# 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

	515.130 55.110				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numl	per	
VENK	ATASAI HARITHUS MUDDU	808-83	-850	7	
Spouse's	name	Spouse's soo			er
Dout	Toy Debugge Information Toy Very Ending Decomber 24 0001 /Fab			م دادات ما	\
Part		er year you a	re au	tnorizing	.)
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	1 20	,282.
	Total tax		2		772.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3,090.
	Amount you want refunded to you		4		,318.
	Amount you owe		5		, 510.
Part		keep a cop	y of y	our retu	ırn)
my know return (of to send for any of Agent to paymen authoriz paymen business taxes to persona Electron	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) law 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 returnd 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 U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into the formal in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received confidential information necessary to answer inquiries and resolve issues related to the lidentification number (PIN) below is my signature for the income tax return (original or amended) I alice Funds Withdrawal Consent.  Ver's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter that the amounts in Part I above the declare that the amounts in Part I above the the enter or generated.	we are the aminitter, or electric pection of the transport of transport of the transport of transpor	pounts for it is considered as prepared at the electric at the	from the inturn original sistent, (b) to designated obtained to this acctor to this acctor or evoke ved no lattectronic packnowledgend, if appliance to the control of the	ncome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	ERO firm name	ř En		digits, but er all zeros	,
	signature on the income tax return (original or amended) I am now authorizing.				
	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.				
Your si	gnature ▶ Date ▶	4/5/2022	) -		
Spous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	ter five	digits, but	ao my
	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 <b>and</b> your return is filed using the Practitioner PIN met below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	V			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5		8 6		3 9
		Don't ent	er all Ze	2108	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed 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 <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	nitting this retu	ırn in a	accordance	
FRO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

|--|

OMB No. 1545-0074

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

Filing Status Check only		0, ,	_	ed filing separately (				,	_	, 0	` , ` ,
one box.		u checked the MFS box, enter the r son is a child but not your depender		your spouse. If you o	rieci	kea the non a	ir Qv	v box, enter tri	ie crilia s	mame ii ti	ne quantying
Your first name			Last na	ame					Your so	cial securi	ty number
						808-83-8507					
							Spouse	's social se	curity number		
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ions.				Apt. no.	Preside	ntial Electi	ion Campaign
29891 C	ITAT	ION CIRCLE						51101		here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ite	ZIP	code			ntly, want \$3 Checking a
TARMINGTON HILLS							ow will not	•			
Foreign country	y name			Foreign province/state/	coun	ity	Fore	eign postal code	your tax	x or refund	
										You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of an	y fina	ancial interest	in an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	eone can claim: You as a de	ependen	t Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	u were a dual-status	alier	า					
Age/Blindness	You:	Were born before January 2,	1957 [	Are blind Sp	ouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securit	/	(3) Relationsh	nip	<b>(4)  ✓</b> if q	ualifies fo	r (see instru	uctions):
If more		irst name Last name		number to you		.	Child tax cred		Credit for ot	ther dependents	
than four											
dependents, see instruction											
and check											
here ►											
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		29,282.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b	)	
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divide	nds		. 3b	)	
	4a	IRA distributions	4a		b T	axable amoun	t.		. 4b	)	
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5b	)	
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6b	)	
<b>Deduction for—</b> Single or	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not req	uired	l, check here		▶[	_ 7		
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		0.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	ome				▶ 9		29,282.
Married filing 10 Adjustments to income from Schedule 1, line 26					. 10	)					
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross inco	me				<b>▶</b> 11		29,282.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedule	A)	12	а	12,55	0.		
Head of	b	Charitable contributions if you take	the star	ndard deduction (see	inst	ructions) 12	b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	С	12,850.
If you checked	13	Qualified business income deduc-	tion fron	n Form 8995 or Form	1 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14	,	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less,	ente	er -0			. 15	5	16,432.

	16	Tax (see instructions). Check if any from Form(s): 1  8814 2  4972	2 3 [			16	1,772.
	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	1,772.
	19	Nonrefundable child tax credit or credit for other dependents from Sched	lule 88	12		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	1,772.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>			. ▶	24	1,772.
	25	Federal income tax withheld from:					
	а	Form(s) W-2	25	ia 3	3,090.		
	b	Form(s) 1099	25	5b			
	С	Other forms (see instructions)	25	ic			
	d	Add lines 25a through 25c				25d	3,090.
	26	2021 estimated tax payments and amount applied from 2020 return				26	·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)	27	'a			
attach Sch. 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 ▶ ☐	-				
	b	Nontaxable combat pay election					
	С	Prior year (2019) earned income					
	28	Refundable child tax credit or additional child tax credit from Schedule 8812				-	
	29	American opportunity credit from Form 8863, line 8				-	
	30	Recovery rebate credit. See instructions	3			-	
	31	Amount from Schedule 3, line 15	3				
	32	Add lines 27a and 28 through 31. These are your <b>total other payments</b> a				32	2 000
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>			. 🟲	33	3,090.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the am	-	=		34	1,318.
Di	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, c Routing number 0 1 1 1 4 0 0 0 4 9 5 ► <b>c</b> Type:				35a	1,318.
Direct deposit? See instructions.	►b	Routing number 0 1 1 4 0 0 4 9 5 ► c Type:  Account number 0 0 3 8 8 1 1 2 3 1 3 2	X Cn	ecking	Savings		
	► d 36		▶ 3				
A		7		_		37	
Amount You Owe	37 38	<b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pa Estimated tax penalty (see instructions)	y, see i	1	. ▶	31	
Third Party Designee		you want to allow another person to discuss this return with the IR tructions			omplete k	relow.	X No
Boolgiloo	Des	signee's Phone			onal identi		
	nan	ne ▶ no. ▶		num	ber (PIN)	<b>&gt;</b>	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying					
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is		on all information			, ,
	You	ur signature Date Your occupation	n		I .		nt you an Identity IN, enter it here
Joint return?		SPECIALT	Y DE	VELOPER		inst.) 🕨	
See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occu			If the	IRS ser	nt your spouse an
Keep a copy for your records.					I .	•	ection PIN, enter it here
your records.						inst.) 🕨	
		one no. (224) 817-2823 Email address MUDDU.HAR		_			
Paid		parer's name Preparer's signature		ate	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLA	AM   04	1/05/2022	P02082		Self-employed
Use Only		n's name ► GLOBAL TAXES LLC					(678) 965-9522
		n's address ▶ 2530 Pebble Creek Ln Cumming GA 3004	1		Firm	's EIN ▶	
Go to www.irs.go	ov/Form	11040 for instructions and the latest information.	RE	V 03/26/22 PRO			Form <b>1040</b> (2021)

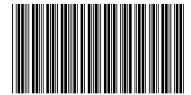
Form 1040 (2021)

Page 2

# NJ-1040NR

2021

Page 1



#### 2021 NJ-1040NR New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2021 – December 31, 2021 or Other Tax Year Beginning \_\_\_\_\_\_\_, 2021 Ending \_\_\_\_\_\_\_, 2022

1555

Your Social Security Number 808838507

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint filers enter first name and middle initial of each}.\ Enter\ spouse/CU\ partner\ last\ name\ only\ if\ different.)$ 

MUDDU VENKATASAI HARITHUS

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)

Michigan

Gubernatorial

**Elections Fund** 

Home Address (Number and Street, incl. apt. # or rural route)

29891 CITATION CIRCLE, Apt. 51101

Driver's License # (Voluntary) State
M 300 843 298 0 MI

City, Town, Post Office FARMINGTON HILLS

State ZIP Code MI 48331

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status 
If you were a New Jersey resident for ANY part of the tax year,

give the period of New Jersey residency.

Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note:

If you check the "Yes" box(es), it will not increase your tax or

reduce your refund.

From:

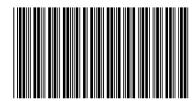
To:

Yes Yes No No



# **NJ-1040NR** 2021

Page 2



# Name(s) as shown on Form NJ-1040NR MUDDU VENKATASAI HARITHUS

Your Social Security Number

808838507

1555

#### Filing Status (Check only ONE box)

1.	X	Single							
2.		Married/CU Couple, filing joint return							
3.		Married/CU Partner, filing separate return							
4.		Head of Household	Name and SSN of	Spouse/CU Partr	ner				
5.		Qualifying Widow(er)/Surviving CU Partner							
Exer	mptions								
6.	Regular	Self	Spouse/CU	J Partner	Domestic	6.	1		
7.	Age 65 or	over Self	Spouse/CU	J Partner	Partner	7.			
8.	Blind or D	risabled Self	Spouse/CU	J Partner		8.			
9.	Veteran Ex	xemption Self	Spouse/CU	J Partner					9.
10.	Number of	f your qualified dependent children						10.	
11.	Number of	f other dependents						11.	
12.	Dependent	ts attending colleges (See Instructions)				12.			
13.	For line 13	Ba – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10	and 11.			13a.	1	13b.	13c.
	For line 13	3c – Enter amount from line 9.							
Dep	endent Inf	ormation							
-		t's Last Name, First Name, Middle Initial	De	pendent's Social	Security Number		Birth Y	ear	
	a.			-	-				
	b.								
	d.								
				COL. A - AM	OUNT OF GROSS INC	OME (EVERYW	HERE) CO	L. B - AMOUNT I	FROM NEW JERSEY SOURCES
15.	Wages, s	salaries, tips, and other employee compensation		15.	3	0287		15.	30287 .
	Check bo	ox if you completed lines 68 through 74							
16.	Interest			16.				16.	
17.	Dividend	ds		17.				17.	
18.	Net profi	its from business (Schedule NJ-BUS-1, Part I, line 4)		18.				18.	
19.	Net gains	s or income from disposition of property (From line 65)		19.				19.	
20.	Net gains	s or income from rents, royalties, patents, and copyrights	(Schedule NJ-BUS-1, Part I	I, line 4) 20.			. :	20.	
21.	Net gamb	bling winnings (See Instructions)		21.			. :	21.	
22.	Taxable	pensions, annuities, and IRA distributions/withdrawals		22.					
23.	Distribut	ive Share of Partnership Income (Schedule NJ-BUS-1, P	art III, line 4)	23.			. :	23.	
24.	Net pro r	ata share of S Corporation Income (Schedule NJ-BUS-1	, Part IV, line 4)	24.			. :	24.	
25.	Alimony	and separate maintenance payments received		25.					
26.	Other – S	State Nature and Source		26.			. :	26.	
27.	TOTAL	INCOME (Add lines 15 through 26)		27.	3	0287	. :	27.	30287 .
28a.	Pension/	Retirement Exclusion (See Instructions)		28a.	_				
28b.	Other Re	tirement Income Exclusion (See Worksheet and Instruct	ions)	28b.			. 2	8b.	
28c.	Total Exc	clusion Amount (Add line 28a and line 28b)	,	28c.			. 2	8c.	
29.		come (Subtract line 28c from line 27)		29.	3	0287		29.	30287 •
30.		emption Amount (See Instructions)		30.	J	1000			0020,
31.		Expenses (See Worksheet and Instructions)		31.					
32.		and separate maintenance payments		32.					
33.	-	d Conservation Contribution		33.					
34.		nterprise Zone Deduction		34.					
35.		ve Business Calculation Adjustment (Schedule NJ-BUS-	2, line 11)	35.		0			

REV 03/22/22 PRO

### **NJ-1040NR** 2021 Page 3



Name(s) as shown on Form NJ-1040NR MUDDU VENKATASAI HARITHUS

Your Social Security Number 808838507

1555

0NV032	

36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.					
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000				
38.	Taxable Income (Subtract line 37 from line 29, column A)	38.	29287				
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	442				
40.	Income Percentage B. (line 29) / A. (line 29) = $\underline{100.00}$ %						
41.	New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)			4	<b>1</b> 1.	442	
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)			4	12.		
43.	Gold Star Family Counseling Credit (See Instructions)			4	13.		
44.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)			4	14.		
45.	Total Credits (Add lines 42, 43, and 44)			4	15.		
46.	Balance of Tax After Credits (Subtract line 45 from line 41)			4	16.	442	
47.	Penalty for Underpayment of Estimated Tax.			4	17.		
	Check box if Form NJ-2210NR is enclosed						
48.	Total Tax and Penalty (Add line 46 and line 47)			4	18.	442	
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	988			50	
50.	New Jersey Estimated Tax Payments/Credit from 2020 return	50.		•	<ul> <li>Also enter on line</li> <li>Payments i</li> </ul>	e 50: nade in connection	
51.	Tax paid on your behalf by Partnership(s)	51.			with sale o	f NJ real property	
52.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.				by S corporation for t shareholder	
53.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.					
54.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.					
55.	Pass-Through Business Alternative Income Tax Credit (See instructions)	55.					
56.	Total Payments/Credits (Add lines 49 through 55)			5	56.	988	
57.	If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the an	nount you owe		5	57.		
58.	If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and e	nter the overpayment		5	58.	546	
59.	Amount from line 58 you want to credit to your 2022 tax			5	59.		
60.	Amount you want to credit to:						
	(A) N.J. Endangered Wildlife Fund	60A.			NOTE:		
	(B) N.J. Children's Trust Fund	60B.				59 through 60F wil	11
	(C) N.J. Vietnam Veterans' Memorial Fund	60C.			reduce your tax r	efund	
	(D) N.J. Breast Cancer Research Fund	60D.					
	(E) U.S.S. N.J. Educational Museum Fund	60E.					
	(F) Designated Contribution Code	60F.					
61.	Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)			6	51.		
62.	Balance due (If line 57 is more than zero, add line 57 and 61)			6	52.		
63.	Refund amount (If line 58 is more than zero, subtract line 61 from line 58)			6	63.	546	

(2)1	or Breast Carreer ressearem r and		OOD.	•	
(E) U.S	S.S. N.J. Educational Museum Fund		60E.		
(F) De	esignated Contribution	Code	60F.	•	
61. Total Adjus	stments to Tax Due/ Overpayment (Add	lines 59 through 60F)		61.	•
62. Balance due	e (If line 57 is more than zero, add line 5	7 and 61)		62.	•
63. Refund amo	ount (If line 58 is more than zero, subtra	ct line 61 from line 58)		63.	546 .
my knowledge and	f perjury, I declare that I have examined d belief, it is true, correct, and complete ich the preparer has any knowledge.  4/5/2022  Date	If prepared by a person other the		Security number(s) on make payable to:  State of New Jersey Division of Taxation Revenue Processing PO Box 244 Trenton, NJ 08646-	check or money order and  - TGI n Center
	RIYA RAM SAGAR G	SUPTA TALLAM	P02082703	nj.gov/taxation	ayment on our website.
Firm's Name  GLOBAL	TAXES LLC		Firm's Federal Employer Identificatio	on Number	
				F	REV 03/22/22 PRO
Division	ion Use: 1 2	34	56_	78_	

Your Social Security Number Name(s) as shown on Form NJ-1040NR MUDDU VENKATASAI <u>HARITHUS</u> 808838507 **Net Gains or Income From** List the net gains or income, less net loss, derived from the sale, exchange, or other Part I **Disposition of Property** disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D. (e) Cost or other (b) Date (c) Date sold basis as adjusted (f) Gain or (loss) (a) Kind of property and description (d) Gross sales price aguired (Mo., day, yr.) (see instructions) (d less e) (Mo., day, yr.) and expense of sale 64. 65. Capital Gains Distribution..... 65 66. Other Net Gains..... 66. 67. Net Gains (Add lines 64, 65, and 66) (Enter here and on line 19) (If loss, enter zero) ...... Allocation of Wage and Salary (See instructions if compensation depends entirely on volume of business Income Earned Partly Inside and Part II transacted or if other basis of allocation is used.) **Outside New Jersey** 68. Amount reported on line 15 in column A required to be allocated ...... 69. Total days in taxable year..... 69. 70. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) 70. 71. 71. Total days worked in taxable year (subtract line 70 from line 69) ...... 72. Deduct days worked outside New Jersey..... 72. 73. Days worked in New Jersey (subtract line 72 from line 71)..... 73. 74. Allocation Formula (Include this amount on (Enter amount from line 68) (Salary earned inside N.J.) line 15, col. B) Allocation of Business Part III (See instructions if other than Formula Basis of allocation is used.) Income to New Jersey Business Allocation Percentage (From Schedule NJ-NR-A) Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources. From Line No. \_\_\_\_\_\_ \$ \_\_\_\_\_x \_\_\_\_% = \$ \_\_\_\_\_ From Line No. \_\_\_\_\_ \$ \_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ From Line No. \_\_\_\_\_ \$ \_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_

1555 REV 03/22/22 PRO

Name(s) as shown on Form NJ-1040NR	Social Security Number
MUDDU, VENKATASAI HARITHUS	808-83-8507

# Schedule NJ-BUS-2 (Form NJ-1040NR)

# New Jersey Gross Income Tax Alternative Business Calculation Adjustment

			Column A			Column B	
Par	t I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	0.	
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2020				5b.	5,675.	)
6.	Totals	6a.	0.		6b.	-5,675.	
Part II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.		0.50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
Par	t III Loss Carryforward to Tax Year 202	2					
12.	Loss Carryforward to Tax Year 2022				12.	5,675.	)

#### Instructions

Line 1a.	Enter the amount from line 18, column A, Form NJ-1040NR.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 2a.	Enter the amount from line 20, column A, Form NJ-1040NR.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 3a.	Enter the amount from line 23, column A, Form NJ-1040NR.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 4a.	Enter the amount from line 24, column A, Form NJ-1040NR.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 5b.	Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040NR).
Line 6a.	Enter the total of lines 1a through 4a.
Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 7.	Enter the amount from line 6a of this schedule.
Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.
Line 9.	Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
Line 10.	The adjustment percentage for Tax Year 2021 is 50% (0.50).
Line 11.	Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
Line 12.	If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

2021

# **Important Information**

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Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

#### **Who Must File Estimated Tax Payments**

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2022 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2022 withholding to be at least:

- 90 percent of your total 2022 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2021 tax, or
- 110 percent of your total 2021 tax if your 2021 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2021 tax is the amount on your 2021 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

#### **Payment Due Dates**

You may pay in full with the first estimate voucher due April 18, 2022. You may also pay in equal installments due on or before April 18, 2022, June 15, 2022, September 15, 2022, and January 17, 2023.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2022 payments.

#### **How to Pay Estimated Tax**

#### e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

#### **Mail Your Payment**

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Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

#### DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN	Issued under authority of Public Act 281 of 1967, as amended.	Due Date for Calendar Year Filers
MI-1040ES Estimated Individual Income Tax Vo	See instructions for filing guidelines.	04-18-2022
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
VENKATASAI HARITHUS MUDDU	808-83-8507	
Address (Street, City, State, ZIP Code)	WRITE PAYMENT	
29891 CITATION CIRCLE, APT. 51101	AMOUNT HERE	\$ 149.00
FARMINGTON HILLS MI 48331	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.

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Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

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2022 MICHIGAN	Issued under authority of Public Act 281 of 1967, as amended.	Due Date for Calendar Year Filers			
MI-1040ES Estimated Individual Income Tax Vo	See instructions for filing guidelines.	06-15-2022			
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number			
VENKATASAI HARITHUS MUDDU	808-83-8507				
Address (Street, City, State, ZIP Code)	WRITE PAYMENT				
29891 CITATION CIRCLE, APT. 51101	AMOUNT HERE	\$ 149.00			
FARMINGTON HILLS MI 48331	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.			

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Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

#### DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN MI-1040ES Estimated Individual Income Tax Vo	Issued under authority of Public Act 281 of 1967, as amended.  See instructions for filing guidelines.	Due Date for Calendar Year Filers 09-15-2022		
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number		
VENKATASAI HARITHUS MUDDU	808-83-8507			
Address (Street, City, State, ZIP Code) 29891 CITATION CIRCLE, APT. 51101	WRITE PAYMENT AMOUNT HERE	\$ 149.00		
FARMINGTON HILLS MI 48331	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.		

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#### **Mail Your Payment**

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2022 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

#### DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN	Issued under authority of Public Act 281 of 1967, as amended.	Due Date for Calendar Year Filers			
MI-1040ES Estimated Individual Income Tax Vo	ucher See instructions for filing guidelines.	01-17-2023			
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number			
VENKATASAI HARITHUS MUDDU	808-83-8507				
Address (Street, City, State, ZIP Code)	WRITE PAYMENT				
29891 CITATION CIRCLE, APT. 51101	AMOUNT HERE	\$ 149.00			
FARMINGTON HILLS MI 48331	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.			

# Instructions for Form MI-1040-V 2021 Michigan Individual Income Tax Payment Voucher

# Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

**Do not** use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

#### Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your Individual Income Tax Return (MI-1040), line 33.

Your payment and MI-1040-V are due April 18, 2022. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www. michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

#### **Electronic Payments**

You may choose to make your Individual Income Tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

#### **Mailing Instructions**

- Make your check payable to the "State of Michigan." Print "2021 MI-1040-V" and the last four digits of your Social Security number on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

## Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not rite notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

# Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-21)

# 2021 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return. Do not use this form to make any other payments to the State of Michigan.

REV 03/29/22 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code)	Filer's Full Social Security Number 808-83-8507	Spouse's Full Social Security Number
VENKATASAI HARITHUS MUDDU	WRITE PAYMENT AMOUNT HERE	\$ 594 .00
29891 CITATION CIRCLE APT 51101 FARMINGTON HILLS MI 48331	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Make check payable to "State of Michigan." Write the last four digits of filer's Social Security number and "2021 MI-1040-V" on the check. Do not fold or staple.

# 2021 MICHIGAN Individual Income Tax Return MI-1040

20 <i>2</i> 1 WIICHIGAN Return is due April 18	_					m IVII-10	<b>U4U</b>				ended Return ude Schedule AMD)	
1. Filer's First Name	, 2022. 1	M.I.	Last Name	- DIACK I			2 Filer	's Full	Social Sec	curity I	No. (Example: 123-45-678	39)
VENKATASAI HAI	RITHU		MUDDU				İ			-		,
If a Joint Return, Spouse's First	Name	M.I.	Last Name					808		83	<del></del>	
Home Address (Number, Street	or P.O. Box	<u>                                     </u>					3. Spot	ıse's F	Full Social	Secur	ity No. (Example: 123-45-	6789)
29891 CITATION			АРТ. 511	0.1								
City or Town				State	ZIP Code		4. Scho	ool Dis	trict Code	(5 dig	its – see page 60)	
FARMINGTON HI	LLS			MI	4833	1			3200	. 0	, ,	
5. STATE CAMPAIGN FU	JND					6. FARM	IERS, FIS	HER	MEN, OR	SEA	AFARERS	
Check if you (and/or you filing a joint return) war to go to this fund. This your tax or reduce you	nt \$3 of you will not incr	r taxes	. —	iler pouse			Check this ishing, or			our ir	ncome is from farming,	
7. 2021 FILING STATUS	. Check one	 e.				8. <b>2021</b>	RESIDEN	CY S	TATUS.	Chec	k all that apply.	
a. X Single		* If y	ou check box "c,"	comple	te	a. X	Resident					
. 🗖			3 and enter spous	se's full r	name						* If you check box "b" o "c," you must complete	
b. Married filing joir	ntly	belov	N:			b	Nonreside	ent *			and include Schedule	
c. Married filing sep	parately*					c	Part-Year	Resi	dent *		NR.	
9. EXEMPTIONS. NOT	E: If some	ne els	e can claim you a	as a dep	endent, ch	eck box 9e, e	nter 0 on	line 9	a and en	ter \$1	1,500 on line 9e (see in	nstr.).
Number of exempt	ions (see in	structi	ons)			9a.	1	x	\$4,900	9a.	4900	00
b. Number of individu									<b>#0.000</b>	ا		
blind, hemiplegic, <sub>l</sub> c. Number of qualifie			-		-			X	\$2,800 \$400	9b. 9c.		00
d. Number of Certific								X X	\$4,900	9d.		00
							L	^	φ+,500	Ju.		
e. Claimed as depen	dent, see lir	ne 9 No	OTE above			e.	Ш			9e.		00
f. Add lines 9a, 9b, 9	c, 9d and 9	e. Ent	er here and on lir	ne 15					г	9f.	4900	00
10. Adjusted Gross Inco	ome from yo	our U.S	6. Form <i>1040</i> (see	e instruc	tions)				10.		29282	00
11. Additions from Sched	ule 1, line 9	. Inclu	de Schedule 1						11.			00
12. <b>Total.</b> Add lines 10 ar	nd 11								12.		29282	00
13. Subtractions from Sci	nedule 1, lin	ie 29.	Include Schedul	le 1					13.			00
14. Income subject to ta	<b>x.</b> Subtract	line 1	3 from line 12. If	line 13 is	s greater th	an line 12, e	nter "0"		14		29282	00
15. Exemption allowance	e. Enter am	nount f	rom line 9f or Sch	nedule N	IR, line 19				15.		4900	00
16. Taxable income. Sub	otract line 1	5 from	line 14. If line 15	is great	ter than line	e 14, enter "0	,		16		24382	00
17. <b>Tax.</b> Multiply line 16 b		.0425)							17.		1036	00
ION-REFUNDABLE CR	EDITS					AMOUN	l I <sup>-</sup>		_		CREDIT	
18. Income Tax Imposed Include a copy of the					8a.		442	00	18b.		442	00
19. Michigan Historic Pre instructions)					a			00	19b.			00
20. <b>Income Tax.</b> Subtract If the sum of lines 18th									20.		594	00

2021 M	II-1040, Page 2 of 2										Т
			Filer's Full Social	Security Number	8	08 -	8	33 —	8507		
21.	Enter amount of Income Tax from lin	o 20					21.		59	4 0	$\overline{}$
22.	Voluntary Contributions from Form 4						22.			0	
	•						- 22.  -			┰	۲
23.	<b>USE TAX.</b> Use tax due on Internet, r Worksheet 1 (see instructions)						23.			0 <u>0</u>	0
									<b>5</b> 0	1	_
	<b>Total Tax Liability.</b> Add lines 21, 22					24 [				4 0	0
REFU	INDABLE CREDITS AND PAYM	ENTS					Г			$\overline{}$	$\neg$
25.	Property Tax Credit. Include MI-10	40CR or MI-10	)40CR-2				25.			0	0
26.	Farmland Preservation Tax Credit	Include MI-10	140CR-5							l٥	0
20.	ramana rossivation rax oroat				DERAL		<u>-</u>	MIC	HIGAN		<u> </u>
27.	Earned Income Tax Credit. Multiply I	ine 27a hy 6%	(0.06) and				Г			Т	
21.	enter result on line 27b		27a.			00	27b.			0	0
28.	Michigan Historic Preservation Tax C	Credit (refundat	ole). <b>Include Forn</b>	n 3581			28.			0	0
29.	Credit for allocated share of tax paid	by an electing	flow-through entit	y (see instruct	ions)		2			0	0
30.	Michigan tax withheld from Schedule	e W, line 6. <b>Incl</b>	lude Schedule W	(do not subn	nit W-2s)		30			0	0
31.	Estimated tax, extension payments a	and 2020 credit	forward				31			0	0
32.	2021 AMENDED RETURNS ONLY.	Taxpayers com	pleting an origina	l 2021 return s	should skip to	line 33.					
	Amended returns must include Sch	edule AMD (se	ee instructions).								
	32a. If you had a refund and/or on negative number on line 32		the original return, ch	neck box 32a an	d enter this amo	ount as a					
	If you paid with the original	return, check box					32c.				0
	32b any additional tax paid after	filling, as a positi	ve number on line 32	2c. Do not includ	ie interest or pei	naity.	J20.			┪	ŏ
33.	Total refundable credits and paymen	its. Add lines 25	5, 26, 27b, 28, 29,	30, 31 and 32	?c	33.				0	0
REFU	IND OR TAX DUE										
34.	If line 33 is less than line 24, subtract	t line 33 fro <u>m li</u>	ne 24. If applicabl	e, see instruct	ions.						
									- 0		
	Include interest00 ar	nd penalty	00		OU OWE	34			59	<u>4 o</u>	0
35.	Overpayment. If line 33 is greater the	nan line 24 sub	otract line 24 from	line 33		35.				0	0
										十	Ť
36	Credit Forward. Amount of line 35 to	o be credited to	your 2022 estima	ated tax for yo	ur 2022 tax re	turn <u>.</u>	36.			0	0
37	Subtract line 36 from line 35				REFUND	37.				0	0
	ECT DEPOSIT it your refund directly to your financial	a. Routing	Transit Number	b. A	ccount Numbe	er	_  _	c. Type of			
	tion! See instructions and complete a, b						1. L	Checking	2. Sav	vings	
and c.				1							_
	eased Taxpayer. If Filer and/or Spouse ER DATE OF DEATH ONLY. Example:							leclare under pe ion of which I ha			
	String of Septim One in Example.	7		<del></del>	Preparer's PTI						_
Filer		Spouse		-	P02082	703					
	ayer Certification. I declare under p			in this return	Preparer's Nan			SAGAR	GUPTA	TA	
and attachments is true and complete to the best of my knowledge.  Filer's Signature  Date				Preparer's Sign						$\dashv$	
l							RAM	SAGAR	GUPTA	TΑ	
Spouse's Signature Date					Preparer's Business Name, Address and Telephone Number						
					GLOBAL	TAX	ES L	LC			ļ
					2530 PI						
By checking this box, I authorize Treasury to discuss my return with my preparer.				CUMMINO							
╷└─	, ==	,	,	´' '	678-965						

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

#### MI-1040 Line 18

# **Credit for Income Tax Paid to Another State**

 $\begin{array}{c} \textbf{2021} \\ \textbf{Statement} \ \, \underline{\text{NJ}} \end{array}$ 

		Social Sec	curity Number -8507
• 0	uickZoom to another copy of this worksheet		. →
	art-year residents: You can claim this credit only when your income from another hile you were a Michigan resident.	state was	earned
	urisdiction code · · · · · · ► <u>NJ</u> urisdiction name · · · · · · <u>New</u> Jersey		
1	Income earned in another state or locality subject to Michigan tax	1	29,287.
2	Enter the amount from Form MI-1040, line 14 · · · · · · · · · · · · · · · · · ·	2	29,282.
3	Divide line 1 by line 2	3	1.0002
4	Enter the amount from Form MI-1040, line 17	4	1,036.
5	Multiply line 4 by line 3	5	1,036.
6	Enter the amount of tax imposed by another state or locality	6	442.
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	442.

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