1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS U	se Only	/—Do no	ot writ	e or staple in	n this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separately rour spouse. If you						sp	oous	ying surv se (QSS) name if th	U
Your first name		, ,	Last na	me						Your	soci	ial security	v number
JYOTHIL				NAI GANAPAT	uv							6-5469	•
-		s first name and middle initial	Last na		111					-			urity number
SANGEETH				HILINGAM								8-1643	•
		er and street). If you have a P.O. box, see		-				Apt. no.					n Campaign
		Y LANE										ere if you,	
		ce. If you have a foreign address, also co	mplete si	oaces below.	Sta	te	ZIP	code		spou	se if	filing joint	tly, want \$3
DEARBORI		,			МІ		48	120		Ŭ Ŭ		his fund. (w will not (Checking a
Foreign countr			F	oreign province/state			-	ign postal	code	-		or refund.	change
	,			g p		- ,		.9		ĺ		You	Spouse
Digital Assets	exch	ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	digital a	asset (or a financia	intere	est in a digital	,			· · /		Yes	No
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	n or you	— ·		•							
Age/Blindness	S You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was boi						Is bli	
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip ((4) Check	the b	ox if qu	alifie	es for (see i	instructions):
If more	(1) F	irst name Last name		number		to you		Child	tax c	redit	С	redit for oth	er dependents
than four													
dependents, see instruction	s ——												
and check													
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .	· ·		•		•	· _	1a	9	8,521.
	b	Household employee wages not re		.,			•		•	•	1b		
Attach Form(s) W-2 here, Also	С	Tip income not reported on line 1a					•			· _	1c		
attach Forms	d	Medicaid waiver payments not rep			instru	ictions)	•			· [1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f					•		•	·	1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	9.		•		•	· _	1f		
lf you did not	g	Wages from Form 8919, line 6 .					•			· [1g		
get a Form	h	Other earned income (see instructi	ions) .				- ·			· _	1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	· ·	1 i	i			_		l .	
	Z	Add lines 1a through 1h	· · ·				•		•	·	1z	9	8,521.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interes	t.		•	· 🗆	2b		
if required.	<u>3a</u>		3a			ordinary divide			•	· 📑	3b		
	4a	IRA distributions	4a			axable amoun				· [-	4b		
Standard	5a		5a			axable amoun			•		5b		
 Deduction for— Single or 	6a	Social security benefits	6a		bΤ	axable amoun	t.		•	· [6b		
Married filing	С	If you elect to use the lump-sum e			•	,			. [
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	required. If not rec	luired	, check here	•		. l	┘└	7		
 Married filing jointly or 	8	Other income from Schedule 1, lin								· _	8		9,450.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	ncome	ə	•				9	8	9,071.
surviving spouse, \$25,900	10	Adjustments to income from Sche							•	· _	10		
Head of household	11	Subtract line 10 from line 9. This is	-								11		9,071.
household, \$19,400	12	Standard deduction or itemized					•				12	2	5,900.
 If you checked any box under 	13	Qualified business income deducti					•			· _	13		
Standard	14										14		5,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is	your I	taxable incom	ne		•	·	15	6	3,171.

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

Form **1040** (2022)

DocuSign Envelope ID: F64D9712-5536-4A19-8282-50CBE8CA8C8E

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s	s): 1 🗌 8814	4 2 4972	3 🗌		16	7,170.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	7 , 170.
	19	Child tax credit or credit for other dependents	s from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less, et	nter -0				22	7 , 170.
	23	Other taxes, including self-employment tax, fr	rom Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax .					24	7,170.
Payments	25	Federal income tax withheld from:						
5	а	Form(s) W-2			25a	14,323	3.	
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	14,323.
If you have a	26	2022 estimated tax payments and amount ap	plied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863,	line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your t	otal other pa	ayments and refu	ndable credit	s.	32	
	33	Add lines 25d, 26, and 32. These are your tot	al payments				33	14,323.
Refund	34	If line 33 is more than line 24, subtract line 24	from line 33.	This is the amoun	t you overpai	d.	. 34	7,153.
neruna	35a	Amount of line 34 you want refunded to you.	If Form 8888	is attached, chec	khere	[35a	7,153.
Direct deposit?	b	Routing number 0 7 2 0 0 8	0 5	c Type: 🛛 🗙	Checking [Saving	js	
See instructions.	d	Account number 3 7 5 0 2 2 1	7 1 9 8	3 5				
	36	Amount of line 34 you want applied to your 2	023 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24. This is the amou	unt you owe.					
You Owe		For details on how to pay, go to www.irs.gov/	Payments or	see instructions .			37	
	38	Estimated tax penalty (see instructions)			38			
Third Party	Do	you want to allow another person to discu	uss this retur	n with the IRS?	See			_
Designee	ins	tructions			. Yes.	Comple	te below.	X No
	De nai	ignee's	Phone no.			ersonal ide umber (PIN	entification	
0:				00000000000000000000000			,	
Sign		ler penalties of perjury, I declare that I have examined ef, they are true, correct, and complete. Declaration of						
Here		DocuSigned by:	Date	Your occupation				nt you an Identity
						F	rotection P	IN, enter it here
Joint return?		9DA4B16AF0FD413		SOFTWARE E	NGINEER	(5	ee inst.)	
See instructions. Keep a copy for	Sp	use's signature. If a joint return, both must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.				HOME MAKER			ee inst.)	
	Ph	ne no. (947)215-4811	Email address			COM	,	
		parer's name Preparer's signatu		JOTHY_SRCMM@H	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA R		СПРТА ТАТ.Т.АМ	01/24/202		82703	Self-employed
Preparer		n's name GLOBAL TAXES LLC	0110111		, , , 0	_		678)965-9522
Use Only		n's address 245 ROONEY CT E BRUN	ISWICK N.	J 08816			irm's EIN	88-2145487
Cata warne in a	au//Ea:==	1040 few instructions and the latest information						50 2143407

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA REV 01/14/23 PRO

Form **1040** (2022)

	DULE 1	Additional Income and Adjustments	to Inc	ome	L	OM	B No. 1545-0074
- Departm	1040) Thent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR Go to www.irs.gov/Form1040 for instructions and the late	-			Atta	2022 achment juence No. 01
lame	(s) shown on Form	1040, 1040-SR, or 1040-NR		Y	our socia		curity numb
Ј СН	ENNAI GANAPA	THY & S JYOTHILINGAM		5	706-26-	546	9
Par	t Additiona	al Income					
1	Taxable refunds	, credits, or offsets of state and local income taxes .			1		
2a	Alimony received	d			2	a	
b	Date of original of	divorce or separation agreement (see instructions):					
3	Business income	e or (loss). Attach Schedule C			3	3	
4		osses). Attach Form 4797				_	
5		e, royalties, partnerships, S corporations, trusts, etc. At				_	-9,45
6		(loss). Attach Schedule F				-	
7		compensation			7	7	
8	Other income:						
a		SS	8a ()		
b	•		8b				
c			8c				
d		ncome exclusion from Form 2555	8d (/		
e		m 8853	8e				
f		m 8889	8f				
g	Alaska Permane	nt Fund dividends	8g				
h :			8h 8i				
-							
J k			8j 8k				
I	•	rental of personal property if you engaged in the rental	OK				
		re not in the business of renting such property	81				
m	•	Paralympic medals and USOC prize money (see					
			8m				
n		iclusion (see instructions)	8n				
0		inclusion (see instructions)	80				
p		ccess business loss adjustment	8p				
	()	tions from an ABLE account (see instructions)	8q				
r		fellowship grants not reported on Form W-2	8r				
S		ount of Medicaid waiver payments included on Form					
		1d	8s ()		
t	Pension or annu	ity from a nonqualifed deferred compensation plan or					
		ntal section 457 plan	8t				
u	Wages earned w	hile incarcerated	8u				
z		ist type and amount:					
			8z				
9	Total other incor	ne. Add lines 8a through 8z			9)	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-9,450.
aperwork Reduction Act Notice, see your tax return instructions.	0 - 11-	Ile 1 (Form 1040) 2022

Schedule 1 (Form 1040) 2022

Par	Adjustments to Income	
11	Educator expenses	11
12	Certain business expenses of reservists, performing artists, and fee-basis government	
	officials. Attach Form 2106	12
13	Health savings account deduction. Attach Form 8889	13
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14
15	Deductible part of self-employment tax. Attach Schedule SE	15
16	Self-employed SEP, SIMPLE, and qualified plans	16
17	Self-employed health insurance deduction	17
18	Penalty on early withdrawal of savings	18
19a	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions):	
20	IRA deduction	20
21	Student loan interest deduction	21
22	Reserved for future use	22
23	Archer MSA deduction	23
24	Other adjustments:	
а	Jury duty pay (see instructions) 24a	
b	Deductible expenses related to income reported on line 8l from the	
	rental of personal property engaged in for profit	-
С	Nontaxable amount of the value of Olympic and Paralympic medals	
	and USOC prize money reported on line 8m	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade	
	Act of 1974	-
f	Contributions to section 501(c)(18)(D) pension plans	-
g	Contributions by certain chaplains to section 403(b) plans	-
n	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
		-
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	
i	Housing deduction from Form 2555	-
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	
ĸ	1041)	
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 income . Enter here and on	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26
	BAA REV 01/14/23 PRO	Schedule 1 (Form 1040) 2022

			Supplementa							OMB No	. 1545-0074
(Form	1040)	(From re	ental real estate, royalties, partners		-			trusts, REMIC	s, etc.)	20)22
	nent of the Treasury Revenue Service		Attach to Form 1040, Go to www.irs.gov/ScheduleE fo					formation.		Attachm	ient ce No. 13
) shown on return								Your socia	al security i	
	·	PATHY	& S JYOTHILINGAM							6-5469	
Par	I Income	or Loss	From Rental Real Estate an	d Ro	yalties						
	Note: If yo	ou are in th	e business of renting personal proper	rty, use	Schedule	C . See	e instrue	ctions. If you ar	e an indiv	vidual, repo	ort farm
Α			s from Form 4835 on page 2, line 40. Ints in 2022 that would require you	to file	Form(s) 1	0992.5	See ins	tructions			s 🕅 No
					. ,						
1a		,	ch property (street, city, state, ZI								
A			COLONY CHENNAI TAMIL NA		<u> </u>	51					
B	MADAVARAM	MILLA	COLONI CHENNAI IAMIL NA	ADO 1		51					
C											
1b	Type of Prope	erty 2	For each rental real estate prope	ertv list	ted		Fa	ir Rental	Person	al Use	0.11/
	(from list below		above, report the number of fair	rental	and			Days	Da	ys	QJV
Α	3		personal use days. Check the Qa if you meet the requirements to the			Α		365		0	
В			qualified joint venture. See instru			В					
						С					
	of Property:	aaidanaa	3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Single Family R Multi-Family Re		4 Commercial	Ital	6 Roya			Other (descri	he)		
		51001100	+ Commercial				0				
								Propertie	es:		
Incon 3		4		3		A	50.	В			С
4				4		4	50.				
Expe											
5				5							
6	•		tructions)	6							
7			nce	7		9	00.				
8	Commissions			8							
9	Insurance			9							
10	-	-	ional fees	10							
11	•			11		1,8	00.				
12	00		to banks, etc. (see instructions)	12							
13 14				13 14		2 1	00.				
14				14			00.				
16				16							
17				17		2,8	00.				
18	Depreciation e	xpense o	r depletion	18							
19	Other (list)			19							
20	Total expense	s. Add lin	es 5 through 19	20		9,9	00.				
21			ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must	21		-9,4	50				
22			state loss after limitation, if any,	21		-9,4	50.				
22			ructions)	22	C	9.45	50.)	()	()
23a		-	orted on line 3 for all rental prope				23a		450.	\	/
b		-	orted on line 4 for all royalty prop				23b				
с		-	orted on line 12 for all properties				23c				
d		-	orted on line 18 for all properties				23d				
е			orted on line 20 for all properties				23e	9,	,900.		
24			amounts shown on line 21. Do no							,	
25			ses from line 21 and rental real esta							(9,450.)
26			e and royalty income or (loss). and line 40 on page 2 do not								
), line 5. Otherwise, include this a						26		-9,450.

Michigan Department of Treasury (Rev. 04-22), Page 1 of 2

JYCOTHLINGAM CHENNAI GANAPATHY Ta Jord Roun. Spoors First Name ML Let Name SNGBETHA JYOTHLINGAM 54.69 SNGRETA JYOTHLINGAM 5.90055 SNGRETA JYOTHLINGAM 5.90055 SNGRETA JYOTHLINGAM 5.90055 SNGRETA State ZMPANANE, Street, OFD, Bool 977 JYOTHLINGAM State ZMPANANE, Street, OFD, Bool 977 JYOTHLINGAM State ZMPANANE, Street, JANE 977 STATE CAMPAIN FUND MI 48120 4.56000 District Odd State Jack Number of State Jack Number of Indian State Jack Number of Indian Transmits, Introverse b. 5.00005 JYOTALE CAMPAINE THUM Number of Indian This Win On Increase b. b. 500005 Yau act or redue your returnd. b. Spoore 6. FARMERS, FISHERMEN, OR SEAFARERS Marined filing jointly bolow. bolow. a. MI a. MI C 2022 RESIDENCY STATUS. Check and that apply. a. MI a.	2022 MICHIGAN					n MI-1	040				ended Return [
JYOTHLINGAM CHENNAT GANAPATHY 706 — 26 — 5469 SANGEDTHA JYOTHILINGAM Spouse First Social Security No. (Example: 12346-876 SANGEDTHA JYOTHILINGAM Spouse First Social Security No. (Example: 12346-876 Ory of Tourn State 27 CUENDERRY LANE 977 — 98 — 1643 Ory of Tourn State 27 CUENDERRY LANE 977 — 98 — 1643 Ory of Tourn State 28 Code 4 Sector DathCode (6 digits - see page 60) STATE CAMPAIGN FUND State Piler 0 Check figo (and/or your spouse, fig fing a pint return) ward State your reases 0 Spouse > 2022 FLISHOR STUS. Check one 1 you check box 'o' complete in: 3 and enter spouse's full name balow: 0 Pant-Year Resident* > 2022 FLISHOR STUS. Check one in a direct spouse's full name balow: 9 Pant-Year Resident* 1 Wou check box 'o' complete in a direct spouse's full name balow: a. Number of exemptions (see instructions) 9a 2 x \$5,000 9a 1 0 000 0 b. Number of individuas wo qualify for one of the following spocial exemptions: (see instructions) 9a 2 x \$5,000 9a 0 0 b. Number of calificates of Stilbith from MDHHS (see instructions) 9a 2 x \$5,000 9a 0 0 b. Number of calindiguas wo qualify for one of the following spocial e	1. Filer's First Name				•		2 Filer's	s Full	Social Sec	curity	No. (Example: 123-45-67	89)
all and heads, spander if neiconserve TOTHILIINGAM 3. Spouse's Number Steed or PO. Box) 27 TURNEERX LANE 977 — 98 — 1643 City or from State Zith Code 4. Schoot District Code (Saigle - see page 60) STATE CAMPAICH FUND MI 48120 8. 202 (Saigle - see page 60) State Campaic Number, Street, Number (Saigle - see page 60) 8. 2160 8. 2160 State Campaic Number, Street, Number (Saigle - see page 60) 8. 202 (Saigle - see page 60) 8. 2160 State Campaic Number, Street, Number (Saigle - see page 60) 8. 202 (Saigle - see page 60) 8. 202 (Saigle - see page 60) State of the Number (Saigle - see page 60) 8. 202 (Saigle - see page 60) 8. 202 (Saigle - see page 60) State of the Number (Saigle - see page 60) 8. 202 (Saigle - see page 60) 8. 202 (Saigle - see page 60) State of the Number (Saigle - see page 60) 8. 202 (Saigle - see page 60) 8. 202 (Saigle - see page 60) State of the Number (Saigle - see page 60) 8. 202 (Saigle - see page 60) 8. 202 (Saigle - see page 60) State of Number (Saigle - see page 60) 8. 202 (Saigle - see page 60) 8. 202 (Saigle - see page 60) State of Number (Saigle - see page 60) 8. 202 (Saigle - see page 60) 8. 202 (Saigle - see page 60) State of Number (Saigle - see page 60	JYOTHILINGAM		CHENNAI	GANAF	ATHY							00)
Home Address Number, Street or PO. Bod 977 — 98 — 1643 27 TURNBERRY LANE 98 — 1643 27 TURNBERRY LANE 98 — 1643 27 TURNBERRY LANE 977 — 98 — 1643 27 TURNBERRY LANE MI 48120 82160 82160 5 STATE CAMPAIGN FUND State 82160 82160 82160 5 STATE CAMPAIGN FUND State 0 FARMERS, FISHERMEN, ON SEAFARERS 1111 Imag 3 and relate spouse studies on the intervent state		Name M.I.										
27 TURNBERRY LANE 977 998 — 1643 Chy or Torm MI 2/P Code 4. School Obiditie Code (5 digits - see page 60) 20 yr Torm State 2/P Code 4. School Obiditie Code (5 digits - see page 60) 25 STATE CAMPAIGN FUND 4. School Obiditie Code (5 digits - see page 60) 20 of this fund. This will not crease be below. b Spouse Spouse 7. 2022 FILING STATUS. Check one. a X X a Single * If you check box "c," complete line 3 and enter spouse's full name below. a. X Resident * * If you check box "c," complete line 3 and enter spouse's full name below. b X Married filing separately* A See page 60) * If you check box "c," complete line 4 and enter spouse's full name below. a. X X Resident * * If you check box "c," complete line 4 and enter spouse's full name below. a. X X Resident * * If you check box "c," complete line 4 and enter spouse's full name below. a. X X Spool on line 9e (see instructions). 9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1500 on line 9e (see instructions). 9a 2 x \$5,000 9a 100000 c 0.<		or PO Box)	1 JIOLHITI	NGAM			3. Spou	se's F	Full Social		2	-6789
DEARBORN MI 48120 82160 5. STATE CAMPAIGN FUND Check fy you (and/or your spouse, if filing a joint return) want 30 of your income is from farming. to go to this fund. This will not increase your tax or reduce your returnd. a Filer b Bouse check files box if 2/3 of your income is from farming. fishing, or sectaing. 7. 2022 FLINDENT STATUS. Check one. a Shoule a. Suppose a. Suppose a. Thy ou check box for complete line 3 and enter spouse's full name below. a. Suppose a. Suppose a. Suppose a. Thy ou check box for complete line 3 and enter spouse's full name below. a. Suppose a. Suppose a. Thy ou check box for complete line 3 and enter spouse's full name below. a. Suppose a. a. Thy ou check box for complete line 3 and enter spouse's full name below. a. a. Suppose a. Spouse a. Thy ou check box for complete line 3 and enter spouse's full name below. a. a. Spouse a. Spouse a. Thy our check box for complete line 4 and enter spouse's full name below. a. a. Thy our check box for complete line 4 and enter spouse's full name below. a. a. a. D. D. D. D.		-					9	77	—	98	<u> </u>	
5. STATE CAMPAIGN FUND Check If you (and/or your spouse, if ling a joint truth) wait 30 dyour laxes to go both fund. They will not cerease by go this of rule. They will not cerease by do the fund. They will not cerease by dotted severation. 6. FARMERS, FISHERMEN, OR SEAFARERS Check this box if 2/3 of your income is from farming, fishing, or seafaring. 7. 2022 FILING STATUS. Check one: a "Single" * If you check box "c," complete line 3 and enter spouse's full name below. 8. 2022 RESIDENCY STATUS. Check all that apply. 6. Married filing separately" * If you check box "c," complete line 3 and enter spouse's full name below. 8. 2022 RESIDENCY STATUS. Check all that apply. 9. Part-Year Resident * * If you check box "c," 'cynu must complete and include Schedule N. * * \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	•						4. Scho			(5 dig	jits – see page 60)	
Check If you (andor your spouse, if a Fier filling a joint turint want 35 of your taxes boy to this fund. This will not increase boy to the fund.				MI 4	48120							
a Single * if you check box "c," complete line 3 and enter spouse's full name below. a. X Resident *'' you mate complete and include Schedule b. X Married filing jointly a. X Resident *''' you mate complete and include Schedule c. Married filing separately* a. Norresident* *''''''''''''''''''''''''''''''''''''	Check if you (and/or y filing a joint return) wa to go to this fund. This	our spouse, if nt \$3 of your taxe will not increase	s				Check this	box	if 2/3 of y			,
b. Image 3 and enter spouse's full name below: ** If you check box 'b' or 'c', 'you must complete and include Schedule network in the subschedule include Schedule network include Schedu		. Check one.						CYS	TATUS.	Chec	k all that apply.	
b. X Married filing jointly below: below: <td< td=""><td>a. Single</td><td></td><td></td><td></td><td>20</td><td>a. X</td><td>Resident</td><td></td><td></td><td></td><td>* If you check box "h"</td><td>or</td></td<>	a. Single				20	a. X	Resident				* If you check box "h"	or
c. Married filing separately* c. Part-Year Resident * 9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instructions). 9a. 2 a. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 9b. x \$2,000 9b. 0 b. Number of qualified disabled vetrans. 9c. x \$400 9c. 0 c. Number of certificates of Stillbirth from MDHHS (see instructions). 9d. x \$5,000 9d. 0 c. Claimed as dependent, see line 9 NOTE above 9e. 9e. 9f. 10.000 0 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions). 10. 89071 0 11. Additions from Schedule 1, line 9. Include Schedule 1 11. 12 89071 0 13. Subtractions from Schedule 1, line 30. Include Schedule 1 13 14 89071 0 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0". 16. 79071 0 15. 10000 0 18a. 00 18b. 00 18b.	b. X Married filing join		•	s iuii fiafi		b. 🗌	Nonreside	nt *			"c," you must complet	е
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b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplejc, paraplegic, quadriplegic, or totally and permanently disabled y. x \$2,900 9b. 0 c. Number of qualified disabled veterans 9c. x \$400 9c. 0 d. Number of Certificates of Stillbirth from MDHHS (see instructions) 9d. x \$5,000 9d. x e. Claimed as dependent, see line 9 NOTE above 9e. 9e. 9e. 9e. 9e. 0 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) 10. 89071 0 11. Additions from Schedule 1, line 9. Include Schedule 1 11. 0 0 0 12. Total. Add lines 10 and 11 12 89071 0 13. 13. Subtractions from Schedule 1, line 30. Include Schedule 1 13. 14. 89071 0 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 89071 0 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19. 15. 100000 0 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 79071 0	9. EXEMPTIONS. NOT	FE: If someone el	se can claim you as	a depend	dent, che	ck box 9e,	enter 0 on I	ine 9	a and en	ter \$	1,500 on line 9e (see i	nstr.)
blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 9b. x \$2,900 9b. 0 c. Number of qualified disabled veterans 9c. x \$5,000 9d. x \$5,000 9d. 0 d. Number of Certificates of Stillbirth from MDHHS (see instructions) 9d. x \$5,000 9d. 0 0 e. Claimed as dependent, see line 9 NOTE above 9e. 9e. 9e. 9e. 9e. 0 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) 10. 89071 0 11. Additions from Schedule 1, line 9. Include Schedule 1 11. 0 89071 0 12. Total. Add lines 10 and 11 12 89071 0 13. 0 0 13. Subtractions from Schedule 1, line 30. Include Schedule 1 13. 0 0 14. 89071 0 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 16. 79071 0 15. 100000 0 18. 000 18. 000 19. 000 19. 000 19. 000 19. 000 19. 000 19. 0	a. Number of exemp	tions (see instruc	ions)				a. 2	x	\$5,000	9a.	10000	
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12. Total. Add lines 10 and 11	10. Adjusted Gross Inc	ome from your U	S. Form 1040 (see	instructior	าร)				10.		89073	1 0
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Include a copy of the return (see instructions)		-	nite outside Michiac	n		AWOU	1		Г		GREDII	Т
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"								00	18b.			0
If the sum of lines 18b and 19b is greater than line 17, enter "0"	19. Michigan Historic Pre	servation Tax Cre	edit (see instructions	s). 19a.				00	19b.			0
								_				
	If the sum of lines 18	o and 19b is grea	ter than line 17, ent	er "0"					20.		ろろり. REV 01/12/23 PF	

Continue on page 2. This form cannot be processed if page 2 is not completed and included.

DocuSign Envelope ID: F64D9712-5536-4A19-8282-50CBE8CA8C8E

2022 M	-1040, Page 2 of 2	Filer'	s Full Social Se	ecurity Number	7(06 -		26 —	5469	
					/ \	0.0		20		
	Enter amount of Income Tax from lin						21.		3361	
22.	Voluntary Contributions from Form 4	1642, line 6. Include F	orm 4642				22.			00
23.	USE TAX. Use tax due on Internet, i Worksheet 1 (see instructions)		•				23.		(00 0
0.4									3361	
	Total Tax Liability. Add lines 21, 22					24. L				
REFU	NDABLE CREDITS AND PAYM	ENIS					Г			
25.	Property Tax Credit. Include MI-10	40CR or MI-1040CR	-2				25.			00
26.	Farmland Preservation Tax Credit	. Include MI-1040CR	-5				26.			00
			_	FED	ERAL		-	МІ	CHIGAN	
27.	Earned Income Tax Credit. Multiply I enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax (Credit (refundable). In	clude Form	3581			28.			00
29.	Credit for allocated share of tax paid	by an electing flow-th	nrough entity	(see instructi	ons)		29.			00
30.	Michigan tax withheld from Schedule	e W, line 6. Include S	chedule W (do not subm	it W-2s)		30.		4010	00 00
31.	Estimated tax, extension payments a	and 2021 credit forwa	rd				31.			00
32.	2022 AMENDED RETURNS ONLY. Amended returns must include Sch		, 0	2022 return sl	nould skip to l	ine 33.				
	32a. If you had a refund and/or of negative number on line 32		inal return, che	eck box 32a and	l 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 paymer	nts Add lines 25 26 2	27h 28 20 3	30 31 and 32	<u>_</u>	33.			4010	00
	ND OR TAX DUE	10.7 444 11100 20, 20, 20, 2				00.L				
-	If line 33 is less than line 24, subtract	ct line 33 fro <u>m line 24.</u>	If applicable	, see instructi	ons.	Г				
	Include interest 00 a	nd penalty	00	Υ	OU OWE	34.				00
35.	Overpayment. If line 33 is greater the	han line 24, subtract li	ne 24 from li	ne 33		35.			649	9 00
36.	Credit Forward. Amount of line 35 t	to be credited to your 2	2023 estimat	ted tax for you	ır 2023 tax ret	turn	36.			00
									CAC	
	Subtract line 36 from line 35	a. Routing Transit			REFUND ccount Numbe	37.		c Type o	f Account	9 00
	t your refund directly to your financial		Number	0 . A		•		X Checking		ings
instituti and c.	on! See instructions and complete a, b	072000805		375022	171985		··· L	11 onooking		
	ased Taxpayer. If Filer and/or Spous	e died after December 3	1, 2021, enter (dates below.	Preparer Ce	rtifica	tion. /	declare under r	enalty of perjury	that
	R DATE OF DEATH ONLY. Example:								nave any knowle	
Filer		Spouse -			Preparer's PTIN P020827		or SSN			
Тахра	Ayer Certification. I declare under p	penalty of periury that the	information in	this return	Preparer's Nam	ie (print				
and att	achments is true and complete to the best						RAM	I SAGAR	GUPTA 1	ΓA
Filer's	Signature		Date		Preparer's Sign		، د ר		י גישכוניס	
Spoure	e's Signature		Date					I SAGAR		ΓA
opous	o o orginature		Dale		GLOBAL					
			1		245 ROC					
	By checking this box, I authorize Tre	asury to discuss mv r	eturn with m	y preparer.	E BRUNS			J 08816		
		,			678-965					

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

Michigan Department of Treasury (Rev. 03-22), Page 1

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, 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)
JYOTHILINGAM		CHENNAI GANAPATHY	706 — 26 — 5469
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
SANGEETHA		JYOTHILINGAM	977 — 98 — 1643

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

	4	В	С	D	E
	"X" for: Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld
X		38-3317204	TRILOGY INTERNAT	98521 ₀	4010 00
				с	0 00
				0	0 00
				0	0 00
				o	0 00
Enter	Table	1 Subtotal from additional Sche	dule W forms (if applicable)		00
4.	SUB	TOTAL. Enter total of Table 1, c	olumn E		4. 4010 00

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

A	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	00
			00	00
			00	00
			00	00
			00	00
Enter Table	2 Subtotal from additional Sche	dule W forms (if applicable)		00
5. SUB	TOTAL. Enter total of Table 2, c	olumn E	5.	00
6. TOT	AL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30.		4010 00

REV 01/12/23 PRO

Schedule W

Attachment 13

	DULE 1	Additional Income and Adjustments	to Inc	ome	L	OM	B No. 1545-0074
- Departm	1040) Thent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR Go to www.irs.gov/Form1040 for instructions and the late	-			Atta	2022 achment juence No. 01
lame	(s) shown on Form	1040, 1040-SR, or 1040-NR		Y	our socia		curity numb
Ј СН	ENNAI GANAPA	THY & S JYOTHILINGAM		5	706-26-	546	9
Par	t Additiona	al Income					
1	Taxable refunds	, credits, or offsets of state and local income taxes .			1		
2a	Alimony received	d			2	a	
b	Date of original of	divorce or separation agreement (see instructions):					
3	Business income	e or (loss). Attach Schedule C			3	3	
4		osses). Attach Form 4797				_	
5		e, royalties, partnerships, S corporations, trusts, etc. At				_	-9,45
6		(loss). Attach Schedule F.				-	
7		compensation			7	7	
8	Other income:						
a		SS	8a ()		
b	•		8b				
c			8c				
d		ncome exclusion from Form 2555	8d (/		
e		m 8853	8e				
f		m 8889	8f				
g	Alaska Permane	nt Fund dividends	8g				
h :			8h 8i				
-							
J k			8j 8k				
I		rental of personal property if you engaged in the rental	OK				
	for profit but we	re not in the business of renting such property	81				
m	•	Paralympic medals and USOC prize money (see					
			8m				
n		iclusion (see instructions)	8n				
0		inclusion (see instructions)	80				
p		ccess business loss adjustment	8p				
	()	tions from an ABLE account (see instructions)	8q				
r		fellowship grants not reported on Form W-2	8r				
S		ount of Medicaid waiver payments included on Form					
		1d	8s ()		
t	Pension or annu	ity from a nonqualifed deferred compensation plan or					
		ntal section 457 plan	8t				
u	Wages earned w	hile incarcerated	8u				
z		ist type and amount:					
			8z				
9	Total other incor	ne. Add lines 8a through 8z			9)	

	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 aperwork Reduction Act Notice, see your tax return instructions.	10	-9,450.
	0 - 11-	Ile 1 (Form 1040) 2022	

Schedule 1 (Form 1040) 2022

Par	Adjustments to Income	
11	Educator expenses	11
12	Certain business expenses of reservists, performing artists, and fee-basis government	
	officials. Attach Form 2106	12
13	Health savings account deduction. Attach Form 8889	13
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14
15	Deductible part of self-employment tax. Attach Schedule SE	15
16	Self-employed SEP, SIMPLE, and qualified plans	16
17	Self-employed health insurance deduction	17
18	Penalty on early withdrawal of savings	18
19a	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions):	
20	IRA deduction	20
21	Student loan interest deduction	21
22	Reserved for future use	22
23	Archer MSA deduction	23
24	Other adjustments:	
а	Jury duty pay (see instructions) 24a	
b	Deductible expenses related to income reported on line 8l from the	
	rental of personal property engaged in for profit	-
С	Nontaxable amount of the value of Olympic and Paralympic medals	
	and USOC prize money reported on line 8m	
	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade	
	Act of 1974	-
f	Contributions to section 501(c)(18)(D) pension plans	-
g	Contributions by certain chaplains to section 403(b) plans	-
n	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
		-
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	
i	Housing deduction from Form 2555	-
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	
ĸ	1041)	
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 income . Enter here and on	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26
	Schedule 1 (Form 1040) 2022	

Description Attach to Form 1040, 1040-NR, or 1041. Comparison Description Namely down or mism Conserved.res.gov/Schedule/E for instructions and the lasts information. Variable description	SCHEDULE E		Supplemental Income and Loss							OMB No	OMB No. 1545-0074	
Constructions and the latest information. Second S	(Form	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							20	2022	
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