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

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
NITESH DASARI	137-06-	-5623
Spouse's name	Spouse's soci	al security number
LAKSHMI DASARI	824-49-	-0689
Part I Tax Return Information — Tax Year Ending December 31, 2021	(Enter year you ar	e authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 101,375.
2 Total tax		2 8,683.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 9,475.
4 Amount you want refunded to you		4 3,592.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorizedgent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	of for rejection of the tra- e the U.S. Treasury and unt indicated in the ta- nstitution to debit the erminate the authoriza- on requests must be d in the processing of the payment. I furth	ansmission, (b) the reason of its designated Financial of the preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only		
P	6	5 6 2 3
X I authorize GLOBAL TAXES LLC to enter or ger	Ente	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	I am now authorizin I method. The ERO	ng. Check this box only must complete Part III
Your signature ► D-13/LLQ Da	te▶ <u>02/19</u>	12022
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or ger	nerate mv PIN 9	0 6 8 9 as my
ERO firm name		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
	te▶ 02/19	12022
Practitioner PIN Method Returns Only—continue	below / /	
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 8 Don't ente	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provide	n submitting this retur	rn in accordance with the
ERO's signature ▶ Da	to N	
FRO Must Retain This Form — See Instruction	te >	

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single 🛛 Married filing jointly u checked the MFS box, enter the on is a child but not your depende	name of	ed filing separately your spouse. If you									
Your first name	and mi	ddle initial	Last na	me				***************************************	Your s	ocial secur	ity number		
NITESH			DASA	ARI					137-	-06-562	23		
If joint return, s	pouse's	first name and middle initial	Last na	me			•••••		Spouse	Spouse's social security number			
LAKSHMI			DASA	ARI					824-	324-49-0689			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Pre									Presid	ential Elect	tion Campaign		
2709 TRA	APPEI	RS COVE TRL					l	1C	Check	here if you	ı, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also	complete s	paces below.	Sta	te	ZIP c	ode			intly, want \$3		
LANSING					M:	I	489	910		elow will no	. Checking a		
Foreign country	name			Foreign province/state	/coun	ty	Foreig	gn postal code		ax or refund			
										You You	Spouse		
At any time du	ring 20	021, did you receive, sell, exchang	e, or othe	rwise dispose of ar	ny fina	ancial interest ir	n any	virtual curre	ncy?	☐ Yes	⊠ No		
Standard Deduction	,	eone can claim:	•	•		•							
Age/Blindness	You:	Were born before January 2,	1957 Г	Are blind Sr	ouse	: Was born	n bef	ore January	2. 1957	☐ Is b	olind		
Dependents		· · · · · · · · · · · · · · · · · · ·		(2) Social securit		(3) Relationshi				or (see instri			
If more		rst name Last name		number	٠,	to you		Child tax of	•	1 '	ther dependents		
than four		***							•	†	П		
dependents,											一		
see instructions and check	3					***************************************				T			
here ▶ 🔲													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	13,182.		
Attach	2a	Tax-exempt interest	2a		bТ	axable interest			. 2		24.		
Sch. B if	3a	Qualified dividends	3a			Ordinary dividen			3	b			
required.	4a	IRA distributions	4a			axable amount			. 4	b			
	5a	Pensions and annuities	5a		b T	axable amount	· .		. 5	b			
Standard	6a	Social security benefits	6a		b T	axable amount	:		. 6	d	<u> </u>		
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D it	f required. If not rec	uired	, check here		▶[]	,			
Single or Married filing	8	Other income from Schedule 1, I	ine 10		٠				. Ε	3 –	11,831.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total inc	come				▶ 5		.01,375.		
Married filing	10	Adjustments to income from Sch	edule 1, l	ine 26					. 1	0	***************************************		
jointly or Qualifying	11	Subtract line 10 from line 9. This	is your a	djusted gross inco	me				▶ 1	1 1	01,375.		
widow(er), \$25,100	12a	Standard deduction or itemize	d deduct	ions (from Schedul	e A)	12a	.	25,10	0.				
Head of	b	Charitable contributions if you tak	e the star	ndard deduction (see	e instr	ructions) 12b	,	60					
household, \$18,800	С	Add lines 12a and 12b							. 12	<u>2</u> c	25,700.		
If you checked	13	Qualified business income deduc	ction from	Form 8995 or Forr	n 899	95-A			. 1:				
any box under Standard	14	Add lines 12c and 13							. 1	4	25,700.		
Deduction, see instructions.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0			. 1		75,675.		

Form 1040 (202)											Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		8,0	683.
	17	Amount from Schedule 2, lin	ne 3						17			
	18	Add lines 16 and 17							18		8,0	683.
	19	Nonrefundable child tax cre	dit or credit for c	ther depende	nts from Schedule	8812 .			19			
	20	Amount from Schedule 3, lin	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		8,0	683.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23			0.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24		8,0	683.
	25	Federal income tax withheld										
	а	Form(s) W-2				25a	9,	475.				
	b	Form(s) 1099				25b				l		
	С	Other forms (see instruction	s)			25c]	ĺ		
	d	Add lines 25a through 25c							25d	l	9,4	475.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20	20 return				26			
If you have a qualifying child,	27a	Earned income credit (EIC)			No	27a						
attach Sch. EIC.		Check here if you were I January 2, 2004, and you taxpayers who are at least a	oorn after Janu u satisfy all the ge 18, to claim t	ary 1, 1998, e other requi he EIC. See in	and before rements for							
	b	Nontaxable combat pay elec	ction	. 27b]						
	С	Prior year (2019) earned inco	ome	. 27c]			- 1			
	28	Refundable child tax credit or	r additional child	tax credit from	Schedule 8812	28						
	29	American opportunity credit	from Form 8863	8, line 8		29	~~~					
	30	Recovery rebate credit. See	instructions .			30	2,	800.				
	31	Amount from Schedule 3, lin	ne 15			31			_			
	32										2,8	800.
***************************************	33	Add lines 25d, 26, and 32. T						. >	33		12,2	275.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you ove i	paid		34		3,5	592.
	35a	Amount of line 34 you want			is attached, che	ck here .		▶ □	35a	<u> </u>	3,5	592.
Direct deposit?	►b	► b Routing number 1 2 1 0 0 0 3 5 8 ► c Type: Checking Savings										
See instructions.	►d	Account number 3 2 5	0 3 3 6	8 4 8 8	3 0							
	36	Amount of line 34 you want	applied to your	2022 estimate	ed tax ▶	36						
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instruct	ions	. ▶	37			
You Owe	38	Estimated tax penalty (see in	nstructions) .		>	38						1
Third Party Designee	ins	you want to allow another structions	n with the IRS?		'es. Co	mplete l	below.	XN	lo			
		signee's ne ▶	Phone				nal identi		ГТ	\top		
Sign	Un	der penalties of perjury, I declare t ief, they are true, correct, and com	hat I have examine	no.	I accompanying sch	edules and s	tatement	s, and to	the bes	it of my	knowle	edge and
Here		ur signature	pioto. Dociaration	Date	Your occupation	isca on an m	ormation		i Prepare BIRS ser		•	•
	N								ection P	N, ente	r it here)
Joint return? See instructions.	0.				IT PROGRAM			- `	inst.) ►	<u> </u>		لــلـــل
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			e IRS ser			an er it here
your records.					HR ASSISTA	TNA			inst.) ▶		T T	ŤŤŤŤ
	Pho	one no. (760) 913-073	9	Email address	NITESHDASARI		TI. COM	1				
		eparer's name	Preparer's signat	L		Date	T	PTIN		Check	c if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRTYA	RAM SAGAR	GUPTA TALLAM	1	2022	20208	2703		elf-emp	loyed
Preparer		m's name ▶ GLOBAL TA	t	IMET BROAK GULLA TALLAM UZ/13/2022 PC			Phone no. (678) 965-9522					
Use Only		0500 5 111								rm's EIN ► 30-1017196		
										J U		0

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

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. Attachment Sequence No. **01**

	(s) shown on Form 1040, 1040-SR, or 1040-NR			1	ocial se	ecurity number
Par						
1	Taxable refunds, credits, or offsets of state and local income taxes	3			1	
2a	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, truschedule E	usts,	etc.	Attach	5	-11,831.
6	Farm income or (loss). Attach Schedule F				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			1 1	
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	4
10	Combine lines 1 through 7 and 9. Enter here and on Form 10	040,	1040-	SR, or		

1040-NR, line 8

10

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-lofficials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	- WAR
14	Moving expenses for members of the Armed Forces. Attach Form 3	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	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	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	24j		
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 to here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	-
	, , ,		1	

SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

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

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number NITESH & LAKSHMI DASARI 137-06-5623 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No Physical address of each property (street, city, state, ZIP code) Α 302, HARSHA ENCLAVE PRAGATHI NAGAR KUKKATPALLI HYDERABAD TELANGANA IN 500090 В C For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a **Fair Rental** Personal Use 1b Type of Property QJV (from list below) Days Days Α Α 365 0 qualified joint venture. See instructions. В В C C Type of Property: 7 Self-Rental 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: Α C 3 Rents received 3 1,200. 4 4 Royalties received . Expenses: 5 Advertising 5 6 Auto and travel (see instructions) . . . 6 7 7 Cleaning and maintenance . . . 2,140. Commissions. 8 8 9 9 10 Legal and other professional fees . . 10 11 11 1,440. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 3,645. 14 14 1,678. Repairs. 15 Supplies 15 1,980. Taxes 16 16 17 17 2,148. 18 18 Depreciation expense or depletion . . Other (list) 19 19 20 Total expenses. Add lines 5 through 19 20 13,031. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must file Form 6198 21 -11,831. 22 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 11,831.) 1,200. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 13,031. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 25 11,831 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-11,831.

Health Savings Accounts (HSAs)

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

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment Sequence No. **52**

OMB No. 1545-0074

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 137-06-5623 Name(s) shown on Form 1040, 1040-SR, or 1040-NR NITESH DASARI

Beroi	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	r requir	ea.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	☐ Self-	-only	
2	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3	***************************************	7,200.
4	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	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,200.
6	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	6		7,200.
7	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	7		
8	Add lines 6 and 7	8		7,200.
9	Employer contributions made to your HSAs for 2021]		
10	Qualified HSA funding distributions]		
11	Add lines 9 and 10	11		2,025.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,175.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	******	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	a separate Part II for each spouse.	arate H	SAs,	complete
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		1,380.
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	14b		
С	Subtract line 14b from line 14a	14c		1,380.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		1,380.
16	Taxable HSA distributions. 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	16		0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
	Additional 20% tax (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	17b		
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate I		3
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. 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	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part II, line 17d	21		

BAA

2021 MICHIGAN Individual Income Tax Return MI-1040

	11 MICHIGAN INDIV rn is due April 18, 2022. T				rn MI-10	40			ended Return Lude Schedule AMD)	
	er's First Name	M.I.	Last Name	IK.		2 Filer's Ful	I Social Se	curity	No. (Example: 123-45-67	'89)
NI	resh		DASARI							00)
If a Jo	int Return, Spouse's First Name	M.I.	Last Name			137		06	 5623	
	KSHMI	<u> </u>	DASARI			3. Spouse's	Full Social	Secu	rity No. (Example: 123-45	-6789)
	Address (Number, Street, or P.O. Box) OP TRAPPERS COVE		, APT. 1C			824		49	 0689	
	r Town	11/17	·	ZIP Code		4. School Di	strict Code	(5 dia	gits – see page 60)	
•	NSING		MI	4891	. 0	1	3020	(mo coo pago co)	
5.	STATE CAMPAIGN FUND				6. FARME	RS, FISHER	RMEN, OF	R SE	AFARERS	
	Check if you (and/or your spouse, filing a joint return) want \$3 of your to go to this fund. This will not increyour tax or reduce your refund.	taxes	a. Filer b. Spouse			eck this box ning, or seaf		our ii	ncome is from farming	,
7.	2021 FILING STATUS. Check one				8. 2021 RE	ESIDENCY	STATUS.	Chec	k all that apply.	
a.	Single		ou check box "c," complete		a. X R	esident				
ь I	37	line 3	3 and enter spouse's full na	ame	l				* If you check box "b" "c," you must complet	
b.	X Married filing jointly	Delo	V.		b N	onresident *			and include Schedul	
с.	Married filing separately*				c. P	art-Year Res	ident *		NR.	
9.	EXEMPTIONS. NOTE: If someo	ne els	e can claim you as a depe	ndent, ch	neck box 9e, ent	er 0 on line	9a and er	iter \$	1,500 on line 9e (see i	nstr.).
	a. Number of exemptions (see in	structi	ons)		a.	2 x	\$4,900	9a.	9800	0 00
	b. Number of individuals who qua blind, hemiplegic, paraplegic, o	-	5 1				ea aaa	0.5		00
	 c. Number of qualified disabled v 				h		\$2,800 \$400	9b. 9c.		00
	d. Number of Certificates of Stills					—— ^	\$4,900	9d.		00
			•	,	house		. ,	·		
	e. Claimed as dependent, see lin	e 9 N	OTE above		9e.			9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9	e. Ent	er here and on line 15					9f.	9800	0 00
	, , ,						Γ	<u> </u>		100
10.	Adjusted Gross Income from you	our U.S	3. Form 1040 (see instruct	ions)			10		10137	5 00
11.	Additions from Schedule 1, line 9	. Inclu	de Schedule 1				-			00
12.	Total. Add lines 10 and 11						12.		10137	5 00
							ľ			
13.	Subtractions from Schedule 1, lin	e 29.	Include Schedule 1				13.			00
1.4	Impages authorities to tay Cultivant	D== 44	0 forms line 40 . If line 40 is		han line 40 and	"0"			10137	5 00
14.	Income subject to tax. Subtract	iine i.	3 from line 12. If line 13 is	greater t	nan iine 12, ente	er U	14		10137.	<u>5 00</u>
15.	Exemption allowance. Enter am	ount f	rom line 9f or Schedule NF	R, line 19			15.		9800	0 00
										_
16.	Taxable income. Subtract line 15	5 from	line 14. If line 15 is greate	er than lin	ie 14, enter "0"	•••••	.		9157	<u>5 00</u>
17	Tax. Multiply line 16 by 4.25% (0.	0425)					. 17		3892	2 00
	-REFUNDABLE CREDITS	.0423)		***************************************	AMOUNT	•••••	1/ <u>L</u>		CREDIT	<u>- 100</u>
18	Income Tax Imposed by governm	ent un	its outside Michigan.] Γ			T
	Include a copy of the return (see			а.		00	18b.			00
19.	Michigan Historic Preservation Tainstructions)		,	a		00	19b.			00
20.	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is						20.		3892	2 00

2021 M	II-1040, Page 2 of 2					~				
		Filer'	s Full Social S	ecurity Number	$ 1 \rangle$	37 –	- 06	- 56	523	
21.	Enter amount of Income Tax from lin	ne 20					21.		3892	00
22.	Voluntary Contributions from Form	4642, line 6. Include F	orm 4642				22.			00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)		•				23.		0	00
	volkaliaat i (aaa maraatana)	•••••		•••••••	***************************************	Γ	20.1			
24.	Total Tax Liability. Add lines 21, 22	2 and 23				24.			3892	00
REFL	INDABLE CREDITS AND PAYN	MENTS								
25.	Property Tax Credit. Include MI-1	040CR or MI-1040CR	-2				25			00
26.	Farmland Preservation Tax Credi	t. Include MI-1040CR	-5				26.			00
			Г	FEI	DERAL			MICHIG	AN	т 1
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax						28.			00
29.	Credit for allocated share of tax paid	d by an electing flow-ti	hrough entity	(see instruct	ions)		2			00
30.	Michigan tax withheld from Schedul	le W, line 6. Include S	chedule W (do not subn	nit W-2s)		30.		4134	00
31.	Estimated tax, extension payments	and 2020 credit forwa	ırd				31			00
32.	2021 AMENDED RETURNS ONLY.									
	Amended returns must include Sci	hedule AMD (see inst	tructions).							
	32a. If you had a refund and/or negative number on line 32		inal return, che	eck box 32a an	d enter this amo	unt as a				
	32b. If you paid with the original any additional tax paid after						32c.			00
33.	Total refundable credits and payme	nts. Add lines 25, 26, 2	27b, 28, 29, 3	30, 31 and 32	?c	33.			4134	00
	IND OR TAX DUE					г				
34.	If line 33 is less than line 24, subtra	ct line 33 from line 24.	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 l	ine 24 from li	ne 33		3			242	00
36	Credit Forward. Amount of line 35	to be credited to your	2022 estimat	ted tay for yo	ur 2022 tay ret	turn	36.			00
50.	Oreater of ward. Amount of fine 33	to be created to your	ZOZZ CStima	ied tax for yo	ui 2022 (ax ici	Γ				
	Subtract line 36 from line 35	p		,	REFUND	37.			242	00
	ECT DEPOSIT it your refund directly to your financial	a. Routing Transit	Number	b. <i>F</i>	Account Numbe	r	٠, ٦	c. Type of Acc		
	ion! See instructions and complete a, b	121000358		325033	3684880		1. X	Checking 2.	Savir	ngs
Dece	eased Taxpayer. If Filer and/or Spous ER DATE OF DEATH ONLY. Example:	se died after December 3	1, 2020, enter					lare under penalty of which I have a		
h 1 V 1 h	TO DEATH ONE I. Example.	1 13-2021 (WW-DB-11	11)		Preparer's PTIN			or windir i flave a	illy kilowied	ye.
Filer		Spouse -	<u> </u>	•	P020827					
	ayer Certification. I declare under tachments is true and complete to the bes		e information in	this return	Preparer's Nam SYAM PF			SAGAR GU	PTA T	Α
Filer's	Signature		Date		Preparer's Sign		RAM (SAGAR GU	PTA T	А
Spous	se's Signature		Date					and Telephone N		
					GLOBAL			•		
					2530 PE					
	By checking this box, I authorize Tre	easury to discuss my r	eturn with my	y preparer.	CUMMING 678-965			1		

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 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)
NITESH		DASARI	137 — 06 — 5623
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
LAKSHMI		DASARI	824 — 49 — 0689

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	4	В	С	D		E						
Enter ' Filer or	'X" for: Spouse	Employer's identification number (Example: 38-1234567)	Box 1 — Wages, tips, Box c — Employer's name other compensation			Box 17 — Michigan income tax withheld						
Х		27-2837612	RICEFW TECHNOLOG	100975	00	3615	00					
	Χ	27-2837612	00	435	00							
	Χ	38-1659835	00	84	00							
					00		00					
Enter	Enter Table 1 Subtotal from additional Schedule W forms (if applicable)											
4.	SUB	TOTAL. Enter total of Table 1, c	column E			4134						

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 federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld					
			00	oc					
			00	oc					
	oc								
	WANTED TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	00	oc						
			00	oc					
Enter Table	2 Subtotal from additional Sche	dule W forms (if applicable)		oc					
5. SUBTOTAL. Enter total of Table 2, column E									
6. TOT	AL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30	6.	4134 00					

REV 02/05/22 PRO

LANSING

INDIVIDUAL RETURN DUE APRIL 30, 2022

SEND W-2 Composition Com	Taxpayer's S		Taxpayer's first name	Initial	Last name			RESIDEN	CE STATUS			
Security Security Security	137-0	6-5623	NITESH		DASARI			X Resident	Nonresident Part-year resident			
ACCORDING Common	Spouse's SS	N	If joint return spouse's first name	Initial	Last name	and the constitution of the state of the sta	and the second s	Part-year resider				
Target Source S	824-4	9-0689	LAKSHMI		DASARI				Constitution described attacks to the Commission, were the adherence assume and the least the constitution of			
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About Column Co	Тахр	ayer Spouse	i				1C	FILING ST	ATUS			
March and Col. Section 1985 1			Address line 2 (P.O. Box address for	mailing use	only)	Part Immunity of \$40° decreases the historic class of the \$1. If an expe-	or maggingly (green in a file), and the complete described the file.		Single X Married filing jointly			
Poster Form 150 altanosis DANOS POST Poster	Mark box (X)	below if;	City, town or post office State Zip code									
Present large region for 2021 Present large region for 2022 Present large region for 202	Fede	ral Form 1310 attached	LANSING		MI	48910		name here	•			
NO. Property and instantion Property and the Solid Services Pederal Return Data ExclusionaniAquismonts Column C			Foreign country name	Foreign pro	vince/county	Foreign postal o	code	Spouse's full	name if married filing separately			
NOUNE	Fede	ROUNI	L D ALL FIGURES TO NEAREST D	Column A			<u> </u>	<u> </u>				
2 Tacable inflamment 2 24 0.0 0.0 0.0 0.0 0.0 0.0		,					_					
Copyright Teachle Interest 2 24,00 00 02 00 00 00 00 00		 Wages, salaries, tips 	, etc. (W-2 forms must be attached)	1	113	182.00		0.0	0 113182.00			
Tabable refunds, credits or offsets of state and local income taxes 0.00		Taxable interest		2		24.00		.0.	0 24.00			
Tasable refunds, credits or offsets of states and local incorrections 4		3. Ordinary dividends	************************************	3		.00		.0.	.00			
6. Business income or (loss) (Attach copy of federal Schedule C) 6		 Taxable refunds, cred 	dits or offsets of state and local income	e taxes 4		.00		.0.	O NOT TAXABLE			
7, Capital gain or (foss) (Allado copy of fed Sth. D. 7a Sch. D not required 7 0.00		5. Alimony received	en en la companya de	5		.00		.0.	.00			
Activation copy of feed Sch. D) 7a		6. Business income or (loss) (Attach copy of federal Schedule	C) 6		.00		.0.	.00			
Some pages of locases (Altach copy of Form(s) 1099-R) 6		7. Capital gain or (loss)	Mark if federal	-				The second second second second second	And the second of the second o			
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1 Rental real estate, royalties, partnerships, S corporations 11 -11831.00 .00		and the transfer to the transf	en er eken en er er kiliker er en er dialer en er en kil	and the state of t				and construct and the control of the control of the control of				
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12 Subchapter S corporation distributions (Att. copy of fed. Sch. K-1) 12 NOT APPLICABLE		11. Rental real estate, ro	yalties, partnerships, S corporations,			001 00			11001 00			
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14 Unemployment compensation		terrore in this aire wash air	er en		NOT APPLICA			e construction of the contract of the contract of	and the state of the control of the			
FORMS 15. Social security benefits 15			laka kawa walifa mwana wa maa maa wa mali	and the second		commence and a second con-		er er selvere er er er er er er er	e engle se e contracto de contr			
16. Other income (Attach statement listing type and amount)			and the state of t			and the contract of the		$(x_1, \dots, x_n) = (x_1, \dots, x_n) + (x_1, \dots, x_n$	the first of the second of the			
17. Total additions (Add lines 2 through 16)		a and the transferences				ere e ere e e e e e e e e e e e e e e e			Fig. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1			
18. Total income (Add lines 1 through 16) 18					11			******				
19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7) 19 0.00 20. Total income after deductions (Subtract line 19 from line 18) 20 1.01.375.00 21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b) 21a 2 21b 1.200.00 22. Total income subject to tax (Subtract line 21b from line 20) 22 1.00.175.00 23. Tax at 0.10.0 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d) 23a 23b 1.002.00 24. Tax at 0.10.0 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d) 23a 23b 1.002.00 25. Interest and penalty for: failure to make Interest Penalty Total credits 24a 1.0.00 24b 0.00 24c 0.00 8 credits 24d 1.0.00 25. Interest and penalty for: failure to make Interest Penalty Total credits and penalty 25c 0.00 25b 0.00 interest 8 penalty 25c 0.00 25c Interest and penalty for: failure to make Interest Penalty Total credits dax payments, underpayment of tax 25a 0.00 25b 0.00 penalty 25c 0.00 25c NORTH AX DUE 26 PAYABLE TO. CITY OF ILANSING. OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete line 31c, d. 8 e) RETURN 26 992.00 27. Amount of Overpayment credited forward to 2022 Amount of overpayment cr												
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W-2 #	Τοι	1 800	AL SEC	URITY NUM	ABER		OYER'S ID I	NUMBER	1	CLUDED WA	GES		FAILU	RE TO		E TAX V	VITHHELD	LO	CALITY N	AME
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				on page 1; p					-4:				Enter on po				10 .00	L	iter on pg 1	1, In 24a
	DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income) 1. IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment) 1. On the same basis as related income)																			
									e 1 of federal	return)						2				.00
							106 and de									3				.00.
4	Mov	ing expens	es (Into	city area or	ıly, Milita	ry ONL	r) (Attach c	opy of fede	eral Form 390	13)						4				.00
5.	Alim	ony paid (гои ос	INCLUDE	CHILD S	UPPOR	T. Attach c	opy of Sch	edule 1 of fed	deral return)						5				.00
6.	Ren	aissance Z	one ded	uction (Atta	ch Sched	dule RZ	OF 1040)									6				.00
7.									age 1, line 19)							7				.00
		ESS S	CHEC	OULE (V	Vhere	taxp	ayer (T)	spous	e (S) or l	both (B)	resided	d duri	ing year	and da	ates of	reside			r	
	RK	return	s the sa	me as listed	on last y	year's ге	turn, print "S	Same." If n	o return filed	last year, list	reason. Co	- ontinue	listing this t	ax year's re		or this	FRC	g	TO	
1,3	S, B	-	ses. If a	ddress listed	d on page	e 1 of th	is retum is ir	n care of a	nother persor	i, enter currei	nt residenc	ce (dom	nicile) addre:	SS.			MONTH	DAY	MONTH	DAY
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Do y	ou wa	ent to allow	another	person to d	liscuss th	nis returi	n with the In	come Tax	Office?	Y	es, comple	ete the t	following	X	No					
Desi	-	s										Pho	one				nal identifica	tion		
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6,0	to	that city.	lf pr	epared by	a perso	n other	than taxpa	ayer, the	preparer's d	eclaration is	s based o	on all in		of which	prepare	r has an		e.		
SIG		AAFATERO	SIGNAT	DRE - II JOIN	joint return, both spouses must sign Date (N		Date (IVIIVI	1100/11)					Daytime phone number		0720	if dec	eased, date	e or death		
===		POUSE'S S	GNATUR	E				Date (MM	/DD/YY)		PROGR occupation		r .	<u> </u>	760)	913-	.0139	If dec	eased, date	e of death
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ışı	S	GNATURE	OF PREF	ARER OTHE	R THAN	TAXPAY	ER	1		1 1117 1			Date (MM/DD	/YY)	PTIN	, EIN or SS	N 30-1	017	196	
RER I	5											()2/15/	22	Ргера	arer's phon		Section of the Section Co.	190 165–95	522
ا کا ا	₹ 6	RM'S NAME	(or your	s if self-emplo	oyed), ADI	DRESS A	ND ZIP COD	E GL	OBAL T	AXES I	LC			and of the order or an alterdance		NACT	P	,		
1 10 6	5 ''			SIGNATURE OF PREPARER OTHER THAN TAXPAYER Date (MM/DD/YY) 02/15/22 Preparer's phone no. (678) 965-9522 FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 Date (MM/DD/YY) 02/15/22 PTIN, EIN or SSN 30-1017196 Preparer's phone no. (678) 965-9522 NACTP software number number																

LANSING ESTIMATED INCOME TAX PAYMENT VOUCHER FIRST QUARTER - PAYMENT DUE APRIL 30, 2022

2022 EST 01Q

Taxpayer Name:	NITESH	DASARI						
Social Security No:	137-06-	5623						
Due on or Before:	04/30/2022	, for tax year 2022	9* -					
Payment:	\$ 173							
Payment Method:	number, da To pay by o	ytime phone numb direct debit to your credit card see inco	ber, and "2022 CF-104 bank account, use for					
Additional Information	payments ι		n social security numb		estimated income tax and social security number as			
Address for Payment	CITY OF PO BOX 4		DME TAX DEPT.					
* Due Date	If the due d	ate falls on a Satu	ırday, Sunday or holida	ay, the due date is the nex	t business day.			
Taxpayer Records:	Amount Pa Check Nun Date Maile	nber:						
KEEP TOP PO	RTION FOF	R YOUR RECO	RDS. SEND BOTT V DETACH HERE V	OM PORTION WITH	Revised: 08/11/2015 YOUR PAYMENT			
CF-1040ES REV 02/05/22 PRO		QUARTER ESTI	NSING INCOME TA	PAYMENT VOUCHER X DEPT.	2022 EST 01Q Revised: 09/30/2017			
NACTP# 1555		LANSING, M	I 48901					
EFIN # 587278 Taxpayer's first name, initial, last nam	e	ES	STIMATED PAYME Taxpayer's SSN	NT VOUCHER 1	Due Date: 04/30/2022			
NITESH DASARI If joint estimated payment, spouse's fire	rst name, initial, last	name	137-06-5623 If joint payment, spouse's SSN	en et der verbreit in de Colombia de de verbreit de verbreit de verbreit de verbreit de verbreit de verbreit d				
LAKSHMI DASARI			824-49-0689		:			
Phone number 760-913-0	NAMES OF THE PARTY							
Present home address (Number and s 2709 TRAPPERS COV Address line 2 (P.O. Box address for r City, town or post office	/E TRL 1C	Apt. no.	Payment voucher 2D barcode					
LANSING	MI	48910		A N. Lister and terminal state of the Control of th				
Foreign country name, province/count	y, postal code		Amount of estimated tax you are paying by check or money order Round to nearest dollar 173 .00					

LANSING ESTIMATED INCOME TAX PAYMENT VOUCHER SECOND QUARTER - PAYMENT DUE JUNE 30, 2022

2022	EST	020
ZUZZ	E31	UZU

Taxpayer Name:	NITESH [DASARI			
Social Security No:	137-06-5	5623			
Due on or Before:	06/30/2022	, for tax year 20)22*		
Payment:	\$ 173				
	number, da • To pay by d	ytime phone nu lirect debit to yo redit card see i	umber, and "2022 CF-104 our bank account, use for		
Additional Information	payments u		own social security numb		estimated income tax and social security number as
Address for Payment:	CITY OF PO BOX 4		NCOME TAX DEP		
* Due Date	If the due d	ate falls on a S	aturday, Sunday or holida	ay, the due date is the nex	t business day.
Taxpayer Records:	Amount Pai Check Num Date Mailed	nber:			
KEEP TOP POR	RTION FOF	R YOUR REC	CORDS. SEND BOTT V detach here V	FOM PORTION WITH	Revised: 08/11/2015 YOUR PAYMENT
CF-1040ES		L/	ANSING		2022 EST 02Q
REV 02/05/22 PRO	SECONI Mail To	D QUARTER E o: CITY OF I PO BOX 40	LANSING INCOME TA	X PAYMENT VOUCHER X DEPT	
NACTP# 1555		LANSING,	MI 48901		
EFIN # 587278 Taxpayer's first name, initial, last name	<u> </u>		ESTIMATED PAYME	:NT VOUCHER 2	Due Date: 06/30/2022
NITESH DASARI	·		137-06-5623		
If joint estimated payment, spouse's first	st name, initial, last	name	If joint payment, spouse's SSN	and the first trade of the following the above the first trib and better the second to the first trade of the contract the second trade of the sec	
LAKSHMI DASARI			824-49-0689		
Phone number 760-913-0	739			Lancardon de la companya de la compa	
Present home address (Number and st	,	Apt. no.	Payment voucher 2D barcode		
2709 TRAPPERS COV Address line 2 (P.O. Box address for m City, town or post office	nailing use only)	Zip code			
LANSING		48910			APLANTACION DE VICTOR DE LA PROPERTIE III III
Foreign country name, province/country	y, postal code	46910	Amount of estimated tax	you are paying by check or	Round to nearest dollar
	•		money order	you are paying by crieck of	173 00

LANSING ESTIMATED INCOME TAX PAYMENT VOUCHER THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2022

20	22	EST	026
ZU	22	E21	0.30

Taxpayer Name:	NITESH DASARI			
Social Security No:	137-06-5623			
Due on or Before:	09/30/2022, for tax year 20	22*		
Payment:	\$ 173			
Payment Method:	 Make payment by check or number, daytime phone nur To pay by direct debit to yo To pay by credit card see in direct debit payments. 	mber, and "2022 CF-104 ur bank account, use for	0ES" on your payment. [m CF-1040ES-EFT.	
Additional Informatio	n: The spouse of a joint filing to payments under his or her or the taxpayer on this payme	own social security numb		estimated income tax nd social security number as
Address for Paymen	t: CITY OF LANSING IN PO BOX 40756 LANSING, MI 48901	COME TAX DEP		
* Due Date	If the due date falls on a Sa	iturday, Sunday or holida	y, the due date is the ne	kt business day.
Taxpayer Records:	Amount Paid: Check Number: Date Mailed:			
KEEP TOP PC	ORTION FOR YOUR REC	ORDS. SEND BOTT V DETACH HERE V	OM PORTION WITH	Revised: 08/11/2015 YOUR PAYMENT
CF-1040ES REV 02/05/22 PRO	THIRD QUARTER EST	NSING FIMATED INCOME TAX ANSING INCOME TAX		2022 EST 03Q Revised: 09/30/2017
NACTP# 1555 EFIN# 587278	LANSING,		NT VOLICHER 2	Dua Data: 00/20/2022
Taxpayer's first name, initial, last nar		Taxpayer's SSN	INT VOUCHER 3	Due Date: 09/30/2022
NITESH DASARI		137-06-5623		
If joint estimated payment, spouse's	first name, initial, last name	If joint payment, spouse's SSN	and the second control of the contro	1
LAKSHMI DASARI		824-49-0689		
Phone number 760-913-0				
Present home address (Number and 2709 TRAPPERS CO	•	Payment voucher 2D barcode	 - - - - - - - - - - - - -	
Address line 2 (P.O. Box address for	mailing use only)			
City, town or post office	State Zip code			DANIARA CAMBRES NO MENDANDA PROMININ
LANSING Foreign country name, province/cour	MI 48910			Pound to pogreet deller
i oroigii country frame, province/cour	ny, posiai code	Amount of estimated tax y money order	ou are paying by check or	Round to nearest dollar

LANSING ESTIMATED INCOME TAX PAYMENT VOUCHER

2022 EST 04Q

173.00

	FOURTH QUARTER	K-PAYMENT DUE	JANUARY 31, 2023					
Taxpayer Name:	NITESH DASARI							
Social Security No:	137-06-5623							
Due on or Before:	01/31/2023, for tax year 202	2*						
Payment:	\$ 173							
 Make payment by check or money order payable to "City of LANSING". Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH. To pay by direct debit to your bank account, use form CF-1040ES-EFT. To pay by credit card see income tax website of the City of LANSING. Not all cities accept credit card or direct debit payments. 								
Additional Information	Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.							
Address for Payment:	Address for Payment: CITY OF LANSING INCOME TAX DEP PO BOX 40756 LANSING, MI 48901							
* Due Date	If the due date falls on a Sat	turday, Sunday or holida	ay, the due date is the ne	ext business day.				
Taxpayer Records:	Taxpayer Records: Amount Paid: Check Number: Date Mailed:							
KEEP TOP POI	RTION FOR YOUR RECO	DRDS. SEND BOTT V detach here V	TOM PORTION WITH	Revised: 08/11/2015				
CF-1040ES REV 02/05/22 PRO NACTP # 1555	CF-1040ES REV 02/05/22 PRO FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER Mail To: CITY OF LANSING INCOME TAX DEPT PO BOX 40756 AND CITY OF LANSING INCOME TAX DEPT PO BOX 40756							
EFIN # 587278 Taxpayer's first name, initial, last name		ESTIMATED PAYME Taxpayer's SSN	ENT VOUCHER 4	Due Date: 01/31/2023				
NITESH DASARI	•	137-06-5623						
If joint estimated payment, spouse's fin	'st name, initial, last name	If joint payment, spouse's SSN	The state of the s	AND				
LAKSHMI DASARI	annonemie par o mercena care con esta care como escribo con escala en esta mente con escala escala en escala e En escala en escala escala en e	824-49-0689						
Phone number 760-913-0 Present home address (Number and s	A COMPANY OF THE CONTROL OF THE CONT	Payment voucher 2D barcode						
2709 TRAPPERS COV Address line 2 (P.O. Box address for n	/E TRL 1C mailing use only)							
City, town or post office	State Zip code MI 48910	MIII KYDYRYCHYCHYCHY	acida in dependente de la compa	NAME OF THE PROPERTY OF THE PR				
LANSING	MI 48910							

Amount of estimated tax you are paying by check or

money order

Foreign country name, province/county, postal code

INCOME TAX RETURN PAYMENT VOUCHER

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Taxpayer Name:	NITESH	DASARI							
Social Security No:	137-06-	5623	100 Carte 100 Ca						
Due on or Before:	4/30/2022	, due date of 20	021 return*						
Payment:	\$		992						
Payment Method:	ayment Method: Make payment by check or money order payable to "City of LANSING"." Include your social security number, daytime phone number, and "2021 CF-1040PV" on your check or money order. DO NOT SEN CASH. To pay by credit card or direct debit, see income tax website of the City of LANSING. Not all cities accept credit card or direct debit payments.								
Paying with Return:				oayment with your tax retur e envelope. Do not attach t					
Address for Payment:	CITY OF PO BOX		NCOME TAX DEPT.						
* Due Date	If the due	date falls on a S	Saturday, Sunday or holid	lay, the due date is the nex	t business day.				
Taxpayer Records:	Amount Pa Check Nui Date Maile	mber:							
				ct.com/payments {see appe TOM PORTION WITH	Revised: 11/05/2021				
CF-1040PV			ANSING		2021 RET RP				
REV 02/05/22 PRO			TAX RETURN PAYMEN	T VOUCHER	Revised: 08/11/20				
NACTP# 1555	Mail	PO BOX 4	LANSING INCOME TA 10756 MI 48901	AX DEPT.					
axpayer's first name, initial, last name			Taxpayer's SSN						
NITESH DASARI joint return spouse's first name, initial	last name	come accessors removed the contract of the section of	137-06-5623 If joint payment, spouse's SSN	TO TO MODERN I THIS OF ETHINGS TO STATE A MADERIAN OF MILLERY CO. S. A. S. S. BERGA ME AND MILLERY	management of the state of the				
LAKSHMI DASARI contact phone number 760-913 resent home address (Number and str	3-0739	Apt. no.	8 2 4 - 4 9 - 0 6 8 9 Payment voucher 2D barcode		:				
2709 TRAPPERS COV address line 2 (P.O. Box address for m	ailing use only)			rrenkrederijka varateke. Vertagen blever en state					
City, town or post office	State	Zip code			UNITAKO KON UNKUKATUKA 📕 📗				
LANSING	MI	48910			In / /				
oreign country name, province/county	, postal code		Amount of tax, interest ar check or money order	nd penalty you are paying by	Round to nearest dollar 992 00				

Taxpayer's name		Taxpayer's SSN		2024 I ANGIN	C				
NITESH DASARI		137-06-56	23	2021 LANSIN	G				
WAGES AND EXCLUDIBLE W	AGES SCHEDULE - (CF-1040, PAG	E 1, LINE 1,	COLUMN B		Attachment 2-1			
All W-2 forms must be attache		•	, ,	1555	REV 02/05/	22 PRO Revised 06/15/2017			
Use this form to provide details for all Forms W-	2 and all other wage income rep	orted on federal Forms							
mployee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not exported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer, corrective distributions from a retirement plan hown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.									
Use this form to calculate excludible (nontaxable employer are also reported on Form CF-1040, p	e) wages included in total wages	reported on your fede Withheld Schedule a	ral tax return (Form	ns 1040, line 7; 1040A; line i	'; or 1040EZ, line	e 1). Excludible wages for each			
WAGES, ETC.	Employer (or sou			er (or source) 2	-,	ployer (or source) 3			
Employer's ID number (W-2, box b) or	1 7 (, , , , , , , , , , , , , , , , , , , ,			
source's ID Number if available 2. Employer's name (Form W-2, box c) or	27-2837612	whole from the discount of the contract of the	27-283	7612	38-1	659835			
source's name	RICEFW TECHNOLOG	IES INC	RICEFW TE	CHNOLOGIES INC	JACKSON	NATIONAL LIFE INSURANCE			
3. SSN from Form W-2, box a	137-06-5623		824-49	-0689	824-	-49-0689			
4. Enter T for taxpayer or S for spouse	T			S		S			
5. Dates of employment during tax year	From 01/01/2021 To 1	12/31/2021 Fro	om 01/01/2	021 To 12/31/2021	From 01	/01/2021 To 12/31/2021			
Mark (X) box If you work at multiple locations in and out of LANSING									
7. Address of work station (Where you actually work, not address on Form W-2	4295 OKEMOS ROAD S	UITE 102	4295 OKEMO	S ROAD SUITE 102	ONE	CORPORATE WAY			
unless you work there: include street number and street name, city, state and	OKEMOS MI		OKEMOS	MI	LANS	SING MI			
ZIP code; if line 6 is checked enter	48864		48864		4895	51 			
primary work location) 8. Wages, tips, other compensation (Form W-2, Box 1); report statutory	10	0075		10000		1075			
employee wages as zero	T.U.	0975	Control of the second s	10232		1975			
 Wages not included in Form W-2, box 1 (See instructions) 									
10. Code for wage type reported on line 9									
NONRESIDENT WAGE ALLOCATION	Employer (or sou			er (or source) 2	.1	ployer (or source) 3			
For use by nonresidents or part-year reside while a nonresident must use the wage allo Nonresidents working all of their work time	cation to determine wages e	arned in city while a	nonresident (use	e only wages and days wo	rked while a no	nresident for computations.)			
 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 									
 Enter actual number of days or hours worked in city 									
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)		%		%		%			
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)									
EXCLUDIBLE WAGES	Employer (or sou	urce) 1	Employ	er (or source) 2	Em	ployer (or source) 3			
 Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) 									
18. Enter resident excludible wages					1				
 Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by LANSING 									
 Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, 									
Excluded Wages schedule) 21. Total taxable wages (Line 8 plus line 9					1				
less line 20)	100	1975		10232		1975			
22. Total wages (Add lines 8 and 9 for all empl	<u> </u>				1	± , , , ,			
amount reported on Form CF-1040, page 1	, line 1, column A; Part-year res		11318	32					
must equal amount reported on Schedule 1 23. Total excludible wages from all employers Form CF-1040, page 1, line 1, column B; p.	and other sources (Add line 20 fe		ere and also on						
Total taxable wages from all employers and residents enter here and allocate on Scheol			lso on Form CF-10	L 040, page 1, line 1, column C	; part-year	112100			
						113182			