2022 MICHIGAN Individual Income Tax Return MI-1040

2022 MICHIGAN INGI ^N Return is due April 18, 2023.					irn Wii-10	140				ended Return ude Schedule AMD)		
1. Filer's First Name	M.I.	Last Name	DIACK II	IIK.		2 Filer	'e Full	I Social Se	curity	No. (Example: 123-45-67	80)	
SOMESWARA RAO		KANUTRI							-		33)	
If a Joint Return, Spouse's First Name	M.I.	Last Name				1 2	273	_	25	 6469		
JAYANTHI KUMARI		KANUTRI				3. Spo	use's l	Full Social	Secui	ity No. (Example: 123-45-	-6789)	
Home Address (Number, Street, or P.O. Bo 44310 BILLINGS DR	x)					6	583		28	 8341		
City or Town			State	ZIP Code		4 Scho	ool Dis	strict Code	(5 dia	its – see page 60)		
NOVI			MI	4837	77	1. 0011		3100	(o uig	16 000 page 00)		
5. STATE CAMPAIGN FUND					6. FARM	ERS, FIS	HER	MEN, OF	SEA	AFARERS		
Check if you (and/or your spouse filing a joint return) want \$3 of yo to go to this fund. This will not income your tax or reduce your refund.	ur taxes		iler pouse			heck this shing, or			our ii	ncome is from farming,		
7. 2022 FILING STATUS. Check or	ie.				8. 2022 R	ESIDEN	ICY S	STATUS.	Chec	k all that apply.		
a. Single	* If y	ou check box "c,"	complet	te	a. X F	Resident						
		3 and enter spous	e's full n	name	┨.┌┐.					* If you check box "b" ("c," you must complete		
b. X Married filing jointly	belo	w		—	b.	Nonresid	ent *			and include Schedule		
c. Married filing separately*					c F	Part-Year	-Year Resident *			NR.		
9. EXEMPTIONS. NOTE : If some	one els	e can claim you a	as a dep	endent, ch	neck box 9e, en	iter 0 on	line 9	and en	ter \$	1,500 on line 9e (see ir	nstr.).	
						4					T	
a. Number of exemptions (see	nstructi	ons)			9a.	4	×	\$5,000	9a.	20000) 00	
 b. Number of individuals who que blind, hemiplegic, paraplegic 								ድጋ በበበ	Λh		00	
c. Number of qualified disabled				-			X x	\$2,900 \$400	9b. 9c.		00	
d. Number of Certificates of Sti					F		1 ^	\$5,000	9d.		00	
e. Claimed as dependent, see					_		_	, -,	9e.		00	
o. Claimed as dependent, see	ille 9 IN	JIE above			36 .	ш			ЭC.		100	
f. Add lines 9a, 9b, 9c, 9d and	9e. En	ter here and on lin	ne 15						9f.	20000	00	
10. Adjusted Gross Income from	our U.	S. Form <i>1040</i> (see	e instruc	tions)				. 10.		216649) 00	
11. Additions from Schedule 1, line	9 Incli	ide Schedule 1						. 11.			00	
										216640		
12. Total. Add lines 10 and 11								. 12.		216649	7 100	
13. Subtractions from Schedule 1, I	ine 30.	Include Schedul	le 1					. 13.			00	
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"						. 14.		216649	00			
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19						. 15.		20000) 00			
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"						. 16.		196649	00			
17. Tax. Multiply line 16 by 4.25% (0.0425)							. 17.		8358	3 00	
ION-REFUNDABLE CREDITS	-,				AMOUNT					CREDIT		
18. Income Tax Imposed by govern												
Include a copy of the return (se	e instru	ctions)	18	Ва.			00	18b.			00	
19. Michigan Historic Preservation	Гах Cre	dit (see instructior	าร). 19	9a			00	19b.			00	
20. Income Tax. Subtract the sum								20		8358	3 00	

2022 N	II-1040, Page 2 of 2									
		File	r's Full Social S	ecurity Number	2	73 –	- 2	25 (6469	
21.	Enter amount of Income Tax from li	ne 20					21.		8358	3 100
22.	Voluntary Contributions from Form						22.		0330	00
	•									100
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)						23.		(00
24	Total Tax Liability. Add lines 21, 22	2 and 23				24			8358	3 00
	INDABLE CREDITS AND PAYN					_				
25.	Property Tax Credit. Include MI-1	040CR or MI-1040CF	₹-2				25.			00
26.	Farmland Preservation Tax Credi	it. Include MI-1040CF	R-5				26.			00
			_	FE	DERAL		_	MICH	HIGAN	
27.	Earned Income Tax Credit. Multiply enter result on line 27b	line 27a by 6% (0.06) and 27a			00	27b.			00
28.	Michigan Historic Preservation Tax			3581			28.			00
29.	Credit for allocated share of tax pai	,					29.			00
		,g	<i>g,</i>	(,					
30.	Michigan tax withheld from Schedu	le W, line 6. Include \$	Schedule W ((do not subn	nit W-2s)		30.		8942	2 00
31.	Estimated tax, extension payments	and 2021 credit forw	ard				31.			00
32.	2022 AMENDED RETURNS ONLY	. Taxpayers completir	ng an original	2022 return s	hould skip to I	line 33.				
	Amended returns must include Sci	hedule AMD (see ins	structions).							
	32a. If you had a refund and/or negative number on line 3.		ginal return, che	eck box 32a an	d enter this amo	ount as a				
	If you paid with the origina	ıl return, check box 32b a					32c.			00
	32b. any additional tax paid afte	er filing, as a positive nur	mber on line 320	c. Do not includ	e interest or per	naity.	020.1			
33.	Total refundable credits and payme	nts. Add lines 25, 26,	27b, 28, 29, 3	30, 31 and 32	c	33.			8942	2 00
	IND OR TAX DUE					_				_
34.	If line 33 is less than line 24, subtra	ct line 33 from line 24	1. If applicable	e, see instruct	ions.					
	In about a find a most			,	OH OWE					
	Include interest 00 a	and penalty	00	\	OU OWE	34.				00
35.	Overpayment. If line 33 is greater	than line 24, subtract	line 24 from li	ine 33		35.			584	1 00
36.	Credit Forward. Amount of line 35	to be credited to your	r 2023 estimat	ted tax for yo	ur 2023 tax re	turn	36.			00
27	Subtract line 36 from line 35				REFUND	37.			584	4 00
	ECT DEPOSIT	a. Routing Trans			ccount Numbe			c. Type of		- 100
Depos	it your refund directly to your financial						1. [ings
institut and c.	ion! See instructions and complete a, b	072000326		667183	3821		-	_		_
	eased Taxpayer. If Filer and/or Spous	se died after December 3	31, 2021, enter	dates below.	Preparer Ce	ertificat	ion. 1	declare under per	nalty of perjury	that
	R DATE OF DEATH ONLY. Example				this return is ba	sed on al	l informat	tion of which I hav		
Filer		Spouse -		-	Preparer's PTIN		r SSN			
	ayer Certification. I declare under tachments is true and complete to the bes		ne information in	n this return	Preparer's Nam			SAGAR (TIPTA '	ΓΆ
	Signature	st of my knowledge.	Date		Preparer's Sign			21101111		
								SAGAR (ГА
Spous	se's Signature		Date	T	•			ess and Telephon	e Number	
					GLOBAL			LС		
 					245 RO			00016		
╽╙	By checking this box, I authorize Tro	easury to discuss my	return with my	y preparer.	E BRUNS 678-965			ΠΩΩΤρ		

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)		
SOMESWARA RAO		KANUTRI	273 — 25 — 6469		
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)		
JAYANTHI KUMARI		KANUTRI	683 — 28 — 8341		

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

		В	С	D		E	\neg
Enter "X" for: Employer's identification		Employer's identification number	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		27-1510177	GAINWELL TECHNOL	93937	00	3992	00
X		04-3718440	I LINK SOLUTIONS	122712	00	4950	00
					00		00
					00		00
					00		00
Enter	Table		00				
			olumn E			8942	m

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

Α	В	С	D	E	٦
Enter "X" for: Payer's federal identification number (Example: 38-1234567)		Payer's name Taxable pension distri misc. income, etc. (se		Michigan income tax withheld	
			00	00)0
			00	00)0
			00	00)0
			00	00)0
			00	00)0
Enter Table	2 Subtotal from additional Sche	dule W forms (if applicable)		00)0
5. SUB	TOTAL. Enter total of Table 2, c	. 00)0		
6. TOT	AL . Add lines 4 and 5. Enter her	. 8942 00)0		

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