## 8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
JAYANTH REDDY DONTHIREDDY	788-66-	-7351
Spouse's name	Spouse's soci	ial security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (E	 nter year you aı	re 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		<b>1</b> 79,275.
2 Total tax		2 10,209.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 12,568.
4 Amount you want refunded to you		<b>4</b> 2,359.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get as Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	Insmitter, or electron r rejection of the transe U.S. Treasury are t indicated in the talitution to debit the inate the authorization requests must be the processing of the payment. I furtion	anic return originator (ERO) ansmission, (b) the reason and its designated Financial expreparation software for entry to this account. This account. To revoke (cancel) a received no later than 2 the electronic payment of the acknowledge that the
Taxpayer's PIN: check one box only		7 2 5 1
▼ I authorize GLOBAL TAXES LLC to enter or gener	ate my PIN	7 3 5 1 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.		
Your signature ▶ Date	<b>-</b>	
Spouse's PIN: check one box only	. 500	
I authorize to enter or gener		as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be	low	
Part III Certification and Authentication — Practitioner PIN Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instructions		

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the n	ame of y	ed filing separately (I		_			spo	use (C	,			
Your first name		on is a child but not your dependent							Vauras	oial a		numbau		
			Last nai							Your social security number 788-66-7351				
JAYANTH			_	HIREDDY					<del>†                                      </del>					
if joint return, s	pouse's	first name and middle initial	Last nai	me					Spouse	'S SOCI	aı secu	rity number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Preside	ntial E	lection	n Campaign		
_614 GLE	N CIE	3							Check					
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below.	Stat	te	ZIP code					y, want \$3 hecking a		
ROCHESTI	ΞR				MI	•	48307		box bel					
Foreign countr	y name		F	oreign province/state/	count	у	Foreign posta	code	your ta	_		_		
										'Y	You	Spouse		
Digital Assets		ny time during 2022, did you: (a) reca ange, gift, or otherwise dispose of a					-				Yes	⊠ No		
Standard		eone can claim: You as a de				a dependent	asset): (OCC	111311	uction 13.)					
<b>Deduction</b>	_	Spouse itemizes on a separate retur		•		а асренает								
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind <b>Sp</b>	ouse:	: Was bo	rn before Jar	uary	2, 1958		ls blin	d		
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check	the b	ox if qual	fies fo	r (see in	structions):		
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Chile	tax o	redit	Credit	for othe	er dependents		
than four												]		
dependents, see instruction	s ——											]		
and check	. —											]		
here L	]											]		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1a	1	87	7 <b>,</b> 200.		
	b	Household employee wages not re							. 1b	)				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								;				
attach Forms	d	Medicaid waiver payments not rep			nstru	ctions)			. 10	_				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f						٠	. 16					
was withheld.	f	Employer-provided adoption bene						٠	. 11					
If you did not	g	Wages from Form 8919, line 6 .						٠	. 10					
get a Form W-2, see	h	Other earned income (see instruct	,			1		٠	. 1h			0.		
instructions.	ı	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i					٥٠	7 200		
	<u>Z</u>		 .		 . T.			٠	. 12		8	7,200.		
Attach Sch. B if required.	2a	'	2a			axable interes rdinary divide		٠	. 2b	_				
	3a 4a		3a 4a			axable amoun		•	. 3b	_				
Standard	<del>ч</del> а 5а		<del>та</del> 5а			axable amoun		•	. 5b					
Deduction for—	6a		6a			axable amoun			. 6b					
Single or Married filing	C	If you elect to use the lump-sum e		method check here					·   0.					
separately,	7	Capital gain or (loss). Attach Sche				,		•	7					
\$12,950 Married filing	8	Other income from Schedule 1, lin						Ċ	. 8			7,925.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9	$\overline{}$		9,275.		
surviving spouse,	10	Adjustments to income from Sche		-					. 10					
\$25,900 Head of	11	Subtract line 10 from line 9. This is							. 11	$\overline{}$	70	9,275.		
household, \$19,400	12	Standard deduction or itemized	-	-					. 12			2,950.		
If you checked	13	Qualified business income deduct				5-A			. 13					
any box under Standard	14								. 14		12	2 <b>,</b> 950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b>	axable incom	ne		. 15	j		6,325.		
	•													

Form 1040 (2022	<u>2</u> )										Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	1	0,209.	
Credits	17	Amount from Schedule 2, lin	ne 3						. 17			
	18	Add lines 16 and 17							. 18	1	0,209.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				. 19			
	20	Amount from Schedule 3, lin	ne 8						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	1	0,209.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23		0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 24	1	0,209.	
<b>Payments</b>	25	Federal income tax withheld	I from:									
	а	Form(s) W-2				25a	12	2,568	3.			
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							. 25d	1	2,568.	
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				. 26			
qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	B, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir	ne 15			31						
	32	Add lines 27, 28, 29, and 31	-									
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 33		2,568.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		. 34		2 <b>,</b> 359.	
	35a	Amount of line 34 you want			is attached, che	ck here		. [	35a		2 <b>,</b> 359.	
Direct deposit?	b	Routing number 0 7 2			c Type: 🛛	Check	king 🗌	Saving	ıs			
See instructions.	d	Account number 6 2 1	5 5 7 9	9   5								
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36						
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							. 37			
	38	Estimated tax penalty (see in	nstructions) .			38						
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	n with the IRS?	? See	_			_		
Designee	ins	structions					Yes. C	omplet	te below.	× No		
	De na	signee's me		Phone no.				onal ide ber (PIN	entification		$\Box$	
Sign	Un	der penalties of perjury, I declare ilief, they are true, correct, and com		ed this return and			and stateme	nts, and	to the bes			
Here		ur signature		Date	Your occupation			1	the IRS se	,	· ·	
	10	ui signature		Date	Tour occupation				rotection P			
Joint return?					ENGINEER			(s	ee inst.)			
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation				•		ouse an , enter it here	
,		/0.2. ===				4.0 -			ee inst.)			
	_	one no. (248) 550-404		Email address	JAYANTHD9		AIL.CON			Cheste in		
Paid		eparer's name	Preparer's signat		OHDER ERE	Date	C/0000	PTIN	00700	Check if:		
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	1   02/1	6/2023	<u>'                                    </u>	)82703		-employed	
Use Only		m's name GLOBAL TA			T 00016					, ,		
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's									3171965	

#### SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

	s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number
JAYA	NTH REDDY DONTHIREDDY		788-6	66-73	51
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			5	-7 <b>,</b> 925.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (			
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (	)		
е	Income from Form 8853	8e		_	
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h		-	
į	Prizes and awards	8i		-	
j	Activity not engaged in for profit income	8j		-	
_	Stock options	8k		-	
ı	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	81		-	
m	Olympic and Paralympic medals and USOC prize money (see	0			
-	instructions)	8m 8n			
	Section 951(a) inclusion (see instructions)	80		-	
0	Section 461(I) excess business loss adjustment	8p			
р	Taxable distributions from an ABLE account (see instructions)	8g			
q r	Scholarship and fellowship grants not reported on Form W-2	8r		-	
	Nontaxable amount of Medicaid waiver payments included on Form	01			
3	1040, line 1a or 1d	8s (			
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

**-7,**925.

10

Schedule 1 (Form 1040) 2022 Page **2** 

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	F	24i	-	
j	<u> </u>	24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	na_		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<del></del>	26	

#### **SCHEDULE E** (Form 1040)

**Supplemental Income and Loss** 

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

Name(s)	shown on return		Your social security number						
JAYA	NTH REDDY DONTHIREDDY						788-6	5-7351	
Part	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>c</b> . See	instruc	tions. If you a	re an indiv	idual, rep	ort farm
Α [	Did you make any payments in 2022 that would require you	to file	Form(s)	1099? S	ee inst	tructions .		. 🗌 Ye	s 🛛 No
B i	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, Zll								
A	TADEPALLI, GUNTUR DIST ANDHRA PRADESH		<u> </u>						
B	TADEPALLI, GUNTUR DIST ANDHRA PRADESH	IN C	022301						
C									
	Time of Disposition 0. For each wordel well extent and a	المائل بالسما	La al		Fa:	Dandal	Davasa	-111	
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair					r Rental Days	Person Da		QJV
A	gabove, report the number of fair personal use days. Check the Q			Α		365	Da	0	
B	if you meet the requirements to	file as	a	В		303		- 0	
	qualified joint venture. See instru	uctions	S.	C					
	of Property:			U					
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land			Self-Rental	ره ماند		
	Widiti-Family nesidence 4 Commercial		6 Roya	111165	0	Other (descr			
l				A		Properti B	es:		С
Incom 3	Rents received	2		A 5	42.	ь			C
3 4		3			42.				
Exper	Royalties received	+							
5	Advertising	5							
6	Auto and travel (see instructions)								
7	Cleaning and maintenance	7		Ω	85.				
8	Commissions	8		- 0	03.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,1	27				
12	Mortgage interest paid to banks, etc. (see instructions)	12			27.				
13	Other interest								
14	Repairs			2,6	85				
15	Supplies	15		2,1					
16	Taxes	16		-,-	-				
17	Utilities	17		1,6	70				
18	Depreciation expense or depletion	18							
19	Othor (list)	10							
20	Total expenses. Add lines 5 through 19	20		8,4	67.				
21	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>	21		<b>-7,</b> 9	25.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	7,92	5.)(		)(	(	)
23a	Total of all amounts reported on line 3 for all rental prope				23a		542.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	8	,467.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>								
25	Losses. Add royalty losses from line 21 and rental real esta		•					(	7,925.)
26	Total rental real estate and royalty income or (loss).								
-	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the to	tal on li	ne 41 d	on page 2	. 26		-7 <b>,</b> 925.

### 2022 MICHIGAN Individual Income Tax Return MI-1040

	!2 MICHIGAN INDIV ırn is due April 18, 2023. ⊺					n IVII-10	<b>J4</b> 0				ended Return ude Schedule AMD)	
	er's First Name	M.I.	Last Name	DIACK	IIIK.		2. Filer	's Full	Social Sec	curity	No. (Example: 123-45-6789	9)
JA:	YANTH REDDY		DONTHIRE	DDY								-,
lf a Jo	oint Return, Spouse's First Name	M.I.	Last Name					788 <del></del>		66		700)
Home	Address (Number, Street, or P.O. Box	<u> </u> )					3. Spo	use's F	-ull Social	Secur	ity No. (Example: 123-45-6	(789)
	4 GLEN CIR	,									_	
City o	or Town		5	State	ZIP Code		4. Sch			(5 dig	its – see page 60)	
RO	CHESTER			MI	48307	1		63	3260			
	STATE CAMPAIGN FUND					6. <b>FARM</b>	ERS, FIS	SHER	MEN, OR	SEA	AFARERS	
	Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not include your tax or reduce your refund.	ır taxes	. —	er ouse			heck this shing, or			our ir	ncome is from farming,	
7.	2022 FILING STATUS. Check on	э.				8. <b>2022 F</b>	RESIDEN	ICY S	TATUS.	Chec	k all that apply.	
a.	X Single	* If y	ou check box "c," o	comple	te	a. X	Resident					
b.	Married filing jointly	line :	3 and enter spouse w:	e's full i	name	b 1	Nonresid	ent *			* If you check box "b" or "c," you must complete and <b>include Schedule</b>	r
C.	Married filing separately*					c. F	Part-Year	Resi	dent *		NR.	
9.	EXEMPTIONS. NOTE: If some	one els	e can claim you as	s a dep	endent, che	ck box 9e, er	nter 0 on	line 9	a and en	ter \$	1,500 on line 9e (see ins	str.).
	a. Number of exemptions (see in	nstructi	ons)			9a.	1	x	\$5,000	9a.	5000	00
	<ul> <li>b. Number of individuals who quablind, hemiplegic, paraplegic,</li> </ul>	alify for	one of the following	g speci	ial exemption	ns: deaf,						00
	c. Number of qualified disabled	-	-	-	-			x   x	\$2,900 \$400	9b. 9c.		00
	d. Number of Certificates of Still							x	\$5,000	9d.		00
	e. Claimed as dependent, see li	ne 9 No	OTE above			9e.				9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9	e. Ent	er here and on line	e 15						9f.	5000	00
10.	Adjusted Gross Income from y	our U.S	6. Form <i>1040</i> (see	instruc	ctions)				10.		79275	00
11.	Additions from Schedule 1, line 9	). Inclu	de Schedule 1						11.			00
12.	Total. Add lines 10 and 11								12.		79275	00
13.	Subtractions from Schedule 1, lin	ne 30.	Include Schedule	e 1					13.			00
14.	Income subject to tax. Subtract	t line 1	3 from line 12. If lin	ne 13 i	s greater tha	an line 12, en	ter "0"		14.		79275	00
15.	Exemption allowance. Enter ar	nount f	rom line 9f or Sche	edule N	IR, line 19				15.		5000	00
16.	Taxable income. Subtract line 1	5 from	line 14. If line 15 i	is grea	ter than line	14, enter "0"			16.		74275	00
	Tax. Multiply line 16 by 4.25% (0	.0425)				AMOUN			17.		3157 CREDIT	00
			tal livery to the training			AWOUN	•	$ egin{array}{ccc} egi$	Г		CKEDII	Π
18.	Income Tax Imposed by government of the return (see		•		8a			00	18b.			00
19.	Michigan Historic Preservation T	ax Cre	dit (see instructions	s). 1	9a			00	19b.			00
20.	<b>Income Tax.</b> Subtract the sum of the sum of lines 18b and 19b is								20.		3157	00

2022 N	II-1040, Page 2 of 2									
		Filer's	s Full Social S	ecurity Number	7	88 –	<b>–</b> 6	6 —	7351	
21.	Enter amount of Income Tax from lir	ne 20					21.		3157	7 00
22.							22.		010	00
	•									
23.			•				23.		(	00
	,									
24.	Total Tax Liability. Add lines 21, 22	2 and 23				24.			3157	7 00
REFL	INDABLE CREDITS AND PAYM	IENTS					_			
25.	Property Tay Credit Include ML10	MANCE or MI-1040CE	2				25.			00
20.	1 Toperty Tax Orealt. Include Mil-10	0400K 01 MII-10400K	- <b>4</b>				20.			
26.	Farmland Preservation Tax Credit	t. Include MI-1040CR	-5				26.			00
			_	FED	ERAL			MIC	HIGAN	
27.										
			_			00	27b.			00
28.	=						28.			00
29.	Credit for allocated share of tax paid	amount of Income Tax from line 20					29.			00
30.	Michigan tax withheld from Schedul	er amount of Income Tax from line 20							3440	00
00.	monigan ax mamora nom concar	o II, iiio o. moidae o	011000010 11 (	(40 1101 04511			30.			- 00
31.	Estimated tax, extension payments	and 2021 credit forwa	rd				31.			00
32.		, , , ,	, ,	2022 return sl	hould skip to l	ine 33.				
	Amended returns must include Sch	nedule AMD (see inst	ructions).							
			inal return, che	eck box 32a and	l enter this amo	unt as a				
	· ·									
							32c.			00
	any additional tax paid and	in ining, as a positive frame	501 011 11110 020	o. Do not morad	o intoroot or por		•			
33.	Total refundable credits and paymer	nts. Add lines 25, 26, 2	27b, 28, 29, 3	30, 31 and 32	c	33.			3440	00
	IND OR TAX DUE					_				
34.	If line 33 is less than line 24, subtraction	ct line 33 from line 24.	If applicable	, see instructi	ons.					
				v	OLLOWE	0.4				
	include interest [	ind penalty [	[00]	Т	OU OWE	34.				00
35.	Overpayment. If line 33 is greater t	han line 24. subtract li	ne 24 from li	ine 33		35.			283	3 00
36.	Credit Forward. Amount of line 35	to be credited to your 2	2023 estimat	ted tax for you	ır 2023 tax re	turn <u>.</u> _	36.			00
						37.				3 00
		a. Routing Transit	Number	D. A	ccount Numbe	r		c. Type of		
institut	ion! See instructions and complete a, b	072000326		621557	995		1. X	Checking	2. Sav	rings
and c.	assad Taynayar If Filer and/or Snous		1 2021 enter	<u> </u>		rtificat	ion Ida	oloro undor no	nolty of norium	that
Filor		Snouna		1 1	•		r SSN			
Filer		Spouse								
			information in	this return					CIIDMA I	п л
	· · · · · · · · · · · · · · · · · · ·	t of my knowledge.	Inoto				KAM	SAGAR	JUPTA 1	ΓA_
Filers	Signature		Date				RAM	SAGAR	GUPTA '	ΓA
Spous	se's Signature		Date							
'					•			•		
	By checking this box, I authorize Tre	easury to discuss my re	eturn with my	y preparer.	E BRUNS			08816		
ı —		•	•	·	678-965	5-952	22			

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)
JAYANTH REDDY		DONTHIREDDY	788 — 66 — 7351
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

/	4	В	С	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		38-3498737	FISCHER AMERICA	87200	00	3440	00
					00		00
					00		00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche	]		00		
4.	SUB	TOTAL. Enter total of Table 1, c	4.	3440	00		

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

Α	В	С	l D	E				
Enter "X" for: Payer's federal identification Taxable pension		Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld					
			00		00			
			oc	)	00			
			00		00			
			oc		00			
			00	)	00			
Enter Table	Enter Table 2 Subtotal from additional Schedule W forms (if applicable)							
5. <b>SUB</b>	TOTAL. Enter total of Table 2, co		00					
6. <b>TOT</b>	<b>AL.</b> Add lines 4 and 5. Enter her	6.	3440	00				

REV 01/21/23 PRO