

IRS e-file Signature Authorization

▶ 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 PALASH RANJAN KRISHN KOLUSU	Social security number 805-15-9368
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	62,453.
2 Total tax	2	6,513.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,353.
4 Amount you want refunded to you	4	2,840.
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

5	9	3	6	8
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 as my 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 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 ▶ 02/15/2023

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my 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 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:

Personal information section including name (PALASH RANJAN KRISHN, KOLUSU), social security number (805-15-9368), and home address (2030 GOLFVIEW DR, TROY, MI 48084).

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, and (4) Child tax credit/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-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain or loss (7), Other income (8), Total income (9), Adjustments (10), Adjusted gross income (11), Standard deduction (12), Business income deduction (13), and Taxable income (15).

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,513.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6,513.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,513.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	6,513.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	9,353.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	9,353.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	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	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,353.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,840.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,840.
Direct deposit? See instructions.	b	Routing number 072000326 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 660796720		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation PROCESS ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (906) 370-1767	Email address PKOLUSU@MTU.EDU		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/16/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**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
PALASH RANJAN KRISHN KOLUSU

Your social security number
805-15-9368

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	-8,071.
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 ABL 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	-8,071.

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

PALASH RANJAN KRISHN KOLUSU

Your social security number

805-15-9368

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 VILLA.NO. 154. ROAD NO 10 HYDERABAD TELANGANA IN 502300

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	C	
A 3		365		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	3	627.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	2,126.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	1,544.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	1,327.	
15	Supplies	15	1,998.	
16	Taxes	16		
17	Utilities	17	1,703.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	8,698.	
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	-8,071.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,071.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	627.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	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		
e	Total of all amounts reported on line 20 for all properties	23e	8,698.	
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	(8,071.)	
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	26		-8,071.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,071.

Schedule E (Form 1040) 2022

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 PALASH RANJAN KRIS	M.I.	Last Name KOLUSU	2. Filer's Full Social Security No. (Example: 123-45-6789) 805 — 15 — 9368
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) 2030 GOLVIEW DR, APT. 210			
City or Town TROY	State MI	ZIP Code 48084	4. School District Code (5 digits – see page 60) 63150

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. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Filer</td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> </table>	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.
a.	<input type="checkbox"/>	Filer					
b.	<input type="checkbox"/>	Spouse					

7. 2022 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="margin-left: 20px;"> * If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 200px; height: 20px;" type="text"/> </div>	8. 2022 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <div style="margin-left: 20px;"> * If you check box "b" or "c," you must complete and include Schedule NR. </div>
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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.	62453	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.		00
12. Total. Add lines 10 and 11.....	12.	62453	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.	62453	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.	57453	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	2442	00

		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.	2442 00

Filer's Full Social Security Number

805 — 15 — 9368

21. Enter amount of Income Tax from line 20.....	21.	2442	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.	2442	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.		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.	2895	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.		
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.	32c.		00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.	2895	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.		
Include interest <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/>			
YOU OWE			
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.	453	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.	453	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	
072000326	660796720	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)

Filer	— —	Spouse	— —
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Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

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.

Filer's Signature _____ Date _____

Spouse's Signature _____ Date _____

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
678-965-9522

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 PALASH RANJAN KRIS	M.I.	Last Name KOLUSU	2. Filer's Full Social Security No. (Example: 123-45-6789) 805 — 15 — 9368
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		38-2612369	SYSTEMS TECHNOLO	53963	00	2171	00
X		42-0993209	DIEOMATIC INC	16561	00	724	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.	2895 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.	2895 00

INDIVIDUAL RETURN DUE APRIL 30, 2023

Header section containing Taxpayer's SSN (805-15-9368), Taxpayer's first name (PALASH RANJAN K), Last name (KOLUSU), Spouse's SSN, Present home address (2030 GOLFVIEW DR), City (TROY), State (MI), Zip code (48084), and FILING STATUS (Single).

Main table with columns: INCOME, Column A Federal Return Data, Column B Exclusions/Adjustments, Column C Taxable Income. Rows include Wages (70524), Total income (62453), Exemptions (750), Total income subject to tax (61703), Tax at 0100 (617), Payments and credits (81), Total tax due (536), and Overpayment (0).

MAIL TO: BATTLE CREEK INCOME TAX DEPARTMENT, PO BOX 1657 BATTLE CREEK, MI 49016-1657

Revised 06/15/2017

Taxpayer's name: PALASH RANJAN KRISHN KOLUS
Taxpayer's SSN: 805-15-9368

EXEMPTIONS SCHEDULE

1a. You: Date of birth (mm/dd/yyyy) 05/07/1998, Regular , 65 or over , Blind , Deaf , Disabled
1b. Spouse:
1d. List Dependents: 1c. Check box if you can be claimed as a dependent on another person's tax return
1e. Enter the number of boxes checked on lines 1a and 1b: 1
1f. Enter number of dependent children listed on line 1d:
1g. Enter number of other dependents listed on line 1d:
1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a): 1

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE	COLUMN E TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)	
1.	T	805-15-9368	38-2612369	0		0		
2.	T	805-15-9368	42-0993209	0		81	BATTLE CREEK	
3.								
4.								
5.								
6.								
7.								
8.								
9	Totals (Enter here and on page 1; part-yr residents on Sch TC)				0	<< Enter on pg 1, ln 1, col B	81	<< Enter on pg 1, ln 24a

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

1.	IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	1
2.	Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	2
3.	Employee business expenses (Attach copy of CF-2106 and detailed list)	3
4.	Moving expenses (Into city area only, Military ONLY) (Attach copy of federal Form 3903)	4
5.	Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return)	5
6.	Renaissance Zone deduction (Attach Schedule RZ OF 1040)	6
7.	Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

MARK T, S, B	List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	FROM		TO	
		MONTH	DAY	MONTH	DAY
	Same				

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following No
Designee's name: _____ Phone No. _____ Personal identification number (PIN) _____

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If I am a resident claiming a credit for taxes paid to another city, I acknowledge and consent to the City's verification of unrefunded payment to that city. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

SIGN HERE ==>>>>
TAXPAYER'S SIGNATURE - If joint return, both spouses must sign: _____ Date (MM/DD/YY) _____ Taxpayer's occupation: PROCESS ENGINEER Daytime phone number: (906) 370-176 If deceased, date of death: _____
SPOUSE'S SIGNATURE: _____ Date (MM/DD/YY) _____ Spouse's occupation: _____ Daytime phone number: _____ If deceased, date of death: _____

Some cities are using new communication methods. If your City participates and you would like email notifications regarding important changes and Income Tax related information please provide your email address. No City will email you asking for your social security number. Email: _____

PREPARER'S SIGNATURE: SYAM PRIYA RAM SAGAR GUPTA Date (MM/DD/YY) 02/16/23 PTIN, EIN or SSN 84-3171965 Preparer's phone no. (678) 965-952
FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE: GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 NACTP software number 1555

CF-1040ES

**BATTLE CREEK
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2022**

2022 EST 01Q

Taxpayer Name: PALASH RANJAN KRISHN KOL

Social Security No: 805-15-9368

Due on or Before: 04/30/2022, for tax year 2022*

Payment: \$ 88

- Payment Method:
- Make payment by check or money order payable to "City of BATTLE CREEK ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
**BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657**

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES
REV 01/21/23 PRO

**BATTLE CREEK
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER**

2022 EST 01Q

Revised: 09/30/2017


Mail To: BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

NACTP # 1555

EFIN # 222496

ESTIMATED PAYMENT VOUCHER 1

Due Date: 04/30/2022

Taxpayer's first name, initial, last name PALASH RANJAN KRISHN KOLUSU			Taxpayer's SSN 805-15-9368						
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN						
Phone number 906-370-1767									
Present home address (Number and street) Apt. no. 2030 GOLFVIEW DR 210			Payment voucher 2D barcode 						
Address line 2 (P.O. Box address for mailing use only)									
City, town or post office TROY		State MI	Zip code 48084						
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order				Round to nearest dollar 88 .00		

BCK805159368032023EST010000008800

CF-1040ES

BATTLE CREEK
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2022

2022 EST 02Q

Taxpayer Name: PALASH RANJAN KRISHN KOL

Social Security No: 805-15-9368

Due on or Before: 06/30/2022, for tax year 2022*

Payment: \$ 88

- Payment Method:
- Make payment by check or money order payable to "City of BATTLE CREEK ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

BATTLE CREEK

2022 EST 02Q

REV 01/21/23 PRO

SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

Revised: 09/30/2017

Mail To: BATTLE CREEK CITY INCOME TAX

PO BOX 1657


BATTLE CREEK, MI 49016-1657

NACTP # 1555

EFIN # 222496

ESTIMATED PAYMENT VOUCHER 2

Due Date: 06/30/2022

Taxpayer's first name, initial, last name PALASH RANJAN KRISHN KOLUSU			Taxpayer's SSN 805-15-9368					
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN					
Phone number 906-370-1767								
Present home address (Number and street) Apt. no. 2030 GOLFVIEW DR 210			Payment voucher 2D barcode 					
Address line 2 (P.O. Box address for mailing use only)								
City, town or post office TROY		State MI	Zip code 48084					
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order			Round to nearest dollar 88 .00		

BCK805159368032023EST020000008800

CF-1040ES

BATTLE CREEK
ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2022

2022 EST 03Q

Taxpayer Name: PALASH RANJAN KRISHN KOL

Social Security No: 805-15-9368

Due on or Before: 09/30/2022, for tax year 2022*

Payment: \$ 88

- Payment Method:
- Make payment by check or money order payable to "City of BATTLE CREEK ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

BATTLE CREEK

2022 EST 03Q

REV 01/21/23 PRO

THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

Revised: 09/30/2017

Mail To: BATTLE CREEK CITY INCOME TAX

PO BOX 1657


BATTLE CREEK, MI 49016-1657

NACTP # 1555

EFIN # 222496

ESTIMATED PAYMENT VOUCHER 3

Due Date: 09/30/2022

Taxpayer's first name, initial, last name PALASH RANJAN KRISHN KOLUSU			Taxpayer's SSN 805-15-9368					
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN					
Phone number 906-370-1767								
Present home address (Number and street) Apt. no. 2030 GOLFVIEW DR 210			Payment voucher 2D barcode 					
Address line 2 (P.O. Box address for mailing use only)								
City, town or post office TROY		State MI	Zip code 48084					
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order			Round to nearest dollar 88 .00		

BCK805159368032023EST03Q0000008800

CF-1040ES

BATTLE CREEK
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2023

2022 EST 04Q

Taxpayer Name: PALASH RANJAN KRISHN KOL

Social Security No: 805-15-9368

Due on or Before: 01/31/2023, for tax year 2022*

Payment: \$ 88

- Payment Method:
- Make payment by check or money order payable to "City of BATTLE CREEK ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

REV 01/21/23 PRO

BATTLE CREEK

FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

Mail To: BATTLE CREEK CITY INCOME TAX

PO BOX 1657

BATTLE CREEK, MI 49016-1657

2022 EST 04Q


Revised: 08/11/2015

NACTP # 1555

EFIN # 222496

ESTIMATED PAYMENT VOUCHER 4

Due Date: 01/31/2023

Taxpayer's first name, initial, last name PALASH RANJAN KRISHN KOLUSU			Taxpayer's SSN 805-15-9368					
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN					
Phone number 906-370-1767								
Present home address (Number and street) Apt. no. 2030 GOLFVIEW DR 210			Payment voucher 2D barcode 					
Address line 2 (P.O. Box address for mailing use only)								
City, town or post office TROY		State MI	Zip code 48084					
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order			Round to nearest dollar 88.00		

BCK805159368032023EST040000008800

CF-1040PV

BATTLE CREEK
INCOME TAX RETURN PAYMENT VOUCHER

2022 RET RPV

You may pay your balance online at [https://michigan-\(cityname\).insourcetax.com](https://michigan-(cityname).insourcetax.com) {see appendix

Taxpayer Name:

Social Security No:

Due on or Before: 4/30/2023, due date of 2022 return*

Payment: \$

Payment Method: Make payment by check or money order payable to "City of **BATTLE CREEK** ." Include your social security number, daytime phone number, and "2022 CF-1040PV" on your check or money order. **DO NOT SEND CASH.** To pay by credit card or direct debit, see income tax website of the City of **BATTLE CREEK** . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment:

BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Revised: 11/05/2022

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040PV

BATTLE CREEK
INCOME TAX RETURN PAYMENT VOUCHER


2022 RET RPV

REV 01/21/23 PRO

Revised: 08/11/2015

Mail To: **BATTLE CREEK CITY INCOME TAX**
PO BOX 1657
BATTLE CREEK, MI 49016-1657

NACTP #
EFIN #

Taxpayer's first name, initial, last name PALASH RANJAN KRISHN KOLUSU		Taxpayer's SSN 805-15-9368	
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN	
Contact phone number 906-370-1767			
Present home address (Number and street) 2030 GOLFFVIEW DR 210	Apt. no.	Payment voucher 2D barcode	
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office TROY	State MI	Zip code 48084	
Foreign country name, province/county, postal code		Amount of tax, interest and penalty you are paying by check or money order	Round to nearest dollar 536 .00

BCK805159368032022RETRPV0000053600

Taxpayer's name PALASH RANJAN KRISHN KOLUSU	Taxpayer's SSN 805-15-9368	2022 BATTLE CREEK	
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-1**
All W-2 forms must be attached to page 1 of the return 1555 REV 01/21/23 PRO Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available	38-2612369	42-0993209	
2. Employer's name (Form W-2, box c) or source's name	SYSTEMS TECHNOLOGY	DIEOMATIC INC	
3. SSN from Form W-2, box a	805-15-9368	805-15-9368	
4. Enter T for taxpayer or S for spouse	<input checked="" type="checkbox"/> T	<input checked="" type="checkbox"/> T	<input type="checkbox"/>
5. Dates of employment during tax year	From 01/01/2022 To 12/31/2022	From 01/01/2022 To 12/31/2022	From <input type="checkbox"/> To <input type="checkbox"/>
6. Mark (X) box if you work at multiple locations in and out of BATTLE CREEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	3001 W BIG BEAVER RD 500 TROY MI 48084	750 TOWER DRIVE TROY MI 48098	
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	53963	16561	
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
------------------------------------	-------------------------------	-------------------------------	-------------------------------

For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.

11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
-------------------------	-------------------------------	-------------------------------	-------------------------------

17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by BATTLE CREEK			
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)	53963	16561	

22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)	70524		
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			70524

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.