8879 Form

(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

illemai neverue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
RAVINDRA GALLA	074-59-9367
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 2022	(Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	Lines year you are authorizing.)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 89,194.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	,
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acco payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial i authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amendal Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amendal) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amendal) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	t I above are the amounts from the income tax transmitter, or electronic return originator (ERO) of the transmission, (b) the reason the the U.S. Treasury and its designated Financia count indicated in the tax preparation software for count indicated in the entry to this account. This terminate the authorization. To revoke (cancel) a count in the processing of the electronic payment of the payment. I further acknowledge that the ded) I am now authorizing and, if applicable, my nerate my PIN Therefive digits, but don't enter all zeros I am now authorizing. Check this box only
Your signature ► Da	ite ►
Spouse's PIN: check one box only	
• _	norate my DIN
I authorize to enter or ger	nerate my PIN as my Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	
Spouse's signature ▶ Da	ıte ▶
Practitioner PIN Method Returns Only—continue	
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ar requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided	m submitting this return in accordance with the
ERO's signature ▶ Da	ite ▶
FRO Must Ratain This Form — See Instruction	one

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

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

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	ed filing separately (Nour spouse. If you ch		_				spou	ifying sur use (QSS) name if tl	Ü	ıg
		on is a child but not your dependent							٠,	,			_
Your first name		ddle initial	Last nar							Your social security number			
RAVINDRA			GALL								59-936		_
It joint return, s	pouse's	first name and middle initial	Last nar	me						Spouse's	s social se	curity numb	er
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	F	Preside	ntial Electi	on Campaig	_ gn
4000 PAF	RKLAV	N AVE S								Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	mplete spaces below. State Z			ZIP	P code sp				ntly, want \$3	
MINNEAPO	LIS			MN 55			55				ow will not	Checking a t change	Į
Foreign country	/ name		F	oreign province/state/o	county	У	Fore	ign postal co			or refund		
											You	Spous	зe
Digital		ny time during 2022, did you: (a) rece	•				•	,	•	,	_		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asse	t)? (See in:	struc	tions.)	Yes	⊠ No	
Standard		eone can claim:		•		a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								_
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n be	fore Janua	ry 2,	1958	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	iip	(4) Check th	e box	if qualit	ies for (see	instructions	s):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x cre	dit	Credit for ot	ther depender	nts
than four													
dependents, see instructions	s ——												
and check	. —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		97 , 225.	<u>. </u>
	b	D Household employee wages not reported on Form(s) W-2								1b			_
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			_
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			_
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e			_
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 instruction	ons) .				'n			1h		0.	<u>. </u>
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>							
	Z	Add lines 1a through 1h	. ; .							1z		97 , 225.	<u>. </u>
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b			_
if required.	3a		3a			rdinary divide				3b			_
	4a	_	4a			axable amoun				4b			_
Standard	5a	_	5a			axable amoun				5b			_
Deduction for — Single or	6a	,	6a			axable amoun	t.			6b			
Married filing separately,	С	If you elect to use the lump-sum e							. Ц				
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						. Ц	7				
Married filing jointly or	8	Other income from Schedule 1, line 10							8		-8 , 031.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		89 , 194.	,
surviving spouse, \$25,900	10	Adjustments to income from Sche								10			_
Head of household,	11	Subtract line 10 from line 9. This is	-	-						11		89,194.	
\$19,400	12	Standard deduction or itemized								12		12,950.	
If you checked any box under	13	Qualified business income deducti								13			_
Standard Deduction,	14		Add lines 12 and 13						14		12,950.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	ıe			15		76 , 244.	_

	Page 2
16	12,387.
17	
18	12,387.
19	
20	
21	
22	12,387.
23	0. 12,387.
24	12,387.
	14.000
25d	14,202.
26	<u></u>
32	
33	14,202. 1,815. 1,815.
34	1,815.
35a	1,815.
37	
elow.	⊠ No

Credits 17 Amount from Schedule 2, line 3 Add lines 16 and 17 18 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax 24 **Payments** 25 Federal income tax withheld from: 14,202. Form(s) W-2 . 25a а Form(s) 1099 25b b Other forms (see instructions) 25c С d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number | 0 | 7 | 5 | 0 | 0 | 0 | 0 | 2 | 2 | Direct deposit? b **c** Type: X Checking Savings See instructions. Account number | 1 | 8 | 2 | 3 | 7 | 9 | 6 | 3 | 9 | 8 | 2 | d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete be Designee Designee's Phone Personal identific number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (612) 247-6138 Email address RAVINDRA.GALLA369@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name **Use Only** 245 ROONEY CT E BRUNSWICK NJ 08816 88-2145487 Firm's address Firm's EIN Form 1040 (2022)

2 4972

3

Tax (see instructions). Check if any from Form(s): 1 8814

Form 1040 (2022)

Tax and

16

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

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

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

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

Your social security number
074-59-9367

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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. Atta	ach Schedule E .	5	-8,031.
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		
- 1	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 ()	
t				
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-8,031.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	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 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	F	24i	-	
j	<u> </u>	24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	na_		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

BAA

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attachment

Your social security number

OMB No. 1545-0074

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. Sequence No. 13

074-59-9367 RAVINDRA GALLA **Income or Loss From Rental Real Estate and Royalties** Part I 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 В 1a Physical address of each property (street, city, state, ZIP code) ANDHRAPRADESH IN 523105 H NO:3-5-8, GANIGUNTA, KANDU KUR, PRAKASAM 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 Days **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. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 530. 3 Rents received . 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 820. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,029. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 2,951. 14 14 Repairs 15 15 2,111. Supplies 16 16 Taxes 17 17 1,650. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 8,561. 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 -8,031.file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,031.) 530. 23a Total of all amounts reported on line 3 for all rental properties 23a 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 Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 8,561. 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 8,031. 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 ...

-8,031.





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

	INDRA st Name and Initial	GALLA Last Name	074599367 Your Social Security No	umber 08041 Your Date of	989 Birth (MM/DD/YYYY
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security	y Number Spouse's Da	e of Birth
4000 Current	O PARKLAWN AVE S Home Address	APT #333	Check if Address is:	New	Foreign
MINI City	NEAPOLIS		MN State	55435 ZIP Code	
2022	Federal Filing Status (pl	lace an X in one box):			
× (1	.) Single (2) Married Filing Join	Spouse Name		lousehold (5) Qu	alifying Widow(er)
Depe	endents (see instruction	Spouse SSN s):			
Depend	dent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Re	elationship to You
Depend	dent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Re	elationship to You
Depend	dent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Re	elationship to You
	Your Federal Return (see	0	0	7624	
A. Wag		IRA, pensions, and annuities	C. Unemployment	D. Federal taxable in	
			f Schedule M1MB (see instructions)		89194
3	Add lines 1 and 2			3	89194
4	Itemized deductions (from Sch	edule M1SA) or your standard de	duction (see instructions)	4 🔳	12900
5	Exemptions (determine from in	structions)		5■	
6	State income tax refund from li	ne 1 of federal Schedule 1		6■	
7	Subtractions from line 32 of Sci	hedule M1M and line 21 of Sched	dule M1MB (see instructions)	7■	
8	Total subtractions. Add lines 4 to	through 7		8	12900
9	Minnesota taxable income. Su	btract line 8 from line 3. If zero o	r less, leave blank	9	76294
10	Tax from the table or schedules	s in the Form M1 instructions		10	4778

2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		11 ■	
12	Add lines 10 and 11			4778
13	Full-year residents: Enter the amount from line 12 on line 13. Part-year residents and nonresidents: From Schedule M1NR, eline 13, from line 28 on line 13a, and from line 29 on line 13b	enter the amount from line 32 on	13	4778
	13a ■0 13b ■0	<u>)</u>		
14	Other taxes, such as recapture amounts and the tax on lump-s	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	4778
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16	
17	Subtract line 16 from line 15 (if result is zero or less, leave blan	nk)	17	4778
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		18	
19	Add lines 17 and 18		19	4778
20	Minnesota income tax withheld. Complete and enclose Sched			
21	Minnesota estimated tax and extension payments made for 2	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	5949	
24	REFUND . If line 23 is more than line 19, subtract line 19 from For direct deposit, complete line 25	24 ■	1171	
25	Direct deposit of your refund (you must use an account not a	ssociated with a foreign bank):		
	Checking Savings 075000022	2 182379639822		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract li	Account Number ine 23 from line 19 (see instructions)	26■	
	Penalty amount from Schedule M15 (see instructions). Also su	ubtract		
IE V	this amount from line 24 or add it to line 26 (enclose Schedule DU PAY ESTIMATED TAX and want part of your refund credited		27 ■	
28	Amount from line 24 you want sent to you		28 ■	
••			20 =	
	Amount from line 24 you want applied to your 2023 estimated ayer(s): I declare that this return is correct and complete to the		29	
Your	Signature	Spouse's Signature (If Filing Jointly)	Da	te (MM/DD/YYYY)
	22476138 me Phone	RAVINDRA.GALLA369@GMAIL.	COM	
SY	AM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature	02012023 Date (MM/DD/YYYY)		02082703 IN or VITA/TCE # (required)
	39659522	SYAM@GTAXFILE.COM	FI	in or virzy roc # (required)
	rer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue		
	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indica	iteu on M	y rederal return.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010

REV 01/23/23 PRO 1031





2022 Schedule M1W, Minnesota Income Tax Withheld

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

RAVINDRA			GALLA				074599367		
Your First Name and In	itial	Last Name				Your Socia	al Security Number		
If a Joint Return, Spouse	's First Name and Initial	Spouse's La	st Name			Spouse's S	Social Security Number		
If you received a fee	deral Form W-2, 1099	9, W-2G, 1042-	-S, or Minnesota Scl	nedule KPI,	KS, or KF showing M	innesota inc	ome tax withheld,		
•			•		ort Minnesota incom				
					our return. DO NOT s	send in your	Forms W-2, 1099, o		
	vith your tax records.								
1 Minnesota wages complete line 5 c		rithheld on For	ms W-2, other than f	rom Forms	W-2G. If you have mor	e than five F	orms W-2,		
Α	B—Box 13	C—Box 15		D—Box	16	Е—Вох			
If the Form W-2 is fo	or: If Retirement Plan	Employer's	seven-digit Minnesota	State wa	ages, tips, etc.	Minneso	ota tax withheld		
• you, enter 1	box is chec	Tax ID Numl	per	(round t	to nearest whole dollar)	(round to	o nearest whole dollar)		
• spouse, enter	2 mark an X below. b1 X	c1 MN	2684759	d1	97225	e1	5949		
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 addi	tional Forms W-2 (fror	n line 5 on paa	e 2)						
							5949		
iotai iviiiiiesota	tax withineld on all FC	Jilis VV-2 (ada	amounts mime 1, co	idiiiii L)		· •			
2 Minnesota tax w	ithheld on Forms 1099	9, W-2G, and 10	042-S. If you have mo	re than fou	r forms, complete line	6 on the bad	ck.		
Α		В		С		D			
•	-2G, or 1042-S is for:	-	n-digit Minnesota Tax ID		amount (see the table on		esota tax withheld		
you, enter 1spouse,		Num (if	unknown, contact the pa	yer) the bac	k for amounts to include)	(round	d to nearest whole dollar)		
a1		b1 MN		c1		d1			
				V					
a2									
a3						d3			
a4		b4 MN		c4		d4			
Subtotal for addi	tional 1099, W-2G, and	d 1042-S <i>(from</i>	line 6 on page 2)						
Total Minnesota	tax withheld on all 10	099, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2 🔳			
	tax withheld by partr	-				_			
	• ,					3 🔳			
	innesota tax withheld ere and on line 20 of F					4 ■	5949		

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.

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