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 Identification Number (SID)		•	
Taxpayer's name	Social security	y number	
SANTHOSH KUMAR SURAMPATTI KULANDASA	198-27-	3536	
Spouse's name	Spouse's soci	al security numbe	r
RATHIPRIYA THANGAMUTHU	027-57-	-7665	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	er year you ar	e 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 79	607.
		2	5,036.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 13	3,370.
4 Amount you want refunded to you		4	7,334.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy	of your retu	ırn)
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tra U.S. Treasury andicated in the tation to debit the tet the authoriza quests must be e processing of payment. I furth	ansmission, (b) to dissense designated and preparation so entry to this accuration. To revoke received no late the electronic per acknowledge.	he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	my PIN	3 5 3 6	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente		as my
if you are entering your own PIN and your return is filed using the Practitioner PIN met below.			
Your signature ► Santhush Kumar S \ Date ►			
Spouse's PIN: check one box only			
ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am	Ento don now authorizin	't enter all zeros ig. Check this	
Spouse's signature ▶ Date ▶			
	N		
Separate Spouse's social security number 027-57-7665			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.			3 9
authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub	mitting this retu	rn in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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. 1545-0074

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

	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separate	ly (MFS)	Head of	household (НОН)			fying sur se (QSS		ıg
	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH or	QSS box, e	enter		•	` '	,	ualifying
	-		-										
Your first name	and mi	ddle initial	Last na	me					You	ur soc	ial secur	ity nu	ımber
SANTHOSE	H KUN	MAR	SURA	MPATTI KUI	ANDAS	SA			19	8-2	7-353	36	
If joint return, s	pouse's	first name and middle initial	Last na	me					Spo	ouse's	social se	curit	y number
RATHIPR	IYA		THAN	GAMUTHU					02	7-5	7-766	5	
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.			Apt. no).	Pre	siden	tial Elect	ion C	ampaign
242 S BI	ECK A	AVE					260				ere if you		
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s _l	paces below.	Sta	te	ZIP code				filing joi this fund		
Tempe					AZ	, I	85281				w will no		
Foreign country	y name		F	oreign province/st	ate/count	у	Foreign post	al coc	e you	ır tax	or refund	1.	
											You		Spouse
							-					15.	F
							asset)? (Se	e ins	ructio	ns.)	Yes		No
			•			a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-sta	tus alien								
Age/Blindness	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Ja	nuar	y 2, 19	58	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Che	ck the	box if	qualifi	es for (se	e instr	ructions):
If more	(1) Fi	rst name Last name		number		to you	Ch	ild tax	credit	it Credit for other dependents			
Digital At any time during 2022, did you: (a) exchange, gift, or otherwise dispose Standard Deduction Age/Blindness You:													
	s ——							L				ᆜ	
_	, —							<u> </u>				ᆜ	
here]											Ш_	
Income	1a	Total amount from Form(s) W-2, k	`	,						1a		<u>89,</u>	453.
Attack Farms(a)	b									1b			
										1c			
	d			. ,	ee instru	ctions)				1d			
		•		*					-	1e			
was withheld.									•	1f			
•		=								1g			
										1h			0.
			(see Instr	uctions)		<u>1</u> i				4-		00	152
					 I				•	1z		09,	453.
		· -	2a 3a		-	axable interes rdinary divide				2b 3b			
			4a						•	4b			
M			5a			axable amoun axable amoun			•	5b			
			6a			axable amoun			•	6b			
		· · · · · · · · · · · · · · · · · · ·		method check h						OD			
separately,		•		•	`	,			H	7			
		1 0 ()			•					8		_9	846.
jointly or		-							•	9			607.
surviving spouse,				-						10		10,	007.
		•	-						•	11		7 a	607.
household,			•	-						12			900.
\$19,400 If you checked	13	Qualified business income deduction				5-A .				13		<u></u> ,	<i></i>
any box under	14	Add lines 12 and 13								14		25	900.
Standard Deduction,	15	Subtract line 14 from line 11. If ze								15			707.
see instructions.	1			.,	- ,		•	•	-			55,	, , , ,

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	6,036.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	6,036.
	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	6,036.
	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	6,036.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 1	3,370.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,370.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	fundable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	13,370.
Refund	34	If line 33 is more than line 24						34	7,334.
neiuliu	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	is attached, che	eck here	🗆	35a	7,334.
Direct deposit?	b	Routing number 1 2 2	1 0 0 0	2 4	c Type:	Checking	Savings		
See instructions.	d	Account number 7 9 6	9 1 5 3	2 7					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	•	•		1 1		0.	
Third Party		you want to allow another							
Designee		structions	•				Complete I	selow.	⋉ No
3	De	signee's		Phone			sonal identi	fication	
	naı	ne		no.		nun	nber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 , 0		,		, ,
Here	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa			nt your spouse an	
your records.						I .	tity Prote inst.)	ection PIN, enter it here	
				Farall and disease	EMPLOYMEN		(000		
		one no. (480) 409-428 eparer's name	Preparer's signat	Email address	SANTHOZ4G	G@GMAIL.COM Date	PTIN		Check if:
Paid		•	' "					2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	M 01/20/2023	P0208		
Use Only		m's name GLOBAL TAX		INICIAT OF AT	T 00016				(678) 965-9522
			Y CT E BRU	MOMICK N			Firm	's EIN	88-2145487
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/14/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

SSU	RAMPATTI KULANDASA & R THANGAMUTHU		198-2	7-35	36
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. Attac	h Schedule	E .	5	-9,846.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	a ()		
b	Gambling	b			
С	Cancellation of debt	SC			
d	Foreign earned income exclusion from Form 2555	d ()		
е		Se .			
f	Income from Form 8889	3f			
g	Alaska Permanent Fund dividends	g			
h	, , , ,	h			
i		3i			
j		3j			
k	·	k			
- 1	Income from the rental of personal property if you engaged in the rental				
		3I			
m	Olympic and Paralympic medals and USOC prize money (see				
	,	m			
n	, , , , , , , , , , , , , , , , , , , ,	n			
0	\	ю			
р		р			
q	` '	q			
r		Br			
S	Nontaxable amount of Medicaid waiver payments included on Form		\		
_	· · · · · · · · · · · · · · · · · · ·	s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	.			
	•	Bt			
		Bu			
Z	Other income. List type and amount:	17			

-9,846.

10

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE E (Form 1040)

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.

OMB No. 1545-0074

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

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

2022	
Attachment Sequence No. 13	

Your social security number

S SU	JRAMPATTI KULANDASA & R THANGAMUTHU						198	-27-353	6	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Roya ty, use S	alties chedule	C. See	instru	ctions. If you a	re an i	ndividual, re	port farm	
A I	Did you make any payments in 2022 that would require you	to file E	orm(c) 1	റററാ ട	oo inc	structions			os 🔽 Na	
				• •	•			· · · ·	C3	
1a	Physical address of each property (street, city, state, ZIF									
Α	KUMALAN KUTTAI, ERODE TAMILNADU IN 63	38011								
В										
С					_					
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair	rental ar	nd		Fa	ir Rental Days		onal Use Days	QJV	
Α	personal use days. Check the Quif you meet the requirements to f		only	Α		365		0		
В	qualified joint venture. See instru			В						
С				С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial		5 Land 6 Roya	lties		Self-Rental Other (descr				
				_		Propertie	es:			
Incon				Α	0.0	В			С	
3	Rents received	3		5	00.					
4	Royalties received	4								
Expe		5								
5 6	Advertising	6								
7	Cleaning and maintenance	7		6	00.					
8	Commissions	8		- 0	00.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12			00.					
13	Other interest	13		4.3	46.					
14	Repairs	14			00.					
15	Supplies	15			00.					
16	Taxes	16								
17	Utilities	17		1,8	00.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,3	46.					
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		-9,8	46.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,84	6.)	()()
23a	Total of all amounts reported on line 3 for all rental prope				23a		500			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	10	,346			
24	Income. Add positive amounts shown on line 21. Do no		-				_	4		
25	Losses. Add royalty losses from line 21 and rental real estat							25 (9,846	.)
26	Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, IV, and line 40 on page 2 do not a local total of the state of the s	apply to	you, a	also er	nter th	is amount o	n		0.5:	
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount in	i the tot	al on li	ne 41	on page 2	. ว	6	-9.84	6

2022 MICHIGAN Individual Income Tax Return MI-1040

ZUZZ MIICHIGAN INGI Return is due April 18, 2023.					'N IVII-	T)4U				ended Return ude Schedule AMD)	
1. Filer's First Name	M.I.	Last Name	<u>Ж пт</u>	K.			2 Filer	'e Ful	Social Sec	rurity	No. (Example: 123-45-678	20)
SANTHOSH KUMAR		SURAMPATTI	K	ULAND	ASA)0)
If a Joint Return, Spouse's First Name	M.I.	Last Name					-	98		27	 3536	
RATHIPRIYA		THANGAMUTH	U1				3. Spot	use's	Full Social	Secur	rity No. (Example: 123-45-	6789)
Home Address (Number, Street, or P.O. Bo	,		_					127	_	57	 7665	
242 S BECK AVE, AP	T. 2		_									
City or Town		State AZ		ZIP Code 85281	1		4. Scho		1020	(5 dig	gits – see page 60)	
TEMPE		AZ	丄	03201								
 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	a. Filer b. Spouse	;		0. FAI] c		box	if 2/3 of y		AFARERS ncome is from farming,	
7. 2022 FILING STATUS. Check o	ne.				8. 202	22 F	RESIDEN	CYS	TATUS.	Chec	k all that apply.	
a. Single	* If y	ou check box "c," com	plete	e	a. X] ו	Resident					
. 🖂		3 and enter spouse's fu	ull na	ame		,					* If you check box "b" o "c," you must complete	
b. X Married filing jointly	belov	V:		—	b	ال	Nonreside	ent *			and include Schedule	
c. Married filing separately*					с]	Part-Year	Res	ident *		NR.	
9. EXEMPTIONS. NOTE: If som	eone els	e can claim you as a d	depe	ndent, che	L ck box 9e	, eı	nter 0 on	line 9	 ∂a and en	ter \$	1,500 on line 9e (see in	nstr.).
2. Number of examplians (see	inatruati	ana)			c		2	l	¢ E 000	00	10000	00
Number of exemptions (see		*				a.		×	\$5,000	9а.	10000	100
 b. Number of individuals who q blind, hemiplegic, paraplegic 						b.		x	\$2,900	9b.		00
c. Number of qualified disable	d veterar	ıs			g	Эc.		x	\$400	9c.		00
d. Number of Certificates of St	illbirth fro	om MDHHS (see instru	uctio	ns)	9	d.		х	\$5,000	9d.		00
e. Claimed as dependent, see	line 9 No	OTE above			g	e.				9e.		00
f. Add lines 9a, 9b, 9c, 9d and	9e. Ent	er here and on line 15	j						r	9f.	10000	00
10. Adjusted Gross Income from	your U.S	S. Form <i>1040</i> (see insti	.ructi	ons)					. 10.		79607	7 00
11. Additions from Schedule 1, line	9. Incl u	de Schedule 1							. 11.			00
12. Total . Add lines 10 and 11									. 12.		79607	7 00
13. Subtractions from Schedule 1,	line 30.	Include Schedule 1							. 13.			00
14. Income subject to tax. Subtra	ct line 10	3 from line 12. If line 1	3 is	greater th	an line 12,	, er	nter "0"		. 14.		79607	00
15. Exemption allowance. Enter a	amount f	rom line 9f or Schedule	e NF	₹, line 19					. 15.		10000	00
16. Taxable income. Subtract line	15 from	line 14. If line 15 is gr	eate	er than line	14, enter	"0"			. 16.		69607	7 00
17. Tax. Multiply line 16 by 4.25%	(0 0425)								. 17.		2958	3 00
ION-REFUNDABLE CREDITS	(0.0420)				АМО				,. ∟		CREDIT	100
18. Income Tax Imposed by govern	ıment ur	its outside Michigan.							Г			T
Include a copy of the return (se			18a	a				00	18b.			00
19. Michigan Historic Preservation	Tax Cre	dit (see instructions).	19a	a.				00	19b.			00
20. Income Tax. Subtract the sum If the sum of lines 18b and 19b	of lines	18b and 19b from line	17.						. 20.		2958	

2022 M	II-1040, Page 2 of 2					0.0		\ 7	2526	
		Filer	's Full Social S	ecurity Number	` <u> </u>	98 —	— 27 — 3536 ———————————————————————————————————			
21.	Enter amount of Income Tax from lin	ne 20					21.		295	8 00
22.	Voluntary Contributions from Form 4	1642, line 6. Include l	Form 4642				22.			00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)					<u>.</u>	23.			0 00
24.	Total Tax Liability. Add lines 21, 22	and 23				24.			295	8 00
REFU	INDABLE CREDITS AND PAYM	ENTS					Г			
25.	Property Tax Credit. Include MI-10	040CR or MI-1040CR	2				25.			00
26.	Farmland Preservation Tax Credit	t. Include MI-1040CR	R-5				26.			00
			_	FED	DERAL		_	MI	CHIGAN	
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax	Credit (refundable). Ir	nclude Form	3581			28.			00
29.	Credit for allocated share of tax paid	d by an electing flow-t	hrough entity	(see instruct	ions)		29.			00
20	Mishings to withhald form Cabadul	- \// : C - 6) - ll \ A / -	(al a us a £ a la us	-:4 M/ O-)		20		380	2 00
30.	Michigan tax withheld from Schedul	e vv, line 6. include 3	cneaule w	(ao not subn	11t vv-2s)		30.		300	2 100
31.	Estimated tax, extension payments	and 2021 credit forwa	ard				31.			00
32.	2022 AMENDED RETURNS ONLY. Amended returns must include Sch			2022 return s	hould skip to	line 33.				
	If you had a refund and/or	`	,	eck box 32a and	d enter this amo	ount as a				
	32a negative number on line 32		,a o.a, o	50K 20X 024 4	2 011101 11110 11111	,				
	32b. If you paid with the original any additional tax paid after						32c.			00
33.	Total refundable credits and paymen	nts. Add lines 25, 26,	27b, 28, 29, 3	30, 31 and 32	c	33.			380	2 00
REFU	IND OR TAX DUE									
34.	If line 33 is less than line 24, subtrac	ct line 33 from line 24	. If applicable	e, see instruct	ions.					
				•						
	Include interest 00 a	nd penalty	[00]	Y	OU OWE	34.				00
35.	Overpayment. If line 33 is greater t	han line 24, subtract l	ine 24 from li	ine 33		35.			84	4 00
00	0 111 F 1 1 1 1 1 1 1 1 1 1		0000 11		00001					
36.	Credit Forward. Amount of line 35	to be credited to your	2023 estima	ted tax for you	ur 2023 tax re	eturn	36.			00
37.	Subtract line 36 from line 35				REFUND	37.			84	4 00
	ECT DEPOSIT	a. Routing Transi	t Number		ccount Numb			c. Type o	f Account	
	it your refund directly to your financial tion! See instructions and complete a, b	122100024		796915	5227		1. 🖸	Checking	2. Sa	vings
and c.				' 		4161				
	eased Taxpayer. If Filer and/or Spouser DATE OF DEATH ONLY. Example:				Preparer Co					
Filer		Spouse -			Preparer's PTI		r SSN			
1 1101		Spouse			P02082					
	ayer Certification. I declare under part tachments is true and complete to the bes		e information ir	n this return	Preparer's Nar SYAM P			SAGAR	GUPTA	TA
Filer's	Signature		Date		Preparer's Sig		D 7\ 1\ /r	CACAD	CIIDMA	ΠУ
Spous	se's Signature		Date		Preparer's Bus			SAGAR ess and Teleph		TA
	·g··				GLOBAL			•		
			1		245 RO			-		
	By checking this box, I authorize Tre	asury to discuss my i	eturn with m	y preparer.	E BRUN			08816		
╷┈	· ·	,		· · ·	678-96					

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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
SANTHOSH KUMAR		SURAMPATTI KULANDASA	198 — 27 — 3536
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
RATHIPRIYA		THANGAMUTHU	027 — 57 — 7665

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

	4	В	С	D		E		
	"X" for: 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		38-3317204	TRILOGY INTERNAT	89453	00	3802	00	
					00		00	
					00		00	
					00		00	
					00		00	
Enter	Table	1 Subtotal from additional Sche			00			
4.	SUB	TOTAL. Enter total of Table 1, c	olumn E		4.	3802	00	

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

Α	В	С	D E				
Enter "X"		Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld			
				00			
			00	00			
			00	00			
			00	00			
			00	00			
Enter Table 2 Subtotal from additional Schedule W forms (if applicable)							
5. S	UBTOTAL. Enter total of Table 2, c	00					
6. T	OTAL. Add lines 4 and 5. Enter her	3802 00					

REV 01/12/23 PRO

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

S SURAMPATTI KULANDASA & R THANGAMUTHU 198-					36
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. Attach	n Schedule	E .	5	-9,846.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	a ()		
b	Gambling	b			
С	Cancellation of debt	С			
d	Foreign earned income exclusion from Form 2555	d ()		
е	Income from Form 8853	е			
f	Income from Form 8889	f			
g	Alaska Permanent Fund dividends	g			
h	Jury duty pay				
i	Prizes and awards	_			
j	Activity not engaged in for profit income				
k	Stock options	k			
- 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 property8	BI			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	_			
n	Section 951(a) inclusion (see instructions)	_			
0	Section 951A(a) inclusion (see instructions)				
р	Section 461(I) excess business loss adjustment				
q	Taxable distributions from an ABLE account (see instructions) 8	•			
r	Scholarship and fellowship grants not reported on Form W-2	r			
S	Nontaxable amount of Medicaid waiver payments included on Form	,			
_	1040, line 1a or 1d	s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	_			
	Wages earned while incarcerated	u			
Z	Other income. List type and amount:	_			
	X	7	I		

-9,846.

10

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			

SCHEDULE E (Form 1040)

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.

OMB No. 1545-0074

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

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

2022	
Attachment Sequence No. 13	

Your social security number

S SU	JRAMPATTI KULANDASA & R THANGAMUTHU						198	3-27-353	6	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	nd Roy rty, use \$	alties Schedule	C. See	instru	ctions. If you a	re an	individual, re	port farm	1
Α	Did you make any payments in 2022 that would require you	to file E	(c) 1	0002 5	Soo inc	structions			/os X	No
						· · · · ·				No
				• •	• •		• •			110
1a	Physical address of each property (street, city, state, ZIF									
Α	KUMALAN KUTTAI, ERODE TAMILNADU IN 63	38011								
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair	rental a	and		Fair Rental Days		Personal Use Days		QJV	
Α	personal use days. Check the Quif you meet the requirements to f			only A		365		0]
В	qualified joint venture. See instru		D							<u>] </u>
С				С						<u>] </u>
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ital	5 Land 6 Roya			Self-Rental Other (descri				
		-				Propertie	es:			
Incon				Α	0.0	В			С	
3	Rents received	3		5	00.					
4	Royalties received	4								
Expe		5								
5 6	Advertising	6								
7	Cleaning and maintenance	7		6	00.					
8	Commissions	8			00.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12			00.					
13	Other interest	13		4.3	46.					
14	Repairs	14			00.					
15	Supplies	15			00.					
16	Taxes	16								
17	Utilities	17		1,8	00.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,3	46.					
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		-9,8	46.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,84	6.)	()()
23a	Total of all amounts reported on line 3 for all rental prope				23a		500	0.		
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	10	,346	_		
24	Income. Add positive amounts shown on line 21. Do no		•					24		
25	Losses. Add royalty losses from line 21 and rental real estat							25 (9,84	16.)
26	Total rental real estate and royalty income or (loss). (here. If Parts II, III, IV, and line 40 on page 2 do not	apply t	o you, a	also er	nter th	is amount o	n			. 4.6
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	rnount i	n the tot	ai on li	ne 41	on page 2		26	-9.8	146