

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|---|---------------------------------------|
| Taxpayer's name NAVEEN REDDY GUMMIITHA | Social security number 442-33-6225 |
| 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.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|---|---|---------|
| 1 Adjusted gross income | 1 | 72,359. |
| 2 Total tax | 2 | 8,691. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 10,368. |
| 4 Amount you want refunded to you | 4 | 1,677. |
| 5 Amount you owe | 5 | |

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 amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 6 | 2 | 2 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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 income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Name (NAVEEN REDDY, GUMMI THA), Social Security numbers, Home address (2345 CLUB MERIDIAN DR, OKEMOS, MI, 48864), and Presidential Election Campaign options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table for tax calculations including lines 2a-6b (Tax-exempt interest, Dividends, IRA distributions, Pensions, Social security), lines 7-15 (Capital gain, Total income, Adjusted gross income, Standard deduction, Taxable income).

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section. Total tax amount is 8,691.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section. Total payments amount is 10,368.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section. Amount of refund is 1,677.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section. Total amount owed is 8,691.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No', and fields for name, phone, and PIN.

Sign Here section. Includes signature lines for taxpayer and spouse, occupation fields, and Identity Protection PIN fields.

Paid Preparer Use Only section. Includes fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

Your social security number
442-33-6225

Part 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. Attach Schedule E | | 5 | -7,641. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) 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 | Pension or annuity from a nonqualified deferred compensation plan or 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 | -7,641. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | 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: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 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 tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

NAVEEN REDDY GUMMITHA

Your social security number

442-33-6225

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.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A FLAT NO 401 ANAGHA RESIDEN HYDERABAD TELANGANA IN 500070

B
C

| 1b | Type of Property (from list below) | 2 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | | QJV | |
|----------|---------------------------------------|---|--|------------------|---|-------------------|---|--------------------------|---|
| | | | | A | B | A | B | A | B |
| A | 3 | | | 185 | | 0 | | <input type="checkbox"/> | |
| B | | | | | | | | <input type="checkbox"/> | |
| C | | | | | | | | <input type="checkbox"/> | |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | | Properties: | | |
|------------------|---|-------------|---|---|
| | | A | B | C |
| 3 | Rents received | 580. | | |
| 4 | Royalties received | | | |
| Expenses: | | | | |
| 5 | Advertising | | | |
| 6 | Auto and travel (see instructions) | | | |
| 7 | Cleaning and maintenance | 970. | | |
| 8 | Commissions | | | |
| 9 | Insurance | | | |
| 10 | Legal and other professional fees | | | |
| 11 | Management fees | 850. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | | | |
| 13 | Other interest | | | |
| 14 | Repairs | 2,540. | | |
| 15 | Supplies | 2,361. | | |
| 16 | Taxes | | | |
| 17 | Utilities | 1,500. | | |
| 18 | Depreciation expense or depletion | | | |
| 19 | Other (list) _____ | | | |
| 20 | Total expenses. Add lines 5 through 19 | 8,221. | | |
| 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 | -7,641. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | (7,641.) | | |
| 23a | Total of all amounts reported on line 3 for all rental properties | 580. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | | | |
| c | Total of all amounts reported on line 12 for all properties | | | |
| d | Total of all amounts reported on line 18 for all properties | | | |
| e | Total of all amounts reported on line 20 for all properties | 8,221. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | (7,641.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 | -7,641. | | |

2022 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 18, 2023. Type or print in blue or black ink.

| | | | | | | |
|---|--|------|-----------------------|---|---|--|
| 1. Filer's First Name NAVEEN REDDY | | M.I. | Last Name GUMMITHA | | 2. Filer's Full Social Security No. (Example: 123-45-6789) 442 — 33 — 6225 | |
| If a Joint Return, Spouse's First Name | | M.I. | Last Name | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — | |
| Home Address (Number, Street, or P.O. Box) 2345 CLUB MERIDIAN DR , APT. A1 | | | | | 4. School District Code (5 digits – see page 60) 21060 | |
| City or Town OKEMOS | | | State MI | ZIP Code 48864 | | |
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse | | | | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | | |
| 7. 2022 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below: b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <input style="width: 150px; height: 20px;" type="text"/> | | | | 8. 2022 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR. b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * | | |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

| | | | | | | | |
|--|-----|--------------------------|---|---------|-----|-------|----|
| a. Number of exemptions (see instructions)..... | 9a. | 1 | x | \$5,000 | 9a. | 5000 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled | 9b. | | x | \$2,900 | 9b. | | 00 |
| c. Number of qualified disabled veterans | 9c. | | x | \$400 | 9c. | | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions) | 9d. | | x | \$5,000 | 9d. | | 00 |
| e. Claimed as dependent, see line 9 NOTE above | 9e. | <input type="checkbox"/> | | | 9e. | | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 | 9f. | | | | 9f. | 5000 | 00 |
| 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) | 10. | | | | | 72359 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | | | | | 00 |
| 12. Total. Add lines 10 and 11 | 12. | | | | | 72359 | 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. | | | | | 72359 | 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. | | | | | 67359 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425) | 17. | | | | | 2863 | 00 |

NON-REFUNDABLE CREDITS

| | | AMOUNT | | | | CREDIT | |
|---|------|--------|--|--|------|--------|----|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions) | 18a. | 00 | | | 18b. | 00 | |
| 19. Michigan Historic Preservation Tax Credit (see instructions) | 19a. | 00 | | | 19b. | 00 | |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" | 20. | | | | 20. | 2863 | 00 |

Filer's Full Social Security Number

| |
|-----------------|
| 442 — 33 — 6225 |
|-----------------|

| | | | |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 2863 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23 | 24. | 2863 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|----------|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. | 27a. | FEDERAL | 00 |
| | 27b. | MICHIGAN | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | | 00 |
| 29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions)..... | 29. | | 00 |
| 30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 30. | 3400 | 00 |
| 31. Estimated tax, extension payments and 2021 credit forward..... | 31. | | 00 |
| 32. 2022 AMENDED RETURNS ONLY. Taxpayers completing an original 2022 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) . | 32. | | 00 |
| 32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c. | | | |
| 32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty. | 32c. | | 00 |
| 33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c..... | 33. | 3400 | 00 |

REFUND OR TAX DUE

| | | | |
|---|-----|----------------|--------|
| 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. | 34. | | 00 |
| Include interest <input type="text"/> 00 and penalty <input type="text"/> 00 | | YOU OWE | |
| 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33..... | 35. | 537 | 00 |
| 36. Credit Forward. Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return ... | 36. | | 00 |
| 37. Subtract line 36 from line 35..... | 37. | REFUND | 537 00 |

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| | | | |
|---------------------------|-------------------|---|-------------------------------------|
| a. Routing Transit Number | b. Account Number | c. Type of Account | |
| 111900659 | 1078317177 | 1. <input checked="" type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

| | | | |
|---|--|---|--|
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY) | | Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. | |
| Filer <input type="text"/> — <input type="text"/> | Spouse <input type="text"/> — <input type="text"/> | Preparer's PTIN, FEIN or SSN P02082703 | |
| Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. | | Preparer's Name (print or type) SYAM PRIYA RAM SAGAR GUPTA TA | |
| Filer's Signature | Date | Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TA | |
| Spouse's Signature | Date | Preparer's Business Name, Address and Telephone Number GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 678-965-9522 | |
| <input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer. | | | |

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**

2022 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|---|------|---------------------------|---|
| 1. Filer's First Name NAVEEN REDDY | M.I. | Last Name GUMMITHA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 442 — 33 — 6225 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

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

| A | | B | C | D | | E | |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 81-2185098 | CAPITAL RECRUITE | 80000 | 00 | 3400 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 3400 00 |

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

| A | | B | C | D | E | | |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30..... | | | | | | 6. | 3400 00 |