Important Information

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Who Must File Estimated Tax Payments

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- 110 percent of your total 2022 tax if your 2022 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

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How to Pay Estimated Tax

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Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2023 MICHIGAN MI-1040ES Estimated Individual Income Tax Vo	Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.	Due Date for Calendar Year Filers 04-18-2023
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
VENKATESWAR RAO MUSALA & SWETHA GOKAMALLA	206-84-0119	733-46-5797
Address (Street, City, State, ZIP Code) 45420 GLENGARRY BOULEVARD	WRITE PAYMENT AMOUNT HERE	\$ 190.00
CANTON MI 48188	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2023 Mi-1040ES" on the front of your check. Do not fold or staple.

Important Information

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2023 MICHIGAN MI-1040ES Estimated Individual Income Tax Voi	Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.	Due Date for Calendar Year Filers 06-15-2023
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
VENKATESWAR RAO MUSALA & SWETHA GOKAMALLA	206-84-0119	733-46-5797
Address (Street, City, State, ZIP Code) 45420 GLENGARRY BOULEVARD	WRITE PAYMENT AMOUNT HERE	\$ 190.00
CANTON MI 48188	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2023 MI-1040ES" on the front of your check. Do not fold or staple.

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Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
VENKATESWAR RAO MUSALA & SWETHA GOKAMALLA	206-84-0119	733-46-5797
Address (Street, City, State, ZIP Code) 45420 GLENGARRY BOULEVARD	WRITE PAYMENT AMOUNT HERE	\$ 190.00
CANTON MI 48188	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2023 Mi-1040ES" on the front of your check. Do not fold or staple.

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2023 MICHIGAN	Issued under authority of Public Act 281 of 1967, as amended.	Due Date for Calendar Year Filers		
MI-1040ES Estimated Individual Income Tax Vo		01-16-2024		
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number		
VENKATESWAR RAO MUSALA & SWETHA GOKAMALLA	206-84-0119	733-46-5797		
Address (Street, City, State, ZIP Code)	WRITE PAYMENT			
45420 GLENGARRY BOULEVARD	AMOUNT HERE	\$ 190.00		
CANTON MI 48188	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2023 Mi-1040ES" on the front of your check. Do not fold or staple.		

Amended Return

2022 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 18, 2023.	Гуре о	r print in blue or	r black	ink.							(Inclu	ide Schedule AMD)	_
1. Filer's First Name	M.I.	Last Name						2. Filer's	Full	Social Sec	curity I	No. (Example: 123-45-678	9)
VENKATESWAR RAO		MUSALA				2	06		84	 0119			
If a Joint Return, Spouse's First Name	M.I.	Last Name					ļ						
SWETHA	<u> </u>	GOKAMAL:	LA					3. Spou	se's F	Full Social	Secur	ity No. (Example: 123-45-6	3789)
Home Address (Number, Street, or P.O. Bo 45420 GLENGARRY BOT	,	ARD						7	33	_	46		
City or Town			State	ZIP Code	!			4. School	ol Dis	strict Code	(5 dig	its – see page 60)	
CANTON			ΜI	4818	88				82	2160		, ,	
5. STATE CAMPAIGN FUND Check if you (and/or your spouse filing a joint return) want \$3 of yo to go to this fund. This will not income your tax or reduce your refund.	ur taxes	. —	iler pouse			6. FAI	Che		box	if 2/3 of y		AFARERS ncome is from farming,	
7. 2022 FILING STATUS. Check or a. Single b. X Married filing jointly c. Married filing separately*	* If you line 3 below		se's full	name		a. X b	Re No	sident nreside rt-Year	nt * Resi	ident *		k all that apply. * If you check box "b" or "c," you must complete and include Schedule NR.	
9. EXEMPTIONS. NOTE: If some	one els	e can claim you a	as a dep	endent, c	heck	box 9e	, ente	er 0 on I	ine 9	a and en	ter \$1	1,500 on line 9e (see ins	str.).
a. Number of exemptions (see	notruoti	ono))a.	4	х	\$5,000	00	20000	00
b. Number of individuals who que blind, hemiplegic, paraplegicc. Number of qualified disabled	alify for quadri _l veterar	one of the followi plegic, or totally a	ng spec and pern	ial exempt	tions: disabl	deaf, ed 9)b)c		x x	\$2,900 \$400	9b. 9c.		00
d. Number of Certificates of Stil	וווווווווווווווווווווווווווווווווווווו	JIII WDHH3 (See	IIISIIUCI			8	d		Х	\$5,000	9d.		100
e. Claimed as dependent, see I	ne 9 No	OTE above				9	e. [9e.		00
f. Add lines 9a, 9b, 9c, 9d and	9e. Ent	er here and on lir	ne 15							Г	9f.	20000	00
10. Adjusted Gross Income from y	our U.S	6. Form <i>1040</i> (see	e instrud	ctions)						. 10.		294076	00
11. Additions from Schedule 1, line	9. Incl u	de Schedule 1								. 11.			00
12. Total. Add lines 10 and 11										. 12.		294076	00
13. Subtractions from Schedule 1, I	ne 30.	Include Schedu	le 1							. 13.			00
14. Income subject to tax. Subtract	t line 13	3 from line 12. If	line 13 i	is greater	than	line 12	, ente	r "0"		. 14.		294076	00
15. Exemption allowance. Enter a	mount f	rom line 9f or Sch	nedule N	NR, line 19	9					. 15.		20000	00
16. Taxable income. Subtract line	15 from	line 14. If line 15	is grea	ter than lir	ne 14	, enter	"0"			. 16.		274076	00
17. Tax. Multiply line 16 by 4.25% ().0425)					AMO				. 17.		11648 CREDIT	00
18. Income Tax Imposed by govern	nent un	ite outeido Michia	nan							Г			ТΠ
Include a copy of the return (see				8a.					00	18b.			00
19. Michigan Historic Preservation	ax Cre	dit (see instructio	ns). 1	9a					00	19b.			00
20. Income Tax. Subtract the sum of the sum of lines 18b and 19b										20.		11648	00

2022 N	II-1040, Page 2 of 2					-			
		File	er's Full Social S	ecurity Number	2	06 —	- 8	84 — 0119	
21.	Enter amount of Income Tax from li	ne 20					21.	1164	8 Inn
22.	Voluntary Contributions from Form						22.		00
	•								100
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)						23.		0 00
24.	Total Tax Liability. Add lines 21, 22	2 and 23				24.		1164	8 00
	INDABLE CREDITS AND PAYN					_			
25.	Property Tax Credit. Include MI-1	040CR or MI-1040C	R-2				25.		00
26.	Farmland Preservation Tax Credi	it. Include MI-1040C	R-5				26.		00
			_	FE	DERAL		_	MICHIGAN	
27.	Earned Income Tax Credit. Multiply enter result on line 27b	line 27a by 6% (0.06	6) and 27a.			00	27b.		00
28.	Michigan Historic Preservation Tax			3581		—	28.		00
29.	Credit for allocated share of tax paid	,					29.		00
					•				
30.	Michigan tax withheld from Schedu	le W, line 6. Include	Schedule W ((do not subn	nit W-2s)		30.	1205	6 00
31.	Estimated tax, extension payments	and 2021 credit forw	vard				31.		00
32.	2022 AMENDED RETURNS ONLY	' '	0 0	2022 return s	hould skip to l	line 33.			
	Amended returns must include Scl	hedule AMD (see in	structions).						
	32a. If you had a refund and/or negative number on line 3:		iginal return, che	eck box 32a and	d enter this amo	unt as a			
	32b. If you paid with the origina any additional tax paid after						32c.		00
00	-		071 00 00 0					1205	و ا
	Total refundable credits and payme	ents. Add lines 25, 26	, 270, 28, 29, 3	30, 31 and 32	.C	33.		1203	<u>~ [00</u>
	JND OR TAX DUE If line 33 is less than line 24, subtra	act line 33 from line 2	4 If annlicable	see instruct	ions	Г			
•	The second less than the En, subtle	101 11110 00 110111 11110 2	П	, 000 111011401					
	Include interest 00 a	and penalty	00	Y	OU OWE	34.			00
35.	Overpayment. If line 33 is greater to	than line 24, subtract	t line 24 from li	ine 33		35.		40	8 00
36.	Credit Forward. Amount of line 35	to be credited to you	ır 2023 estimat	ted tax for yo	ur 2023 tax re	turn	36.		00
27	Subtract line 36 from line 35				REFUND	37.		40	8 00
	ECT DEPOSIT	a. Routing Trans			ccount Numbe			c. Type of Account	<u> </u>
Depos	it your refund directly to your financial						 	X Checking 2. Sa	vings
and c.	ion! See instructions and complete a, b	011900571		385002	2068655				
	eased Taxpayer. If Filer and/or Spous							declare under penalty of perjui	
ENTE	R DATE OF DEATH ONLY. Example	: 04-15-2022 (MM-DD-)	(YYY)					tion of which I have any knowl	edge.
Filer		Spouse		-	Preparer's PTII		r SSN		
	ayer Certification. I declare under tachments is true and complete to the bes		he information in	this return	Preparer's Nam VENKAT			VAN KUMAR DUD	IP
Filer's	Signature	· ·	Date		Preparer's Sign		r D7,	TANT KIIMAD DIID	TD
Spous	se's Signature		Date					VAN KUMAR DUD ess and Telephone Number	TL
Opous	o o orginaturo		Date		GLOBAL			•	
					245 RO				
	By checking this box, I authorize Tre	easury to discuss my	return with m	v preparer	E BRUNS			08816	
╽╙╜		, .o aloodoo iiiy		, p. sparon	678-965			- •	

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)
VENKATESWAR RAO		MUSALA	206 — 84 — 0119
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
SWETHA		GOKAMALLA	733 — 46 — 5797

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

				<u> </u>			\neg
<i>F</i>	٠ ا	В	С	D		E	
Enter ' Filer or		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		65-1218462	RELIABLE SOFTWAR	205433	00	8731	00
	Х	47-4290560	ROCKLOANS MARKET	88643	00	3325	00
					00		00
					00		00
					00		00
Enter	Table	e 1 Subtotal from additional Sche			00		
4.	SUB	12056	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" f	Payer's federal identification	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 Ta	00					
5. SUBTOTAL. Enter total of Table 2, column E						
6. T (OTAL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30	6.	12056 00		

REV 02/21/23 PRO