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 Iden	tification Number (SID)				
Taxpayer's name	<u> </u>	Social securi	y numb	er	
MRUDHUL NEI	LATURI	366-89	-1800)	
Spouse's name		Spouse's soc			r
Part I Tay	Poturn Information Tay Year Ending December 21	(Enter year your a	ro out	horizina	1
	<u> </u>	(Enter year you a	re aut	nonzing	.)
	ars only on lines 1 through 5. 0-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	gross income		11	67	,113.
-			2		7,536.
	come tax withheld from Form(s) W-2 and Form(s) 1099		3		349.
	ou want refunded to you		4		,813.
•	ou owe		5		,, 0101
Part II Tax	payer Declaration and Signature Authorization (Be sure you ge	et and keep a cop	y of y	our retu	irn)
my knowledge and return (original or a to send my return for any delay in pro Agent to initiate an payment of my fed authorization is to payment, I must obusiness days prio taxes to receive opersonal identificat	perjury, I declare that I have examined a copy of the income tax return (original or a dibelief, it is true, correct, and complete. I further declare that the amounts in Palmended) I am now authorizing. I consent to allow my intermediate service provide to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason coessing the return or refund, and (c) the date of any refund. If applicable, I authorized ACH electronic funds withdrawal (direct debit) entry to the financial institution accernal taxes owed on this return and/or a payment of estimated tax, and the financial remain in full force and effect until I notify the U.S. Treasury Financial Agent to contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellar to the payment (settlement) date. I also authorize the financial institutions involve onfidential information necessary to answer inquiries and resolve issues related distributions.	art I above are the amore, transmitter, or electron for rejection of the traite the U.S. Treasury a count indicated in the traiter institution to debit the terminate the authorization requests must be ded in the processing of to the payment. I further, transmitted the transmitter in the processing of the transmitter in the payment.	ounts from the counts from the counts from the country to community the country to country the country the country the country according to the country country the country according to the country c	om the in urn origina sion, (b) the lesignated aration so this according to the lestronic parknowledge.	acome tax ator (ERO) he reason I Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	/ithdrawal Consent. check one box only				
		enerate my PIN	1 8	0 0	as my
_	ERO firm name re on the income tax return (original or amended) I am now authorizing.	ž En		digits, but all zeros	as my
☐ I will ent	ter my PIN as my signature on the income tax return (original or amended re entering your own PIN and your return is filed using the Practitioner P				
Your signature ▶	· D	ate ►			
Snouse's PIN: c	heck one box only				
l authori	•	enerate my PIN			as my
	ERO firm name	_	er five o	digits, but	asiny
signatur	re on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros	
	ter my PIN as my signature on the income tax return (original or amended re entering your own PIN and your return is filed using the Practitioner P				
Spouse's signatu	ure ▶ D	ate ►			
	Practitioner PIN Method Returns Only—continue	below			
Part III Cer	tification and Authentication — Practitioner PIN Method Only				
ERO's EFIN/PIN	I. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 6 er all zei	1 9 8	3 9
authorized to file fe	pove numeric entry is my PIN, which is my signature for the electronic individual in or tax year indicated above for the taxpayer(s) indicated above. I confirm that I are Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provi	ncome tax return (origi am submitting this retu	nal or a	amended) ccordance	
ERO's signature	▶ D	ate ►			
	ERO Must Retain This Form — See Instruct				
	Don't Submit This Form to the IRS Unless Requeste	ed To Do So			

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

|--|

OMB No. 1545-0074

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

Filing Status	s 🗌 s	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH)		lifying su use (QSS		
Check only one box.	-	u checked the MFS box, enter the nonis a child but not your dependent		our spouse. If you VYA CAROL KU			QSS box, enter the				
Your first name	and mi	ddle initial	tial Last name					Your social security numbe			
MRUDHUL			NELA	TURI				366-8	39-180	0 (
If joint return, s	pouse's	first name and middle initial	Last na	me				Spouse's social security numb			
								442-	442-73-4995		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elect	tion Campaign	
8371 BEI	RWICE	K DR						1	nere if you		
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code		0,	intly, want \$3	
WESTLANI)				MI	Ι	48185		tnis tuna ow will no	. Checking a	
Foreign country name Foreign province/state/county Foreign postal code				-1	or refund	0					
						You	Spouse				
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				,	. ,	Yes	⊠ No	
				<u>_</u>			assetti: (See Ilistit	actions.)			
Standard Deduction		eone can claim:		•		a dependent					
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bo	n before January			olind	
Dependent				(2) Social secur	rity	(3) Relationsh	•		,	,	
If more	(1) Fi	rst name Last name		number		to you	Child tax o	redit	Credit for o	other dependents	
than four											
dependents, see instruction	s										
and check	,										
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		75,808.	
	b	Household employee wages not re		, ,				. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)				. 1c			
attach Forms	d	Medicaid waiver payments not rep	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						. 1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						. 1f			
If you did not	g	Wages from Form 8919, line 6 .						. 1g			
get a Form	h	Other earned income (see instruct	ions) .					. 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i					
	Z	Add lines 1a through 1h						. 1z		75,808.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t	. 2b			
if required.	3a	Qualified dividends	3a	2.	b C	ordinary divide	nds	. 3b		2.	
	4a	IRA distributions	4a		b T	axable amoun	t	. 4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t	. 5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t	. 6b			
 Single or Married filing 	С	If you elect to use the lump-sum e	lection r	nethod, check hei	re (see	instructions)	[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired	, check here	[-800.	
Married filing	8	Other income from Schedule 1, lin	e 10 .					. 8		-7 , 897.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9		67,113.	
surviving spouse, \$25,900	10	Adjustments to income from Sche		-				. 10			
Head of	11	Subtract line 10 from line 9. This is	your a c	djusted gross inc	ome			. 11		67 , 113.	
household, \$19,400	12	Standard deduction or itemized	-					. 12		12,950.	
If you checked	13	Qualified business income deduct		`	,			. 13			
any box under Standard	14									12,950.	
Deduction,	15	Subtract line 14 from line 11. If zer								54,163.	
see instructions.	1			.,	, ,		· · · ·			,	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	7,536.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	7,536.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,536.
	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	7,536.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a	9,34	9.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					. 25d	9,349.
	26	2022 estimated tax payment							,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31					its .	. 32	
	33	Add lines 25d, 26, and 32. T	,	•	•				9,349.
	34	If line 33 is more than line 24							1,813.
Refund	35a	Amount of line 34 you want				•			1,813.
Direct deposit?	b	Routing number 0 4 4			c Type:		 ☐ Savir		1,010.
See instructions.	d	Account number 6 2 2			C Type. 2	Checking	Savii	igs	
	36	Amount of line 34 you want a			d tay	36			
Amount	37	Subtract line 33 from line 24	••			30			
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in							
Third Party Designee		you want to allow another	•				. Comple	ete below.	⊠ No
Boolgiloo		signee's		Phone				dentification	
	nai			no.			number (P		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature	•	Date	Your occupation				ent you an Identity PIN, enter it here
Joint return?					SOFTWARE	ENGINEER		(see inst.)	Tiv, enter it here
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	ation			ent your spouse an ection PIN, enter it here
	Ph	one no. (216) 777-042	 5	Email address	MRUDHULN@			•	
		eparer's name	Preparer's signat		מוווטחטטמיז	Date	PTIN	N	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מוזסקה האדדאי			2082703	Self-employed
Preparer				NAM DAGAK	GOLIA IALLAI	1 02/23/20			
Use Only		m's name GLOBAL TAX	Y CT E BRU	INCMTOV N	J 08816				(678) 965-9522
				MOMICE IN				Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/17/23 P	70		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

MRUDHUL NELATURI

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

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

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

Your social security number 366-89-1800

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		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, trusts, etc. Att	ach Schedule E .	5	-7 , 897.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total other income. Add lines to three the	8z		
9	Total other income. Add lines 8a through 8z		9	-7,897.
10	Combine lines i through / and 9. Enter here and on Form 1040, 1040-5F	i, or ruau-ind, lifte 8	10	-/ , 89/.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis gov		
	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)		
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	-	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
- 1	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		
	tax law violations		
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
k	1041)		
-	Other adjustments. List type and amount:		
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here	23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

MRUDHUL NELATURI

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

Your social security number 366-89-1800

	ou dispose of any investment(s) in a qualified opportunity t es," attach Form 8949 and see its instructions for additiona	•	•			
Pa	Short-Term Capital Gains and Losses—Ger	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	0.	800.			-800.
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	.684, 6781, and 88	324	4	
	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	•	rour Capital Loss	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a	through 6 in colu	ımn (h). If you hav			,
Des	term capital gains or losses, go to Part II below. Otherwise				7	-800.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	Held More Than	One Year	(see i	instructions)
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This whol	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			in or (loss)	11	
12	Net long-term gain or (loss) from partnerships, S corporati			dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III		

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary -800. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. ■ No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 800.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

366-89-1800

MRUDHUL NELATURI

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 0. 800. -800.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

0.

-800.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

800.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Your social security number

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

MRUDHUL NELATURI 366-89-1800 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) 1a 19-8-46/1, CHINAPETA BHIMAVARAM ANDHRA PRADESH IN 534201 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 645. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,584. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,690. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,248. 14 14 Repairs 1,133. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,887. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 8,542. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -7,897. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7,897.) 645. Total of all amounts reported on line 3 for all rental properties 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 8,542. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 7,897. 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 Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -7**,**897. 26

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

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 2023 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2023 withholding to be at least:

- 90 percent of your total 2023 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2022 tax, or
- 110 percent of your total 2022 tax if your 2022 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

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

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NOTE: You will not receive reminder notices; save this set of forms for all of your 2023 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.

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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 MICHIC AN	Issued under authority of Public			
2023 MICHIGAN	Act 281 of 1967, as amended.	Due Date for Calendar Year Filers		
MI-1040ES Estimated Individual Income Tax Vo		04-18-2023		
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number		
MRUDHUL NELATURI	366-89-1800			
Address (Street, City, State, ZIP Code)	WRITE PAYMENT			
8371 BERWICK DR	AMOUNT HERE	\$ 660 .00		
WESTLAND MI 48185	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 "2023 MI-1040ES" on the front of your check. Do not fold or staple.		

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2023 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 06-15-2023
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
MRUDHUL NELATURI	366-89-1800	
Address (Street, City, State, ZIP Code)	WRITE PAYMENT	
8371 BERWICK DR	AMOUNT HERE	\$ 660 .00
WESTLAND MI 48185	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 "2023 MI-1040ES" on the front of your check. Do not fold or staple.

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2023 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.	09-15-2023		
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number		
MRUDHUL NELATURI	366-89-1800			
Address (Street, City, State, ZIP Code)	WRITE PAYMENT			
8371 BERWICK DR	AMOUNT HERE	\$ 660 .00		
WESTLAND MI 48185	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 "2023 MI-1040ES" on the front of your check. Do not fold or staple.		

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2023 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 01-16-2024
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
MRUDHUL NELATURI	366-89-1800	
Address (Street, City, State, ZIP Code)	WRITE PAYMENT	
8371 BERWICK DR	AMOUNT HERE	\$ 660 .00
WESTLAND MI 48185	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 "2023 MI-1040ES" on the front of your check. Do not fold or staple.

Instructions for Form MI-1040-V 2022 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 34.

Your payment and MI-1040-V are due April 18, 2023. 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 "2022 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 write 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. 03-22)

2022 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 02/21/23 PRO

Filer's Name(s) (First, Middle Initial, Last) and	Filer's Full Social Security Number	Spouse's Full Social Security Number
Home Address (Street, City, State, ZIP Code)	366-89-1800	
MRUDHUL NELATURI	WRITE PAYMENT	\$ 2640.00
	AMOUNT HERE	2640 .00
8371 BERWICK DR	MAIL TO:	Make check payable to "State of Michigan."
WESTLAND MI 48185	MAIL 10. Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Write the last four digits of filer's Social Security number and "2022 MI-1040-V" on the check. Do not fold or staple.

2022 MICHIGAN Individual Income Tax Return MI-1040

2022 MICHIGAN INGI Paturn is dua April 18, 2023					rn IVII-10	40		ı		ended Return ude Schedule AMD)		
turn is due April 18, 2023. Type or print in blue or black ink. iler's First Name M.I. Last Name							2. Filer's Full Social Security No. (Example: 123-45-6789					
MRUDHUL		NELATURI										
If a Joint Return, Spouse's First Name	M.I.					366 — 89 — 1800						
Home Address (Number, Street, or P.O. Be) (x)	<u> </u>				3. Spous	se's F	ull Social	Secur	ity No. (Example: 123-4	5-6789)	
8371 BERWICK DR						4	42		73			
City or Town			l I	ZIP Code		4. School			(5 dig	its – see page 60)		
WESTLAND			MI	4818				3060				
 STATE CAMPAIGN FUND Check if you (and/or your spous filing a joint return) want \$3 of your to go to this fund. This will not in your tax or reduce your refund. 	our taxes		Filer Spouse				box	if 2/3 of y		AFARERS	j,	
7. 2022 FILING STATUS. Check of	ne.						Y S	TATUS.	Chec	k all that apply.		
a. Single		ou check box "c,"			a. X R	esident				* 16 "- !- "- !- "- !- !- !- !- !- !- !- !- !- !- !- !- !-	,	
b. Married filing jointly		line 3 and enter spouse's full name below:				onresider	at *		* If you check box "b" or "c," you must complete			
warned ming jointly					D N	oni esidei	11			and include Schedu	le	
c. X Married filing separately*	KA	KAVYA CAROL KUSUM c. Part-Year Re					Resi	dent *		NR.		
9. EXEMPTIONS. NOTE: If som	eone els	e can claim you a	as a depe	endent, ch	eck box 9e, e <u>nt</u>	er 0 on li	ne 9	a and en	ter \$	1,500 on line 9e (see	instr.).	
Number of exemptions (see	instructi	ione)			9a.	1	x	\$5,000	02	500	0 00	
b. Number of individuals who q		,			<u> </u>		^	ψ5,000	Ja.	333	100	
blind, hemiplegic, paraplegic	c, quadri	plegic, or totally a	and perm	anently dis	abled 9b.		x	\$2,900	9b.		00	
· · · · · · · · · · · · · · · · · · ·						Х	\$400	9c.		00		
d. Number of Certificates of St	illbirth fr	om MDHHS (see	instructio	ons)	9d.		Х	\$5,000	9d.		00	
e. Claimed as dependent, see	line 9 N	OTE above			9e.				9e.		00	
f. Add lines 9a, 9b, 9c, 9d and	9e. En	ter here and on lir	ne 15					г	9f.	500	0 00	
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)							10.		6711	3 00		
11. Additions from Schedule 1, line 9. Include Schedule 1							11.			00		
12. Total. Add lines 10 and 11							12.		6711	3 00		
13. Subtractions from Schedule 1, line 30. Include Schedule 1							13.			00		
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"							14.		6711	3 00		
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19							15.	5000 00				
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"						16.	62113 00					
17. Tax. Multiply line 16 by 4.25% (0.0425)							•				0 00	
ION-REFUNDABLE CREDITS					AMOUNT	1		г		CREDIT		
18. Income Tax Imposed by govern Include a copy of the return (see				Ва.			00	18b.			00	
19. Michigan Historic Preservation	Tax Cre	dit (see instructio	ns). 19	9a			00	19b.			00	
20. Income Tax. Subtract the sum	of lines	18b and 19b from	n line 17.					20		264	0 00	

2022 N	II-1040, Page 2 of 2										
		Fi	ler's Full Social S	Security Number	3	66 –	_ {	39 —	1800		
21	Enter amount of Income Tay from line	e 20					21		264	0 00	
									201	00	
	•				•••••					100	
23.							23.			00	
0.4	- -	1.00							264		
						24.			204	0 00	
REFU	INDABLE CREDITS AND PAYME	ENTS					Г			$\overline{}$	
25.	Property Tax Credit. Include MI-10	40CR or MI-10400	CR-2				25.			00	
26	Farmland Preservation Tax Credit.	Include MI-10400	CR-5				26			00	
_0.								MIC	CHIGAN	100	
27	Earned Income Tax Credit. Multiply li	ne 27a by 6% (0.0)6) and				Γ				
24. Total Tax Liability. Add lines 21, 22 and 23					00						
28.	Michigan Historic Preservation Tax C	redit (refundable).	Include Form	า 3581			28.			00	
29. Credit for allocated share of tax paid by an electing flow-through entity (see instruct					ions)		29.			00	
20 Michigan towy ithhold from Cahadula W. lina C. Inalyda Cahadula W. (da nat auberit W. 20)							30			00	
50.	wichigan tax withheld from Schedule	, vv, iiile o. iiiciaa	S Scriedule W	(do not subn	III VV-25)		30.				
31.	Estimated tax, extension payments a	and 2021 credit for	ward				31.			00	
32.	2022 AMENDED RETURNS ONLY.	Taxpayers complet	ting an original	l 2022 return s	hould skip to I	ine 33.					
	Amended returns must include Sche	edule AMD (see ii	nstructions).								
	If you had a refund and/or c	redit forward on the o	original return, ch	neck box 32a an	d enter this amo	unt as a					
			g ,								
							32c			00	
	any additional tax paid after	filing, as a positive n	umber on line 32	2c. Do not includ	e interest or per	naity.	320.			100	
33.	Total refundable credits and payment	ts. Add lines 25, 26	6, 27b, 28, 29,	30, 31 and 32	lc	33.				00	
		t line 33 from line 2	24. If applicabl	e, see instruct	ions.	Γ					
	Include interest 00 ar	nd penalty	00	\	OU OWE	34.			264	<u>0 00</u>	
25	Overmont If line 22 is an element	an line 24 auchtur	-t lin - 04 fuers	lin - 00		25					
35.	Overpayment. If line 33 is greater to	ian iine 24, subtrat	ct line 24 from	iine 33		35.	Т			00	
36	Credit Forward. Amount of line 35 to	o be credited to vo	ur 2023 estima	ated tax for vo	ur 2023 tax re	turn	36			00	
			2020 00			·				1	
37.	Subtract line 36 from line 35				REFUND	37.				00	
		a. Routing Tran	sit Number	b. A	ccount Numbe	er		c. Type of	Account		
							1.	Checking	2. Sa	vings	
and c.	· · ·			1							
ENIE	R DATE OF DEATH ONLY. Example: (7 - 15-2022 (MM-DD-	-					tion of which I ha		eage.	
Filer		Spouse		- [[•		001				
Tayn	avor Cortification I declare under n	analty of parium, that	the information i	in this roturn	Preparer's Nam	ne (print o	or type)				
			ure imormation i	iii tiiis retuiri	SYAM PI	RIYA	RAM	SAGAR	GUPTA	TΑ	
Filer's	Signature		Date		Preparer's Sign		_				
								SAGAR		TA	
Spous	se's Signature		Date		•			ess and Telepho	ne Number		
					GLOBAL			ГC			
					245 ROONEY CT						
By checking this box, I authorize Treasury to discuss my return with my preparer.				E BRUNSWICK NJ 08816 678-965-9522							

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