2022 Ohio IT 1040

Individual Income Tax Return



22000198

Sequence No. 1

02 27 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

	AMENDED RETURN - Check h	nere and include Ohi	o IT RE	<u>.</u>	NC	L CARRYBA	ACK - Chec	k here and	include Schedule IT NOL.
	Primary taxpayer's SSN (required) 117 85 1712	✓ If deceased	Spo	use's SSN (if fil	ling join	tly)	✓ If dec	eased	School district # 3101
	First name AASHRITH CHANDR		M.I.		A				
	Spouse's first name (if filing jointly)		M.I.	Last name					
	Address line 2 (apartment number, su APT 1310	ite number, etc.)							
	City				State	ZIP code	e	Ohio cour	nty (first four letters)
	ORLANDO				FL			HAMI	
	Foreign country (if the mailing address	s is outside the U.S.)			Forei	gn postal cod	е		
	Residency Status - Check only	one for primary			Fili	ng Status	- Check one	e (as reporte	ed on federal income tax return)
	Resident Part-year resident			TX	×	Single, head	d of househ	old or qualit	fying widow(er)
	Check only one for spouse (if filing joi Resident Part-year resident	Nonresident						y	Spouse's SSN
	Ohio Nonresident Statement	- See instructions f	or requ	ired criteria					
	Primary meets the five criteria for	irrebuttable presumpt	ion as r	nonresident.		Federal exte	ension filer	s - check he	re.
	Spouse meets the five criteria for	irrebuttable presumpt	ion as r	nonresident.				u (or your s	pouse if filing jointly) as a
aper clip.				,			1.		110540
e or p	2a.Additions – Ohio Schedule of Adju	stments, line 10 (inc	lude s	chedule)			2a.		
staple	2b.Deductions – Ohio Schedule of Ad	justments, line 39 (ii	nclude	schedule)			2b.		
Do not	3. Ohio adjusted gross income (line	l plus line 2a minus l	ine 2b)	. Place a "-" in	the box	r if negative .	3.		110540
							4.		1900
	,					-	5.		108640
First name AASHRITH CHANDR Spouse's first name (if filing jointly) Address line 1 (number and street) or P.O. Box 5112 MILLENIA WATERS DR Address line 2 (apartment number, suite number, etc.) APT 1310 City State ZIP code ORLANDO Foreign country (if the mailing address is outside the U.S.) Foreign postal code Residency Status - Check only one for primary Resident Part-year X Nonresident Indicate state Check only one for spouse (if filing jointly) Resident Part-year Nonresident Indicate state Check only one for spouse (if filing jointly) Resident Part-year Nonresident Indicate state Ohio Nonresident Statement Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone ca dependent, ch			6.						
	7 Taxable nonbusiness income (line	5 minus line 6: if ned	native (enter zero)			7		108640





REV 02/14/23 PRO

2022 Ohio IT 1040

Individual Income Tax Return



SSN 117 85 1712 22000298 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	108640
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	3008
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	3008
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	1652
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1356
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	1356
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	1702
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	1702
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	1702
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	
22.Interest due on late payment of tax (see instructions)	22.	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT D	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	346
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)	JND ▶ 27.	346
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.	If your refund is \$1.00 or less,	
Primary signature Phone number(513) 442−6288	If you owe \$1.00 or less, no	
Spouse's signature Date	Ohio Departmer P.O. Box	it of Taxation
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH	
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522	Payment Includ Ohio Departmer	ed – Mail to: It of Taxation
Preparer's TIN (PTIN) P 02082703	P.O. Box Columbus, OH	2057
	1	

2022 IT 1040 - page 2 of 2

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2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

22280198

Sequence No. 7

Primary taxpayer's SSN 02 27 23 117 85 1712

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	3008
2.	Retirement income credit (include 1099-R forms)	2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	C
9.	Income-based exemption credit	9.	C
10.	Total (add lines 2 through 9)	.10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	3008
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	. 12.	C
13.	Earned income credit	.13.	
14.	Home school expenses credit (include copies of all required documentation)	.14.	
15.	Scholarship donation credit (include copies of all required documentation)	. 15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	. 16.	
17.	Vocational job credit (include a copy of the credit certificate)	.17.	
18.	Ohio adoption credit	.18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	.19.	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	.20.	
21.	Grape production credit	.21.	
22.	InvestOhio credit (include a copy of the credit certificate)	.22.	
23.	Lead abatement credit (include a copy of the credit certificate)	.23.	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	.24.	



2022 Ohio Schedule of Credits

Primary taxpayer's SSN 117 85 1712



Sequence No. 8

25. Technology investment credit car	ryforward (include a copy of the	credit certificate)25).
26. Enterprise zone day care & traini	ng credits (include a copy of the	credit certificate)26	5.
27. Research & development credit (include a copy of the credit cert	ificate)27	7 .
28. Nonrefundable Ohio historic pres	ervation credit (include a copy of	the credit certificate)28	3.
29. Total (add lines 12 through 28)		29	0
30. Tax less additional credits (line 1	1 minus line 29; if negative, enter z	zero)30	3008
Nonresident Credit			
Dates of Ohio residency	to	Other state of residency	
31. Nonresident Portion of Ohio adju Ohio IT NRC Section I, line 18 (i		60726	
32. Ohio adjusted gross income (Ohi	o IT 1040, line 3)32.	110540	
33a. Divide line 31 by line 32 (four decir if greater than 1, enter 1.0000)	mals; do not round;	33a. 0.5493	
33. Nonresident credit (line 30 times	line 33a)	33	1652
Resident Credit			
34. Resident credit – Ohio IT RC, line	e 7 (include a copy)	34	i.
35. Total nonrefundable credits (ad	dd lines 10, 29, 33 and 34; enter he	ere and on Ohio IT 1040, line 9)35	1652
	Refundable Credits		
36. Refundable Ohio historic preserv	ation credit (include a copy of the	e credit certificate)36).
37. Refundable job creation credit & jo	ob retention credit (include a copy o	of the credit certificate)	,
38. Pass-through entity credit (include	de a copy of the Ohio IT K-1s)	38	3.
39. Motion picture & Broadway theat	rical production credit (include a c	copy of the credit certificate)39).
40. Venture capital credit (include a	copy of the credit certificate)	40).
41. Total refundable credits (add lin	nes 36 through 40; enter here and	on Ohio IT 1040, line 16)4	



2022 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

117 85 1712

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

Part A - Total Withholding

Part B - 1. P/S P	<u>- W-2s</u> Box b - EIN 861564085	Box 1 - Wages, tips, other compensation 120740	Box 2 - Federal income tax withheld 19336
	Box 15 - Employer's Ohio ID number 54176464	Box 16 - Ohio wages, tips, etc. 49814	Box 17 - Ohio income tax 1702
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2022 Schedule of Ohio Withholding Primary taxpayer's SSN

117 85 1712



		117 85 1712		Sequence No. 12
	1099-Rs Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Part D -	W 260			
	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld





2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

AASHRITH CHANDRA Your First Name and Initial	GUNDALA Last Name	117851712 Your Social Security Numb	12121994 Your Date of Birth (MM/DD/YYYY)
If a Joint Return, Spouse's First Name and Initia	Spouse's Last Name	Spouse's Social Security Nu	mber Spouse's Date of Birth
5112 MILLENIA WATER Current Home Address	S DR APT #1310	Check if Address is:	New Foreign
ORLANDO City		<u>F'L</u> State	32839 ZIP Code
2022 Federal Filing Status (p	place an X in one box):		
(2) Married Filing Joi	Spouse NameSpouse SSN	(4) Head of Hous	ehold (5) Qualifying Widow(er)
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
From Your Federal Return (so 120740 A. Wages, salaries, tips, etc.	0	0 nemployment	97590 D. Federal taxable income
1 Federal adjusted gross incom	e (from line 11 of federal Form 1040 and 10	40-SR)	1 ■110540
	10 of Schedule M1M and line 9 of Schedule		3 110540
4 Itemized deductions (from Sc	hedule M1SA) or your standard deduction (see instructions)	4 ■12900
5 Exemptions (determine from a	instructions)		5 🔳
6 State income tax refund from	line 1 of federal Schedule 1		6 ■
7 Subtractions from line 32 of S	chedule M1M and line 21 of Schedule M1M	B (see instructions)	
8 Total subtractions. Add lines 4	through 7		
9 Minnesota taxable income. S	ubtract line 8 from line 3. If zero or less, leav	ve blank	
10 Tax from the table or schedul	es in the Form M1 instructions		. 10 6289

2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11 ■	1
				6289
12 13	Add lines 10 and 11		.12	
	Part-year residents and nonresidents: From Schedule M1NR, 6	·		
	line 13, from line 28 on line 13a, and from line 29 on line 13b		13	2285
	13a■ <u>40157</u> 13b■ <u>11054</u>	<u>)</u>		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14	
15	Tax before credits. Add lines 13 and 14		15	2285
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16 ■	·
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blan Nongame Wildlife Fund contribution (see instructions)	nk)	17	2285
10	This will reduce your refund or increase the amount you owe		18 ■	ı
19	Add lines 17 and 18		19	2285
20	Minnesota income tax withheld. Complete and enclose Sched			0.5.0.5
	Minnesota withholding from Forms W-2, 1099, and W-2G and S	chedules KPI, KS, and KF	20 ■	2525
21	Minnesota estimated tax and extension payments made for 2	022	21	·
22	Amount from line 12 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22	•
23	Total payments. Add lines 20 through 22		23	2525
24	REFUND . If line 23 is more than line 19, subtract line 19 from			240
25	For direct deposit, complete line 25	ssociated with a foreign bank):	24 ■	
	X Checking Savings 04400003	7 712525978		
	Routing Number	Account Number		
	AMOUNT YOU OWE. If line 19 is more than line 23, subtract l		26■	·
27	Penalty amount from Schedule M15 (see instructions). Also su this amount from line 24 or add it to line 26 (enclose Schedule		27	·
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited			
	Amount from line 24 you want sent to you		28 ■	
20	Amount from line 24 year went applied to your 2022 actimate	d tov	29	-
	Amount from line 24 you want applied to your 2023 estimate ayer(s): I declare that this return is correct and complete to the		23	·
	Signature	Spouse's Signature (If Filing Jointly)		Date (MM/DD/YYYY)
	34426288 me Phone	AASHRITH.OHS11@GMAIL.COM Email Address	[
•	AM PRIYA RAM SAGAR GUPTA TALLAM	02272023	_ E	202082703
Paid	Preparer's Signature	Date (MM/DD/YYYY)		PTIN or VITA/TCE # (required)
	89659522 arer's Daytime Phone	SYAM@GTAXFILE.COM Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue t	o discu	ss this tax return
	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indica		

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010
REV 02/17/23 PRO 1031





2022 Schedule M1NR, Nonresidents/Part-Year ResidentsBefore you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

	SHRITH CHANDRA First Name and Initial	GUNDALA Your Last Name		51712 al Security Number
Spou	use's First Name and Initial	Spouse's Last Name	Spouse's	Social Security Number
Minı You:	nesota Residency (Place an X in one box and e		Other State of Residency:	ГХ
Your	Spouse: Full-year Nonresident Part	-Year Resident fromtoto(MM/DD/YYYY)	_ Other State of Residency:	
			A. Total Amount	B. Minnesota Portion
1	Wages, salaries, tips, etc. (from line 1z	of federal Form 1040 or 1040-SR)	. 1120740	40157
2	Taxable interest and ordinary dividend	income (lines 2b and 3b of Form 1040 or 1040-SR)	. 2	
3	Business income or loss (from line 3 of	federal Schedule 1)	. 3	
4	Capital gain or loss (from line 7 of Form	1040 or 1040-SR)	. 4	
5 6	Net income from rents, royalties, partn	ies (from lines 4b and 5b of Form 1040 or 1040-SR) erships, S corporations, al Schedule 1)		0
7 8 9	Other income (add lines 6b of Form 104 lines 1, 2a, 4, 7, and 9 of federal Schedu Interest and dividends from non-Minne	ule 1)	. 8	
10	Bonus depreciation addition from line	1 of Schedule M1MB	. 10	•
11	If you entered an amount on line 9 of S	chedule M1REF, see instructions	. 11	•
12	Suspended loss from line 4 of Schedule	M1MB	. 12	•
13	Other required adjustments from Scher	dules M1M, M1MB, and M1AR (see instructions)	. 13	•
14	Federal adjustments from Schedule M1	LNC (See instructions)	. 14	•
15	Add lines 1 through 14 for each column	1	. 15 ■ 110540	40157
-	our Minnesota gross income is below \$1			
16		penses, and Armed Forces moving expenses		
4-		edule 1)	. 16	
17	Self-employed SEP, SIMPLE, and qualific		47	
4.5		e 1)	. 17	
18	Health savings account and Archer MSA			
		e 1)	. 18	
19	. ,			
		e 1)	. 19	
20	, ,			
_	(see instructions for line 20, column B)		. 20	

2022 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) 21	
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22	
23	Social Security benefit from line 12 of Schedule M1M (see instructions)	
24 25	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	•
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	
27 28	Add lines 16 through 26 for each column	0
	M1. If your Minnesota gross income is below \$12,900 or the result is zero or less, enter 0	40157
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	36328
31	Amount from line 12 of Form M1	6289
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	2285

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2022 Schedule M1W, Minnesota Income Tax Withheld

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

AASHRITH CHA		GUNDA:	LA			11785	51712 al Security Number
ioar i not maine and illit		Last Name				1001 3001	a. Security Hullinel
f a Joint Return, Spouse's	First Name and Initial	Spouse's Las	t Name			Spouse's S	Social Security Numbe
complete this schedu amounts to the neare W-2G; keep them wit	lle to determine lind est whole dollar. You th your tax records.	e 20 of Form M u must include All instructions	 List only the for this schedule when are included on the 	ms that rep n you file yo nis schedule	KS, or KF showing M ort Minnesota incom our return. DO NOT 9 e. W-2G. If you have mor	ne tax withh send in your	eld. Round dollar Forms W-2, 1099
complete line 5 on		Attilicia off Form	113 VV 2, Other than i	101111011113	vv 2G. II you have moi	c than hive i	011113 W 2,
Α	B—Box 13	C—Box 15		D—Box	16	E—Box 1	17
If the Form W-2 is for:	If Retirement Plan	Employer's s	even-digit Minnesota	State wa	ages, tips, etc.	Minneso	ota tax withheld
you, enter 1spouse, enter 2	box is checke mark an X below.	Tax ID Numb	er	(round t	o nearest whole dollar)	(round to	o nearest whole dollar)
a1 <u>1</u>	b1	c1 MN	7467478	d1	40157	e1	2525
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for addition	onal Forms W-2 (fror	n line 5 on page	2)				
Total Minnesota ta	ax withheld on all Fo	orms W-2 (add a	amounts in line 1, co	lumn E)		1■	2525
2 Minnesota tax with	hheld on Forms 1099	9. W-2G. and 10	42-S. If vou have mo	ore than fou	r forms, complete line	6 on the bac	ck.
Α		В	,	С	, ,	D	
If the Form 1099, W-2	G, or 1042-S is for:	Payer's sever	n-digit Minnesota Tax ID	Income	amount (see the table on	Minne	esota tax withheld
you, enter 1spouse, enter 2		Numb <i>(if u</i>	nknown, contact the pa	yer) the baci	k for amounts to include)	(round	d to nearest whole dolla
a1		b1 MN		c1		d1	
a2		b2 MN		c2		d2	
a3		p3 WN		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for addition	onal 1099, W-2G, and	d 1042-S (from I	line 6 on page 2)				
Total Minnesota ta	ax withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2, o	column D)	2 🔳	
Total Minnesota ta	ax withheld by partn	nerships, S corp	orations, and fiduci	aries			
	ge 2)					3 ■	
	nesota tax withheld					4 ■	2525