



2022 Form M1, Individual Income Tax

Do not use staples on anything you submit.

GURJINDER SINGH _____ OBEROI _____ 755350284 _____ 10021992 _____
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)

If a Joint Return, Spouse's First Name and Initial _____ Spouse's Last Name _____ Spouse's Social Security Number _____ Spouse's Date of Birth _____
 6948 HUCKLEBERRY DR _____ Check if Address is: New Foreign
 Current Home Address

MINNETRISTA _____ MN _____ 55331 _____
 City State ZIP Code

2022 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
 Spouse SSN _____

Dependents (see instructions):

| | | | |
|------------------------------|-----------------------------|-----------------------|---------------------------------------|
| Dependent 1 First Name _____ | Dependent 1 Last Name _____ | Dependent 1 SSN _____ | Dependent 1 Relationship to You _____ |
| Dependent 2 First Name _____ | Dependent 2 Last Name _____ | Dependent 2 SSN _____ | Dependent 2 Relationship to You _____ |
| Dependent 3 First Name _____ | Dependent 3 Last Name _____ | Dependent 3 SSN _____ | Dependent 3 Relationship to You _____ |

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Democratic/Farmer-Labor . . . 12 Grassroots/Legalize Cannabis 14 Legal Marijuana Now 17
 Republican 11 Independence 13 Libertarian 16 General Campaign Fund. 99

Your Code _____ Spouse's Code _____

From Your Federal Return (see instructions)

| | | | |
|--------------------------------|---------------------------------|-----------------|---------------------------|
| 80150 | 0 | 0 | 67233 |
| A. Wages, salaries, tips, etc. | B. IRA, pensions, and annuities | C. Unemployment | D. Federal taxable income |

| | | | |
|----|-----------------------------------------------------------------------------------------------------------|----|-------|
| 1 | Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) | 1 | 80183 |
| 2 | Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) | 2 | |
| 3 | Add lines 1 and 2. | 3 | 80183 |
| 4 | Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) | 4 | 12900 |
| 5 | Exemptions (determine from instructions). | 5 | |
| 6 | State income tax refund from line 1 of federal Schedule 1. | 6 | |
| 7 | Subtractions from line 32 of Schedule M1M and line 21 of Schedule M1MB (see instructions) | 7 | |
| 8 | Total subtractions. Add lines 4 through 7. | 8 | 12900 |
| 9 | Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. | 9 | 67283 |
| 10 | Tax from the table or schedules in the Form M1 instructions | 10 | 4166 |





11 Alternative minimum tax (enclose Schedule M1MT) 11 ■ _____

12 Add lines 10 and 11 12 _____ 4166

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on
line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 _____ 2011


13a ■ _____ 38702 13b ■ _____ 80183

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 _____ 2011

16 Amount from line 19 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ _____

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 _____ 2011

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 _____ 2011

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF 20 ■ _____ 2157

21 Minnesota estimated tax and extension payments made for 2022 21 ■ _____

22 Amount from line 12 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) . . . 22 ■ _____

23 Total payments. Add lines 20 through 22 23 _____ 2157

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ _____ 146

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings _____
Routing Number 075000019 Account Number 532882131

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2023 estimated tax 29 ■ _____

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature
7328378588
Daytime Phone
SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY)
GARRYSINGH98@GMAIL.COM
Email Address
03162023
Date (MM/DD/YYYY) _____ P02082703
PTIN or VITA/TCE # (required)
syam@gtaxfile.com
Preparer's Email Address

I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2022 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



2022 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

GURJINDER SINGH _____ OBEROI _____ 755350284 _____
 Your First Name and Initial Your Last Name Your Social Security Number

Spouse's First Name and Initial _____ Spouse's Last Name _____ Spouse's Social Security Number _____

Minnesota Residency (Place an X in one box and enter other state of residency)

You: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: WI
 (MM/DD/YYYY) (MM/DD/YYYY)

Your Spouse: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: _____
 (MM/DD/YYYY) (MM/DD/YYYY)

| | A. Total Amount | B. Minnesota Portion |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| 1 Wages, salaries, tips, etc. (from line 1z of federal Form 1040 or 1040-SR) | 80150 | 38702 |
| 2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR) | 14 | 0 |
| 3 Business income or loss (from line 3 of federal Schedule 1) | | |
| 4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR) | 19 | 0 |
| 5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR) | | |
| 6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1) | | |
| 7 Farm income or loss (from line 6 of federal Schedule 1) | | |
| 8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 9 of federal Schedule 1) | | |
| 9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M) | | |
| 10 Bonus depreciation addition from line 1 of Schedule M1MB | | |
| 11 If you entered an amount on line 9 of Schedule M1REF, see instructions | | |
| 12 Suspended loss from line 4 of Schedule M1MB | | |
| 13 Other required adjustments from Schedules M1M, M1MB, and M1AR (see instructions) | | |
| 14 Federal adjustments from Schedule M1NC (See instructions) | | |
| 15 Add lines 1 through 14 for each column | 80183 | 38702 |

If your Minnesota gross income is below \$12,900, see instructions.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 11, 12, and 14 of federal Schedule 1) | | |
| 17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 16 and 20 of federal Schedule 1) | | |
| 18 Health savings account and Archer MSA deductions (add lines 13 and 23 of federal Schedule 1) | | |
| 19 One-half of self-employment tax and self-employed health insurance (add lines 15 and 17 of federal Schedule 1) | | |
| 20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B) | | |



| | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|--------------------------|
| 21 | Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) | 21 | _____ | _____ |
| 22 | Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22 ■ | 22 | _____ | _____ |
| 23 | Social Security benefit from line 12 of Schedule M1M (see instructions). | 23 | _____ | _____ |
| 24 | Subtraction for federal bonus depreciation from line 10 of Schedule M1MB | 24 | _____ | _____ |
| 25 | Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M) | 25 | _____ | _____ |
| 26 | Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB) | 26 | _____ | _____ |
| 27 | Add lines 16 through 26 for each column | 27 | _____ | 0 0 |
| 28 | Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,900 or the result is zero or less, enter 0 | 28 | _____ | 38702 |
| 29 | Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 | 29 | _____ | 80183 |
| 30 | Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0 | 30 | _____ | .48267 |
| 31 | Amount from line 12 of Form M1 | 31 | _____ | 4166 |
| 32 | Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 | 32 | _____ | 2011 |

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

GURJINDER SINGH _____ OBEROI _____ 755350284 _____
 Your First Name and Initial Last Name Your Social Security Number

If a Joint Return, Spouse's First Name and Initial _____ Spouse's Last Name _____ Spouse's Social Security Number _____

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

| A | B—Box 13 | C—Box 15 | D—Box 16 | E—Box 17 |
|----------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|
| If the Form W-2 is for: • you, enter 1 • spouse, enter 2 | If Retirement Plan box is checked, mark an X below. | Employer's seven-digit Minnesota Tax ID Number | State wages, tips, etc. <i>(round to nearest whole dollar)</i> | Minnesota tax withheld <i>(round to nearest whole dollar)</i> |
| a1 <u>1</u> | b1 <input checked="" type="checkbox"/> | c1 MN <u>9539270</u> | d1 <u>38702</u> | e1 <u>2157</u> |
| a2 _____ | b2 <input type="checkbox"/> | c2 MN _____ | d2 _____ | e2 _____ |
| a3 _____ | b3 <input type="checkbox"/> | c3 MN _____ | d3 _____ | e3 _____ |
| a4 _____ | b4 <input type="checkbox"/> | c4 MN _____ | d4 _____ | e4 _____ |
| a5 _____ | b5 <input type="checkbox"/> | c5 MN _____ | d5 _____ | e5 _____ |

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 2157

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

| A | B | C | D |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------|
| If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2 | Payer's seven-digit Minnesota Tax ID Numb <i>(if unknown, contact the payer)</i> | Income amount <i>(see the table on the back for amounts to include)</i> | Minnesota tax withheld <i>(round to nearest whole dollar)</i> |
| a1 _____ | b1 MN _____ | c1 _____ | d1 _____ |
| a2 _____ | b2 MN _____ | c2 _____ | d2 _____ |
| a3 _____ | b3 MN _____ | c3 _____ | d3 _____ |
| a4 _____ | b4 MN _____ | c4 _____ | d4 _____ |

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
 Enter the total here and on line 20 of Form M1 4 ■ 2157

**Include this schedule with your Form M1.
 If required, include Schedules KPI, KS, and KF.**