

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|---------------------------------------------|----------------------------------------------|
| Taxpayer's name SANDEEP SRINIVASA | Social security number 393-63-9887 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2020 (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 | 61,272. |
| 2 Total tax | 2 | 6,543. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 7,753. |
| 4 Amount you want refunded to you | 4 | 3,010. |
| 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 | 9 | 8 | 8 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

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.
- 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 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 Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | |
|---------------------------------------------------------|-------------------------------|---------------------------------------------------|
| Your first name and middle initial SANDEEP | Last name SRINIVASA | Your social security number 393-63-9887 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

| | | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Home address (number and street). If you have a P.O. box, see instructions. 21248 RANDALL ST | | Apt. no. | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. FARMINGTON | State MI | ZIP code 48336 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes 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, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

| | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|------------------------------------------------------------------------------------------|----------------|-----------|----------------------------|-------------------------|--------------------------------------------------------------------------------------------------|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------|------------|---------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 61,272. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | |
| | 4a | IRA distributions | 4a | 4b | |
| | 5a | Pensions and annuities | 5a | 5b | |
| | 6a | Social security benefits | 6a | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | |
| | 8 | Other income from Schedule 1, line 9 | | 8 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 61,272. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | | | |
| | a | From Schedule 1, line 22 | 10a | | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 61,272. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | | 12 | 12,400. |
| | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | |
| | 14 | Add lines 12 and 13 | | 14 | 12,400. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 48,872. |

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 6,543. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 6,543. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 6,543. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 6,543. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 7,753. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 7,753. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,800. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,553. |

Refund

| | | | |
|-----|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,010. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,010. |
| b | Routing number 021000089 | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number 4995371800 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

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

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---------------------------------------------------------------|------|--------------------------------------|-----------------------------------------------------------------------------------|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (516) 776-1414 Email address SANDEEPSRINIVASA4747@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|------------------------------------------------------|-----------------------------------------------------------|--------------------|-------------------|-----------------------------------------------------|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 04/19/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 Firm's EIN 30-1017196 |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Instructions for Form MI-1040-V

2020 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2021. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your individual income tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2020 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-20)

2020 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 04/08/21 PRO

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) SANDEEP SRINIVASA 21248 RANDALL ST FARMINGTON MI 48336 | Filer's Full Social Security Number 393-63-9887 | Spouse's Full Social Security Number 134 .00 |
| WRITE PAYMENT AMOUNT HERE ➡ \$ | | |
| MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | | Make check payable to “State of Michigan.” Write the last four digits of filer's Social Security number and “2020 MI-1040-V” on the check. Do not fold or staple. |

DO NOT WRITE IN THIS SPACE

1555

83827378 02 2020 000000000 393639887 0

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| 1. Filer's First Name SANDEEP | | M.I. | Last Name SRINIVASA | | 2. Filer's Full Social Security No. (Example: 123-45-6789) 393 — 63 — 9887 | |
| If a Joint Return, Spouse's First Name | | M.I. | Last Name | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — | |
| Home Address (Number, Street, or P.O. Box) 21248 RANDALL ST | | | | | 4. School District Code (5 digits – see page 60) 13050 | |
| City or Town FARMINGTON | | | State MI | ZIP Code 48336 | | |
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse | | | | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | | |
| 7. 2020 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small> | | | | 8. 2020 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small> | | |

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 | \$4,750 | 9a. | 4750 | 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 | \$2,800 | 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 | \$4,750 | 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. | 4750 | 00 |

| | | | |
|---------------------------------------------------------------------------------------------------------------------|-----|--------------|-----------|
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 10. | 61272 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | 61272 | 00 |
| 13. Subtractions from Schedule 1, line 29. Include Schedule 1 | 13. | | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | 61272 | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | 4750 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | 56522 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425)..... | 17. | 2402 | 00 |

NON-REFUNDABLE CREDITS

| | | AMOUNT | | CREDIT | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|----|--------|-------------|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | | 00 | 18b. | 00 |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... | 19a. | | 00 | 19b. | 00 |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20. | | | 20. | 2402 |

Filer's Full Social Security Number

393 — 63 — 9887

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 2402 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23 | 24. | 2402 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. | 27a. | | 00 |
| | 27b. | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 29. | 2268 | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward | 30. | | 00 |
| 31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | 31c. | | 00 |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | | | |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c | 32. | 2268 | 00 |

REFUND OR TAX DUE

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. | 33. | | |
| Include interest <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| YOU OWE | | 134 | 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32 | 34. | | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ... | 35. | | 00 |
| 36. Subtract line 35 from line 34..... | 36. | | 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 |
| | | 1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (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 _____

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

Spouse's Signature _____ Date _____

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

By checking this box, I authorize Treasury to discuss my return with my preparer.

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

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2020 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 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). 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 SANDEEP | M.I. | Last Name SRINIVASA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 393 — 63 — 9887 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

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

| A | | B | C | D | | E | |
|------------------------------------------------------------------------------|--|-----------------------------------------------------------|-------------------------|--------------------------------------------|----|------------------------------------------|---------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 81-1004772 | CAPRUS IT INC | 61272 | 00 | 2268 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 2268 00 |

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

| A | | B | C | D | E | | |
|-----------------------------------------------------------------------------------|--|----------------------------------------------------------------|--------------|-----------------------------------------------------------------|---------------------------------|----|---------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... | | | | | | 6. | 2268 00 |