MI-1040D and MI-4797		12.		00
13. Income attributable to an	other state.	Explain type and source: So	CHEDULE NR	13.	16108	00
14. Taxable Social Security b	penefits or r	nilitary pay (not retirement) inc	luded on MI-1040, line 10	14.		00
15. Income earned while a re	esident of a	Renaissance Zone (see instru	ıctions)	15.		00
on MI-1040, line 10 (see	instructions	refunds received in 2021 and s)		16.		00
		m, MI 529 Advisor Plan, and M		17.		00
18. Michigan Education Trus	t			18.		00
		nerals income (Michigan sourc		19.		00
		empted under a State/Tribal tax Bulletin 1988-47	•	20.		00
21 Miscellaneous subtractio	ns (see inst	ructions) Describe:		21		\int_{Ω}

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2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
SAURAV		PATI	794 — 77 — 9286

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**.

ретс	re continuing.										
22.	2. FILER S								DUSE		
	Α.	B.	C.	D.		E.	F.		G.	H.	
	Year of Birth (19xx)	Age as of 12-31-2021	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-202	1	Check if spouse received benefits from SSA exempt employment	Check if sporetired as 01-01-2013 born after 1	of and
	1993	28									
23.	(if married) wa	s born during the	duction. Complet e period January 1 elete lines 24, 25	l, 1946 through	De	cember 31, 19	952, and	23.			00
24.	(if married) wa	s born during the efore December	duction. Complet e period January 1 31, 2021. Do no t	, 1953 through complete line	Jar s 2	nuary 1, 1955, 3, 25 or 26. Ei	and reached nter amount	24.			00
25.			nount from line 16					25.			00
26.	limited to \$12, any deduction Check this	127 for single or for retirement be box if you are the	deduction for taxp married filing sep enefits (see instrud unremarried survivir	arately filers and ctions)	d \$2 g a	24,254 for join	t filers, less	26.			00
	Ü		born before 1946 w	·	•						1
27.	Subtotal. Add	lines 10 through	າ 26					27.		16108	00
28.			on. Enter amount t lude Form 5674 .					28.			00
29.	Total Subtrac	tions. Add lines	27 and 28. Enter	here and on MI	-10	40. line 13		29.		16108	00

Schedule NR

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. File	er's First Name	M.I.	Last Na	me					2. Filer's Full Socia	al Sec	curity No. (Example: 123-45-67	789)		
$ _{SA}$	URAV		 PAT:	τ					794 —	_ '	77 — 9286			
	oint Return, Spouse's First Name	M.I.	Last Na						3. Spouse's Full S	ocial S	Security No. (Example: 123-45	5-6789)		
									_	_				
	2024 DECIDENCY STATUS													
4.	2021 RESIDENCY STATUS: Check all that apply.			*Date	s of Michig	an resid	ency	in 2021 / in FILER		/IM-DI	D-YYYY, Example: 04-15-3	2021)		
	a. X Nonresident				FROM:		_	_	2021			2021		
	b. Part-Year Resident of Enter dates of Michiga			2021*	TO:		_	_	— 2021					
Incor	me Allocation				. Total Inc	Como		P M	lichigan Incom		C. Other State(s) Inc	2000		
					. Total IIIC	Joine	П	<u> </u>	ichigan incom	<u> </u>	C. Other State(s) inc	Joine		
5.	Wages, salaries, other payments	s (tips,	etc.)		60	0998	00		36890	00	24108	8 00		
6.	Interest and dividends						00			00		00		
7.	Business and farm income (incluU.S. Schedules C and F)						00			00		00		
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-479 or U.S. Form 4797)7					00			00		00		
9.	Income reported on U.S. Schedu U.S. Schedule E and supporting	,			- {	3000	00		0	00	-8000	0 00		
10.	Pensions, IRA distributions, annuand Social Security (see Form 4						00			00		00		
					,									
11.	Other (see instructions)						00			00		00		
12.	Total income. Add lines 5 through	h 11			52	2998	00		36890	00	16108	8 00		
13.	Enter the total adjustments from Describe:						00			00		00		
14.	Subtract line 13 from line 12. The column A should equal MI-1040, li amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	line 10. 1, line	Enter 13 or, if	1	52	2998	00		36890	00	16108	8 00		
Exen	nption Allowance (If one spo	ouse is	a full-y	ear resid	dent, and t	he othe	er is	not, see	instructions.)	_				
15.	Enter amount from MI-1040, line	∍ 9f					<u></u>			15	490	0 00		
16.	Enter Michigan source income fr	rom line	e 14, colı	umn B	16	ô		3	36890 ₀₀					
17.	Enter total income from line 14,	columr	ı A		17	7			52998 00	_				
18.	Divide line 16 by line 17 (if line 1	l6 is gr	eater tha	ın line 17	, enter 100%	%)				18.	69.6	1 %		
19.	If both spouses are part-year or here and on MI-1040, line 15. If								40	341	1 100			

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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)				
SAURAV		PATI	794 — 77 — 9286				
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

	7.522 1. III. 1. II. II									
Α	В	С	D		E					
Enter "X"		Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld					
Х	38-3155344	BLUE CHIP TALENT	51404	00	1568	00				
				00		00				
				00		00				
				00		00				
				00		00				
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)										
4. SUBTOTAL. Enter total of Table 1, column E										

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E	
Enter "X" for: Filer or Spouse		Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld	
			00	00	
			oc	00	
			oc	00	
			00	00	
			00	00	
Enter Table	00				
5. SUBTOTAL. Enter total of Table 2, column E					
6. TOT	AL. Add lines 4 and 5. Enter her	1568 00			

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SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAURAV PATI

Your social security number
794-77-9286

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E	•	5	-8,000.
6	Farm income or (loss). Attach Schedule F \ldots		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	-	
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n	-	
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-8,000.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>	_	
С	Date of original divorce or separation agreement (see instructions)	-		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment Sequence No. 13

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number 794-77-9286

SAUR	AV PATI								-77-928		
Part		om Rental Real Estate and Roy			•			-		•	ty, use
		uctions. If you are an individual, repo									
		n 2021 that would require you to									
	Yes," did you or will you fil	e required Form(s) 1099?							🗀	Yes	□ No
1a	Physical address of each	property (street, city, state, ZIP	, code	9)							
Α_											
В											
C	Turn of Duam outs 0					Foir	Rental	Doroo	nal Use		
1b	Type of Property 2 (from list below)	For each rental real estate propabove, report the number of fai			Days		Days		QJV		
Α	3	above, report the number of fai personal use days. Check the (if you meet the requirements to	JV b	ox only	Α	_	365		0		
В	3	qualified joint venture. See inst	ructio	ns.	В		303				
C		. ,			С						\Box
	of Property:										
		3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
	-			yalties			r (describe)	1			
ncon		Properties:			Α		В			С	
3	Rents received		3			600.					
4			4								
Exper											
5	Advertising		5								
6	Auto and travel (see instru	uctions)	6								
7		e	7			800.					
8			8								
9			9								
10		nal fees	10								
11			11			800.					
12		banks, etc. (see instructions)	12								
13			13								
14	•		14			000.					
15	• •		15		۷,	000.					
16			16 17			000					
17			18		3,	000.					
18 19	Other (list)	depletion	19								
20	` ′	5 through 19	20		Ω	600.					
	•	3 (rents) and/or 4 (royalties). If			<u> </u>						
21		uctions to find out if you must									
			21		-8,	000.					
22		ate loss after limitation, if any,			<u> </u>						
-	on Form 8582 (see instruc		22	(8,0	000.)	()(,
23a	•	ted on line 3 for all rental proper	rties			23a		600			
b	Total of all amounts repor	ted on line 4 for all royalty prope	erties			23b					
С	Total of all amounts repor	ted on line 12 for all properties				23c					
d		ted on line 18 for all properties				23d					
е	•	ted on line 20 for all properties				23e		8,600			
24	· ·	nounts shown on line 21. Do no t		-				. 2			
25	Losses. Add royalty losses	from line 21 and rental real estate	losse	s from li	ne 22. E	nter tota	al losses her	e. 2	5 (8	,000.
26		and royalty income or (loss).									
		nd line 40 on page 2 do not a							_		
	Schedule 1 (Form 1040), li	ine 5. Otherwise, include this an	nount	in the t	total on	line 41	on page 2	. 2	6	- 8	3,000.