

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Taxpayer's name<br>MOHIT THAKUR | Social security number<br>692-83-4768 |
| 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 | 60,558. |
| 2 | Total tax . . . . .                                                     | 2 | 6,095.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 10,181. |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 4,086.  |
| 5 | Amount you owe . . . . .                                                | 5 |         |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

### Taxpayer's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 4 | 7 | 6 | 8 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, address, and social security numbers for both filers.

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)? (See instructions.) [ ] 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 and columns for description and amount.

Table for Standard Deduction for (2a-6a) and Taxable interest (2b-6b) with columns for description and amount.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 6,095.

Table for Payments (lines 25-33). Includes federal income tax withheld (10,181) and total payments (10,181).

Table for Refund (lines 34-36). Shows overpaid amount of 4,086 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and PIN fields.

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://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  
MOHIT THAKUR

Your social security number  
692-83-4768

**Part I Additional Income**

|           |                                                                                                                                                     |               |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____                                                                          |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               |               | <b>5</b>  | -7,577. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 |               | <b>7</b>  |         |
| <b>8</b>  | Other income:                                                                                                                                       |               |           |         |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .                                                                                                                                  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .                                                                                                                     | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .                                                                                                                     | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .                                                                                                                             | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .                                                                              | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .                                                                                | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .                                                                                                           | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____                                                                                                           | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8                                                           |               | <b>10</b> | -7,577. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |                                                                                                                                                                      |            |            |  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .                                                                                                                                          |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                                          |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .                                                                                                         |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .                                                                                          |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                                                 |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                                                             |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .                                                                                                                   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .                                                                                                                     |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .                                                                                                                                               |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .                                                                                                                                            |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____                                                                                           |            |            |  |
| <b>20</b>  | IRA deduction . . . . .                                                                                                                                              |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .                                                                                                                            |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .                                                                                                                                    |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .                                                                                                                                       |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:                                                                                                                                                   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .                                                                                                                           | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .                                                   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .                                                                                                                    | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .                                                                                | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .                                                                                                       | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .                                                                                                 | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .                                              | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .                                                                                                                           | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .                                                                                  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____                                                                                                                       | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .                                                                                                         |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return  
MOHIT THAKUR

Your social security number  
692-83-4768

**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** 85A, SHAKTIMATA NAGAR NAGPUR MAHARASHTRA IN 440009

**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                 |                          |
| <b>A</b> 3                            |                                                                                                                                                                                                                          | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |                                                                                                                                                                                                                          |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |                                                                                                                                                                                                                          |                  |   |                   | <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 |
| <b>3</b> Rents received . . . . .                                                                                                                                                                                                                                                                                             | <b>3</b> 414.        |   |   |
| <b>4</b> Royalties received . . . . .                                                                                                                                                                                                                                                                                         | <b>4</b>             |   |   |
| <b>Expenses:</b>                                                                                                                                                                                                                                                                                                              |                      |   |   |
| <b>5</b> Advertising . . . . .                                                                                                                                                                                                                                                                                                | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .                                                                                                                                                                                                                                                                         | <b>6</b>             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .                                                                                                                                                                                                                                                                                   | <b>7</b> 1,854.      |   |   |
| <b>8</b> Commissions . . . . .                                                                                                                                                                                                                                                                                                | <b>8</b>             |   |   |
| <b>9</b> Insurance . . . . .                                                                                                                                                                                                                                                                                                  | <b>9</b>             |   |   |
| <b>10</b> Legal and other professional fees . . . . .                                                                                                                                                                                                                                                                         | <b>10</b>            |   |   |
| <b>11</b> Management fees . . . . .                                                                                                                                                                                                                                                                                           | <b>11</b> 1,655.     |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)                                                                                                                                                                                                                                                            | <b>12</b>            |   |   |
| <b>13</b> Other interest . . . . .                                                                                                                                                                                                                                                                                            | <b>13</b>            |   |   |
| <b>14</b> Repairs . . . . .                                                                                                                                                                                                                                                                                                   | <b>14</b> 2,011.     |   |   |
| <b>15</b> Supplies . . . . .                                                                                                                                                                                                                                                                                                  | <b>15</b> 1,193.     |   |   |
| <b>16</b> Taxes . . . . .                                                                                                                                                                                                                                                                                                     | <b>16</b>            |   |   |
| <b>17</b> Utilities . . . . .                                                                                                                                                                                                                                                                                                 | <b>17</b> 1,278.     |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .                                                                                                                                                                                                                                                                         | <b>18</b>            |   |   |
| <b>19</b> Other (list) _____                                                                                                                                                                                                                                                                                                  | <b>19</b>            |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .                                                                                                                                                                                                                                                                    | <b>20</b> 7,991.     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .                                                                                                                                                          | <b>21</b> -7,577.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .                                                                                                                                                                                                       | <b>22</b> ( 7,577. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .                                                                                                                                                                                                                                        | <b>23a</b> 414.      |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .                                                                                                                                                                                                                                         | <b>23b</b>           |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .                                                                                                                                                                                                                                                | <b>23c</b>           |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .                                                                                                                                                                                                                                                | <b>23d</b>           |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .                                                                                                                                                                                                                                                | <b>23e</b> 7,991.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .                                                                                                                                                                                                                    | <b>24</b>            |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here                                                                                                                                                                                                  | <b>25</b> ( 7,577. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -7,577.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -7,577.

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<br>MOHIT                                                                                                                                                                                                                                                                                                                                                               |  | M.I. | Last Name<br>THAKUR |                                                                                                                                                                                                                                                                                             | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>692 — 83 — 4768 |  |
| If a Joint Return, Spouse's First Name                                                                                                                                                                                                                                                                                                                                                       |  | M.I. | Last Name           |                                                                                                                                                                                                                                                                                             | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |  |
| Home Address (Number, Street, or P.O. Box)<br>3600 W GRANT LINE ROAD                                                                                                                                                                                                                                                                                                                         |  |      |                     |                                                                                                                                                                                                                                                                                             | 4. School District Code (5 digits – see page 60)<br>10000                         |  |
| City or Town<br>TRACY                                                                                                                                                                                                                                                                                                                                                                        |  |      | State<br>CA         | ZIP Code<br>95304                                                                                                                                                                                                                                                                           |                                                                                   |  |
| 5. <b>STATE CAMPAIGN FUND</b><br>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.<br>a. <input type="checkbox"/> Filer<br>b. <input type="checkbox"/> Spouse                                                                                                                    |  |      |                     | 6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b><br><br><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.                                                                                                                                     |                                                                                   |  |
| 7. <b>2022 FILING STATUS.</b> Check one.<br>a. <input checked="" type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input type="checkbox"/> Married filing separately*<br><br>* If you check box "c," complete line 3 and enter spouse's full name below:<br><div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> |  |      |                     | 8. <b>2022 RESIDENCY STATUS.</b> Check all that apply.<br>a. <input type="checkbox"/> Resident<br>b. <input checked="" type="checkbox"/> Nonresident *<br>c. <input type="checkbox"/> Part-Year Resident *<br><br>* If you check box "b" or "c," you must complete and include Schedule NR. |                                                                                   |  |

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. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....                                                                                             | 10. |                          |   |         |     | 60558 | 00 |
| 11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....                                                                                                        | 11. |                          |   |         |     |       | 00 |
| 12. <b>Total.</b> Add lines 10 and 11.....                                                                                                                                    | 12. |                          |   |         |     | 60558 | 00 |
| 13. Subtractions from Schedule 1, line 30. <b>Include Schedule 1</b> .....                                                                                                    | 13. |                          |   |         |     | 58089 | 00 |
| 14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....                                                           | 14. |                          |   |         |     | 2469  | 00 |
| 15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....                                                                                        | 15. |                          |   |         |     | 204   | 00 |
| 16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....                                                                  | 16. |                          |   |         |     | 2265  | 00 |
| 17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....                                                                                                                       | 17. |                          |   |         |     | 96    | 00 |

**NON-REFUNDABLE CREDITS**

|                                                                                                                                                    |      | AMOUNT |  |  |      | CREDIT |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|--|--|------|--------|----|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....                                  | 18a. |        |  |  | 18b. |        | 00 |
| 19. Michigan Historic Preservation Tax Credit (see instructions).....                                                                              | 19a. |        |  |  | 19b. |        | 00 |
| 20. <b>Income Tax.</b> 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.  | 96     | 00 |

Filer's Full Social Security Number

692 — 83 — 4768

|                                                                                                                                  |     |    |    |
|----------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| 21. Enter amount of Income Tax from line 20.....                                                                                 | 21. | 96 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....                                               | 22. |    | 00 |
| 23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0  | 00 |
| <b>24. Total Tax Liability.</b> Add lines 21, 22 and 23 .....                                                                    | 24. | 96 | 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|                                                                                                                                                                                                                                                        |      |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----|
| 25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....                                                                                                                                                                                 | 25.  |     | 00 |
| 26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....                                                                                                                                                                                 | 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). <b>Include Form 3581</b> .....                                                                                                                                                             | 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. <b>Include Schedule W (do not submit W-2s)</b> .....                                                                                                                                                | 30.  | 107 | 00 |
| 31. Estimated tax, extension payments and 2021 credit forward .....                                                                                                                                                                                    | 31.  |     | 00 |
| 32. <b>2022 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2022 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .                                                                       |      |     |    |
| 32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.                                                                                  |      |     |    |
| 32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty. | 32c. |     | 00 |
| <b>33. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c .....                                                                                                                                                  | 33.  | 107 | 00 |

**REFUND OR TAX DUE**

|                                                                                                                                                                                                            |                |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|----|
| 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.                                                                                                       | 34.            |    | 00 |
| Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ..... | <b>YOU OWE</b> |    | 00 |
| 35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33 .....                                                                                                            | 35.            | 11 | 00 |
| 36. <b>Credit Forward.</b> 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 .....                                                                                                                                                                    | <b>REFUND</b>  | 11 | 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                              |                                     |
|---------------------------|-------------------|-------------------------------------------------|-------------------------------------|
| 041000124                 | 4149654393        | 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 | — — |
|-------|-----|--------|-----|

**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 Schedule 1 Additions and Subtractions

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

**Attachment 01**

Include with Form MI-1040. Type or print in blue or black ink.

|                             |      |                     |                                                                            |
|-----------------------------|------|---------------------|----------------------------------------------------------------------------|
| Filer's First Name<br>MOHIT | M.I. | Last Name<br>THAKUR | Filer's Full Social Security No. (Example: 123-45-6789)<br>692 — 83 — 4768 |
|-----------------------------|------|---------------------|----------------------------------------------------------------------------|

**Additions to Income (all entries must be positive numbers)**

|                                                                                                                                                                                                           |    |   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....                                                                              | 1. |   | 00 |
| 2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions) ..... | 2. |   | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 .....                                                                                                                                               | 3. |   | 00 |
| 4. Losses attributable to other states (see instructions) .....                                                                                                                                           | 4. |   | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 .....                                                                                                                                | 5. |   | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....                                                                           | 6. |   | 00 |
| 7. Federal Net Operating Loss deduction included in AGI.....                                                                                                                                              | 7. |   | 00 |
| 8. Other (see instructions). Describe: _____                                                                                                                                                              | 8. |   | 00 |
| 9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11</b> .....                                                                                                                | 9. | 0 | 00 |

**Subtractions from Income (all entries must be positive numbers)**

|                                                                                                                                                                                              |     |       |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....                                           | 10. |       | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits ..... | 11. |       | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 .....                                                                                                                         | 12. |       | 00 |
| 13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u> .....                                                                                           | 13. | 58089 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..                                                                                        | 14. |       | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). .....                                                                                                           | 15. |       | 00 |
| 16. Michigan state and local income tax refunds received in 2022 and included on MI-1040, line 10 (see instructions) .....                                                                   | 16. |       | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....                                                                    | 17. |       | 00 |
| 18. Michigan Education Trust .....                                                                                                                                                           | 18. |       | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI .....                                                                                               | 19. |       | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....                                            | 20. |       | 00 |
| 21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . <b>Include Form 5792</b> . .....                   | 21. |       | 00 |
| 22. Miscellaneous subtractions (see instructions). <b>Describe:</b> _____                                                                                                                    | 22. |       | 00 |

## 2022 MICHIGAN Schedule 1 Additions and Subtractions

|                             |      |                     |                                                                            |
|-----------------------------|------|---------------------|----------------------------------------------------------------------------|
| Filer's First Name<br>MOHIT | M.I. | Last Name<br>THAKUR | Filer's Full Social Security No. (Example: 123-45-6789)<br>692 — 83 — 4768 |
|-----------------------------|------|---------------------|----------------------------------------------------------------------------|

### Deduction Based on Year of Birth

Complete 23A through 23H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 24, 25, 26, or 27. Check box(es) 23C and/or 23G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| 23. | FILER                         |                                  |                                                                            |                                                                            | SPOUSE                        |                                  |                                                                             |                                                                             |
|-----|-------------------------------|----------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|----------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|     | A.<br>Year of Birth<br>(19xx) | B.<br>Age<br>as of<br>12-31-2022 | C.<br>Check if filer<br>received benefits<br>from SSA exempt<br>employment | D.<br>Check if filer<br>retired as of<br>01-01-2013 and<br>born after 1952 | E.<br>Year of Birth<br>(19xx) | F.<br>Age<br>as of<br>12-31-2022 | G.<br>Check if spouse<br>received benefits<br>from SSA exempt<br>employment | H.<br>Check if spouse<br>retired as of<br>01-01-2013 and<br>born after 1952 |
|     | 1996                          | 26                               | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                   |                               |                                  | <input type="checkbox"/>                                                    | <input type="checkbox"/>                                                    |

|                                                                                                                                                                                                                                                                                                                                  |     |  |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|
| 24. <b>Tier 2 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. <b>Do not complete lines 25, 26 or 27.</b> .....                                                                     | 24. |  | 00 |
| 25. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1956, and reached age 67 on or before December 31, 2022. <b>Do not complete lines 24, 26 or 27.</b> Enter amount from line 6 of Worksheet 2..... | 25. |  | 00 |
| 26. <b>Retirement benefits.</b> Enter amount from line 16, 17 or 18 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884</b> .....                                                                                                                                                                              | 26. |  | 00 |
| 27. Dividend/interest/capital gains deduction for taxpayers <b>77 years and older</b> . Deduction is limited to \$12,697 for single or married filing separately filers and \$25,394 for joint filers, less any deduction for retirement benefits (see instructions).....                                                        | 27. |  | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

|                                                                                                                                                                     |     |       |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|----|
| 28. <b>Subtotal.</b> Add lines 10 through 27 .....                                                                                                                  | 28. | 58089 | 00 |
| 29. <b>2022 Michigan NOL Deduction.</b> Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . <b>Include Form 5674</b> ..... | 29. |       | 00 |
| 30. <b>Total Subtractions.</b> Add lines 28 and 29. Enter here and on MI-1040, line 13.....                                                                         | 30. | 58089 | 00 |

**2022 MICHIGAN Nonresident and Part-Year Resident Schedule**

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

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

|                                        |      |                         |                                                                                   |
|----------------------------------------|------|-------------------------|-----------------------------------------------------------------------------------|
| 1. Filer's First Name<br><br>MOHIT     | M.I. | Last Name<br><br>THAKUR | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>692 — 83 — 4768 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name               | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**4. 2022 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.  
Enter dates of Michigan residency in 2022\*

\*Dates of Michigan residency in 2022 (Enter dates as MM-DD-YYYY, Example: 04-15-2022)

|       | FILER    | SPOUSE   |
|-------|----------|----------|
| FROM: | — — 2022 | — — 2022 |
| TO:   | — — 2022 | — — 2022 |

**Income Allocation**

|                                                                                                                                                                                                                      | A. Total Income | B. Michigan Income | C. Other State(s) Income |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|--------------------------|
| 5. Wages, salaries, other payments (tips, etc.) .....                                                                                                                                                                | 68135 00        | 2469 00            | 65666 00                 |
| 6. Interest and dividends .....                                                                                                                                                                                      | 00              | 00                 | 00                       |
| 7. Business and farm income (include U.S. Schedules C and F).....                                                                                                                                                    | 00              | 00                 | 00                       |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....                                                                                                                              | 00              | 00                 | 00                       |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....                                                                                                                        | -7577 00        | 0 00               | -7577 00                 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....                                                                                                                                  | 00              | 00                 | 00                       |
| 11. Other (see instructions).....                                                                                                                                                                                    | 00              | 00                 | 00                       |
| 12. Total income. Add lines 5 through 11.....                                                                                                                                                                        | 60558 00        | 2469 00            | 58089 00                 |
| 13. Enter the total adjustments from U.S. 1040 Describe:.....                                                                                                                                                        | 00              | 00                 | 00                       |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 60558 00        | 2469 00            | 58089 00                 |

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

|                                                                                                                                                                                                                                                  |    |       |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|----|--|
| 15. Enter amount from MI-1040, line 9f.....                                                                                                                                                                                                      | 15 | 5000  | 00 |  |
| 16. Enter Michigan source income from line 14, column B.....                                                                                                                                                                                     | 16 | 2469  | 00 |  |
| 17. Enter total income from line 14, column A.....                                                                                                                                                                                               | 17 | 60558 | 00 |  |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....                                                                                                                                                              | 18 | 4.08  | %  |  |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19 | 204   | 00 |  |

**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<br><br>MOHIT     | M.I. | Last Name<br><br>THAKUR | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>692 — 83 — 4768 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name               | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**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:<br>Filer or Spouse                                            |  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation |    | Box 17 — Michigan<br>income tax withheld |        |
| X                                                                            |  | 38-6006309                                                | UNIVERSITY OF MI        | 2469                                       | 00 | 107                                      | 00     |
|                                                                              |  |                                                           |                         |                                            | 00 |                                          | 00     |
|                                                                              |  |                                                           |                         |                                            | 00 |                                          | 00     |
|                                                                              |  |                                                           |                         |                                            | 00 |                                          | 00     |
|                                                                              |  |                                                           |                         |                                            | 00 |                                          | 00     |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |  |                                                           |                         |                                            |    |                                          | 00     |
| 4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |  |                                                           |                         |                                            |    | 4.                                       | 107 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:<br>Filer or Spouse                                                 |  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>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. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....                        |  |                                                                |              |                                                                 |                                 | 5. | 00     |
| 6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30..... |  |                                                                |              |                                                                 |                                 | 6. | 107 00 |