DEPARTMENT OF REVENUE





	JEEN KUMAR st Name and Initial	GAJJALA Last Name	317557310 Your Social Security Num	$\frac{10121991}{\text{Your Date of Birth (MM)}}$	/DD/YYYY)	
If a Joint Return, Spouse's First Name and Initial		Spouse's Last Name	Spouse's Social Security	Number Spouse's Date of Birth		
) HIGH SITE DR APT Home Address	' #311	Check if Address is:	New Fo	New Foreign	
EAGA City	AN		<u>MN</u> State	<u>55121</u> ZIP Code		
2022	Federal Filing Status (place	e an X in one box):				
·		X (3) Married Filing Separately Spouse Name YAMIN Spouse SSN 8335	(4) Head of Ho <u>1 KUMARAKA</u> <u>6 4 6 5 1</u>	ousehold (5) Qualifying W	/idow(er)	
Depe	endents (see instructions):					
Dependent 1 First Name		Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship	Dependent 1 Relationship to You	
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship	to You	
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship	to You	
Your Co	nde Spouse's Code Republica	ructions)	lence13 Libertarian	16 General Campaign Fun		
A. Wag	105620 res, salaries, tips, etc. B. IRA,	0 pensions, and annuities	C. Unemployment	78752 D. Federal taxable income		
			0 and 1040-SR) Schedule M1MB (see instructions)		.702	
3	Add lines 1 and 2			3 91	702	
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)					
5	Exemptions (determine from instructions)					
6	State income tax refund from line 1 of federal Schedule 1					
7	Subtractions from line 32 of Schedule M1M and line 21 of Schedule M1MB (see instructions)					
8	Total subtractions. Add lines 4 through 7			812	900	
9	Minnesota taxable income. Subtra	ct line 8 from line 3. If zero or	less, leave blank	9 78	802	
10	Tax from the table or schedules in t	he Form M1 instructions		10 5	064	



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳			
12	Add lines 10 and 11		12	5064		
13	Full-year residents: Enter the amount from line 12 on line 13.	.12				
	Part-year residents and nonresidents: From Schedule M1NR, e		5061			
	line 13, from line 28 on line 13a, and from line 29 on line 13b	(enclose Schedule M1NR)	13	5064		
	13a ■ 0_ 13b ■ (<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	5064		
16	Amount from line 19 of Schedule M1C, Nonrefundable Credit	s (enclose Schedule M1C)	16			
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	nk)	17	5064		
18	Nongame Wildlife Fund contribution (see instructions)	~				
	This will reduce your refund or increase the amount you owe	······ A	18			
19	Add lines 17 and 18		19	5064		
20	Minnesota income tax withheld. Complete and enclose Sched					
	Minnesota withholding from Forms W-2, 1099, and W-2G and S	Schedules KPI, KS, and KF	20	5937		
21	Minnesota estimated tax and extension payments made for 2	21 🔳				
22	2 Amount from line 12 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF) 22					
23	Total payments. Add lines 20 through 22		23	5937		
24	$\ensuremath{\textbf{REFUND}}$. If line 23 is more than line 19, subtract line 19 from			873		
25	For direct deposit, complete line 25 Direct deposit of your refund <i>(you must use an account not a</i>	24	073			
	Checking Savings 06540013	7 827750550 Account Number				
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract l		26			
20	Penalty amount from Schedule M15 (see instructions). Also su		20			
	this amount from line 24 or add it to line 26 (enclose Schedule		27 🔳			
	OU PAY ESTIMATED TAX and want part of your refund credited		20 🗖			
28	Amount from line 24 you want sent to you		28			
29	Amount from line 24 you want applied to your 2023 estimate	d tax	29			
Тахр	ayer(s): I declare that this return is correct and complete to the	e best of my knowledge and belief.				
	Signature	Spouse's Signature (If Filing Jointly)		te (MM/DD/YYYY)		
	05791009 me Phone	PRAVEENREDDYODBA@GMAIL.C Email Address	COM			
	AM PRIYA RAM SAGAR GUPTA TALLAM	01272023	P()2082703		
Paid Preparer's Signature		Date (MM/DD/YYYY)		IN 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	to discuss	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			I		
	REV 01/23/23 PRO	1031				

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2022 Schedule M1W, Minnesota Income Tax Withheld

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

PRAVEEN KUMAR	GAJJALA	317557310
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

Α	B—Box 13	C—Box 15	D—Box 16	E—Box 1
If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
• you, enter 1	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
• spouse, enter 2	mark an X below.			
a1 1	b1	c1 MN 6648560	d1 105620	e15937
a2	b2	c2 MN	d2	e2
				<u>.</u>
a3	b3	c3 MN	d3	e3
a4	b4	c4 MN	d4	e4
a5	b5	c5 MN	d5	e5
Subtotal for addition	nal Forms W-2 (fron	n line 5 on page 2)		
Total Minnesota tax	x withheld on all Fo	rms W-2 (add amounts in line 1, col	umn E)	1 <u>5937</u>
Minnesota tax with	held on Forms 1099	, W-2G, and 1042-S. If you have mo	re than four forms, complete line	6 on the back.
Α		В	с	D
If the Form 1099, W-2G	i, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld
• you, enter 1		Numb (if unknown, contact the pay	ver) the back for amounts to include)	(round to nearest whole d
• spouse, enter 2				
a1		b1 MN	c1	d1
a2		b2 MN	c2	d2
a3		b3 MN	c3	d3
a4		b4 MN	c4	d4
Subtotal for addition	nal 1099, W-2G, and	1042-S (from line 6 on page 2)		
Total Minnesota tax	x withheld on all 10	99, W-2G, and 1042-S (add amount	ts in line 2, column D)	2
		erships, S corporations, and fiducia		
	,			3
Total. Add the Minr	nesota tax withheld	on lines 1, 2, and 3.		
Enter the total here	and on line 20 of Fo	orm M1		4 5937
		Include this schedule with	•	
		If required, include Schedul		
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