

Filing Status [ ] Single [X] 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

Personal information section including name (Vinay Kumar), spouse name (Ramy), address (217 N, 6th St, Lake City, MN), social security numbers, and marital status (Married).

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 for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Main income and deduction table with rows for Wages (80,043), Total Income (80,043), Adjusted Gross Income (80,043), Standard Deduction (25,100), and Taxable Income (54,943).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	6,193.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	6,193.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	6,193.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	6,193.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	13,337.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	13,337.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) 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>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	13,337.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	7,144.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	7,144.
Direct deposit? See instructions.	<b>b</b> Routing number 091101455 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 3236412965		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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 <b>Engineer</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>Home Maker</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name <b>SANJEEV NAGULA</b>	Preparer's signature	Date	PTIN <b>P02514560</b>	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>Values Tax</b>	Firm's address <b>126 SOUTH 2ND ST BETHPAGE NY 11714</b>			Phone no. <b>45-3482203</b>

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**Vinay Kumar Emmadi**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **640-31-3624**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . .	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>		0.
<b>3</b>	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>		7,200.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>		0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>		7,200.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .	<b>6</b>		7,200.
<b>7</b>	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .	<b>7</b>		
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>		7,200.
<b>9</b>	Employer contributions made to your HSAs for 2021 . . . . .	<b>9</b>		275.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>		275.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		6,925.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b>		0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2021 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	<b>21</b>	

## Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**  
▶ See separate instructions.

**An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.**

Application type (check one box):
<input checked="" type="checkbox"/> Apply for a new ITIN
<input type="checkbox"/> Renew an existing ITIN

**Before you begin:**

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶  
Vinay Kumar Emmadi 640-31-3624
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ▶ \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ▶ \_\_\_\_\_ and treaty article number ▶ \_\_\_\_\_

<b>Name</b> (see instructions) Name at birth if different ▶	<b>1a</b> First name Ramy	Middle name	Last name Belide
	<b>1b</b> First name	Middle name	Last name

<b>Applicant's Mailing Address</b>	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> 217 N, 6th St Apt 1
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. Lake City MN USA 55041

<b>Foreign (non-U.S.) Address</b> (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>
	City or town, state or province, and country. Include postal code where appropriate.

<b>Birth Information</b>	<b>4</b> Date of birth (month / day / year) 06/10/1995	Country of birth India	City and state or province (optional)	<b>5</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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<b>Other Information</b>	<b>6a</b> Country(ies) of citizenship India	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date H4 R0544714 09/20/2022	
	<b>6d</b> Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other		Date of entry into the United States (MM/DD/YYYY): 10/08/2021	
	<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	<b>6f</b> Enter ITIN and/or IRSN ▶ <b>ITIN</b> _____ <b>IRSN</b> _____ and name under which it was issued ▶ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>First name</span> <span>Middle name</span> <span>Last name</span> </div>			
<b>6g</b> Name of college/university or company (see instructions) ▶ _____ City and state ▶ _____ Length of stay ▶ _____				

**Sign Here**  
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

<b>Acceptance Agent's Use ONLY</b>	Signature	Date (month / day / year)	Phone	Fax
	Name and title (type or print)	Name of company	EIN	PTIN
			Office code	



# 2021 Form M1, Individual Income Tax

Do not use staples on anything you submit.

VINAY KUMAR EMMADI 640313624 06161992  
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)

RAMYA BELIDE Applied F 06101995  
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth

217 N, 6TH ST APT #1 Check if Address is:  New  Foreign  
 Current Home Address

LAKE CITY MN 55041  
 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)

80043 0 0 54943  
 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	80043
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	80043
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) .....	4	25050
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	25050
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. ....	9	54993
10	Tax from the table in the Form M1 instructions .....	10	3159





11 Alternative minimum tax (*enclose Schedule M1MT*) ..... 11 █ \_\_\_\_\_

12 Add lines 10 and 11 ..... 12 \_\_\_\_\_ 3159

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 \_\_\_\_\_ 3159

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 \_\_\_\_\_ 3159

16 Amount from line 18 of Schedule M1C, *Nonrefundable Credits* (*enclose Schedule M1C*) ..... 16 █ \_\_\_\_\_

17 Subtract line 16 from line 15 (*if result is zero or less, leave blank*) ..... 17 \_\_\_\_\_ 3159

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 \_\_\_\_\_ 3159

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 █ \_\_\_\_\_ 3862

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 \_\_\_\_\_ 3862

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 █ \_\_\_\_\_ 703

25 Direct deposit of your refund (*you must use an account not associated with a foreign bank*):  
 Checking  Savings \_\_\_\_\_  
Routing Number 091101455 Account Number 3236412965

26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (*see instructions*) ..... 26 █ \_\_\_\_\_

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 █ \_\_\_\_\_

Your Signature \_\_\_\_\_ Spouse's Signature (If Filing Jointly) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Paid Preparer's Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_ P02514560  
PTIN or VITA/TCE # (required)

Preparer's Daytime Phone \_\_\_\_\_ Preparer's Email Address [contact@valuestax.com](mailto:contact@valuestax.com)

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 M1W, Minnesota Income Tax Withheld**

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

VINAY KUMAR  
Your First Name and Initial

EMMADI  
Last Name

640313624  
Your Social Security Number

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

BELIDE  
Spouse's Last Name

Applied F  
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	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1				
• spouse, enter 2				
a1 <u>1</u>	b1 <input checked="" type="checkbox"/>	c1 MN <u>4124682</u>	d1 <u>80043</u>	e1 <u>3862</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 ■ 3862**

**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	B	C	D
If the Form 1099, W-2G, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	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 ■ 3862

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