



2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

PRAVALLIKA Your First Name and Initial	KUDURLA Last Name	211892778 Your Social Security Number	05271992 Your Date of Birth (MM/DD/YYYY
If a Joint Return, Spouse's First Name and Init	ial Spouse's Last Name	Spouse's Social Security Nur	mber Spouse's Date of Birth
8112, 182ND ST W Current Home Address		Check if Address is:	New Foreign
LAKEVILLE City		MN State	55044 ZIP Code
2022 Federal Filing Status (place an X in one box):		
(1) Single (2) Married Filing Jo	Spouse Name	(4) Head of House	ehold (5) Qualifying Widow(er
Dependents (see instruction	Spouse SSN ons):		
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
From Your Federal Return (22953 A. Wages, salaries, tips, etc.	0	0 Unemployment I	10003 D. Federal taxable income
	B. IRA, pensions, and annuities C. The (from line 11 of federal Form 1040 and 1).	. ,	00050
	e 10 of Schedule M1M and line 9 of Schedu		
			3 22953
4 Itemized deductions (from S	Schedule M1SA) or your standard deduction	(see instructions)	4■12900
5 Exemptions (determine from	instructions)		5 🔳
6 State income tax refund from	n line 1 of federal Schedule 1		6■
7 Subtractions from line 32 of	Schedule M1M and line 21 of Schedule M1N	MB (see instructions)	. 7 🔳
8 Total subtractions. Add lines	4 through 7		812900
9 Minnesota taxable income.	Subtract line 8 from line 3. If zero or less, lea	ave blank	910053
10 Tax from the table or schedu	lles in the Form M1 instructions		. 10538

2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
12 13	Add lines 10 and 11		.12	538
	Part-year residents and nonresidents: From Schedule M1NR, enter line 13, from line 28 on line 13a, and from line 29 on line 13b (encl		13	538
	13a ■0 13b ■0			
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	538
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits (end	close Schedule M1C)	16 ■	
17	Subtract line 16 from line 15 (if result is zero or less, leave blank) .		17	538
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		10 ■	
	This will reduce your return of increase the amount you owe		10	
19	Add lines 17 and 18			538
20	Minnesota income tax withheld. Complete and enclose Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule No. Minnesota withholding from Forms W-2, 1099, and W-2G and Schedule W-2, 1099, and W-2G and Schedule W-2, 1099, and W-2G and Schedule W-2, 1099, and	20 ■	1413	
21	Minnesota estimated tax and extension payments made for 2022	21 ■		
22	Amount from line 12 of Schedule M1REF, Refundable Credits (see	22 ■	21	
23 24	Total payments. Add lines 20 through 22	23	1434	
25	For direct deposit, complete line 25		24 ■	896
		L 0 4 7 8 7 7 1 7 7 4 3 Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 2	,	26■	
27	Penalty amount from Schedule M15 (see instructions). Also subtra this amount from line 24 or add it to line 26 (enclose Schedule M1.		27 ■	
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited to es	-		
28	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2023 estimated tax ayer(s): I declare that this return is correct and complete to the best		29 ■	
Your	Signature Sp	ouse's Signature (If Filing Jointly)	Date	e (MM/DD/YYYY)
		RAVALLIKA.KUDURLA@GMAIL nail Address	.COM	
Paid	Preparer's Signature Da	te (MM/DD/YYYY)	PTIN	N or VITA/TCE # (required)
Prepa	arer's Daytime Phone Pre	eparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue t	o discuss t	his tax return
	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indica		





2022 Schedule M1REF, Refundable Credits

	AVALLIKA	KUDURLA	211892	778			
our	First Name and Initial	Last Name	Social Securit	y Number			
1	Child and Dependent Care Credit (enclo	ose Schedule M1CD)	1■				
		number of qualifying persons 1a					
2	Minnesota Working Family Credit (enclo	ose Schedule M1WFC)	2■	21			
	Enter	number of qualifying children 2a 0					
3	K-12 Education Credit (enclose Schedule	e M1ED)					
	Enter	number of qualifying children 3a					
4	4 Credit for Parents of Stillborn Children (enclose Schedule M1PSC)						
5	Refundable credit for taxes paid to Wise	consin (enclose Schedule M1RCR)	5 ■				
6		Credit for Historic Structure Rehabilitation (enclose certificate)					
	Enter National Pa	rk Service (NPS) project number 6a					
7	Entarprisa Zana Cradit (anglesa DEED a	ertificate)	7.				
′	Enterprise Zone Credit (enclose DEED Co		··································/=				
8	Angel Investment Credit		8 ■				
Ü	Anger investment eredit						
9	Pass-Through Entity Tax Credit (see inst	ructions)	9 ■				
	Enter the Minnesota Tax ID Number and amount associated with each Pass-Through Entity Credit.						
	If you claimed more than three Pass-Through Entity Tax Credits, attach a statement to this form .						
	MN Tax ID Number:	Credit Amount:					
	MN Tax ID Number:	Credit Amount:					
	MN Tax ID Number	Credit Amount:					
10	Claims of visibit (and instructions)		10=				
10	Claim of right (see instructions)		10				
11	This line intentionally left blank		11 =				
11	This line intentionally left blank						
12	Add lines 1 through 11. Enter the result	t here and on line 22 of F M1	12	21			
	Add mics I tillough III. Linter the lesuit	CHOIC GIRG OFFIRIC ZZ OFF					

You must include this schedule with your Form M1.





2022 Schedule M1W, Minnesota Income Tax Withheld

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

PRAVALLIKA Your First Name and Initial		KUDURLA Last Name			211892778 Your Social Security Number				
f a Joint Return, Spouse's First Name and Initial			Spouse's Last Name S				Spouse's S	Spouse's Social Security Number	
co an	mplete this schedule nounts to the neares -2G; keep them with	e to determine line st whole dollar. You n your tax records. nd Minnesota tax w	e 20 of Form M u must include All instruction	11. List only the for this schedule when s are included on th	ms that rep n you file yo nis schedule		ne tax withho send in your	eld. Round dollar Forms W-2, 1099, or	
	Α	B—Box 13	C—Box 15		D—Box	16	E—Box 1	.7	
	If the Form W-2 is for:	If Retirement Plan	Employer's s	even-digit Minnesota	State wa	nges, tips, etc.	Minneso	ta tax withheld	
	you, enter 1	box is checked,	Tax ID Numb	er	(round t	o nearest whole dollar)	(round to	nearest whole dollar)	
	• spouse, enter 2	mark an X below.		F70F110		22052		1 4 1 0	
	a1 <u>1</u>	b1	c1 MN	5785119	d1	22953	e1	1413	
	a2	b2	c2 MN		d2		e2		
	a3	b3	c3 MN		d3		e3		
	a4	b4	c4 MN		d4		e4		
	a5	b5	c5 MN		d5		e5		
	Subtotal for addition	nal Forms W-2 (fron	n line 5 on page	? 2)					
	Total Minnesota tax	withheld on all Fo	rms W-2 (add a	amounts in line 1, co	lumn E)		1■	1413	
2	Minnesota tax withla If the Form 1099, W-2G you, enter 1 spouse, enter 2		B Payer's sever	42-S. If you have mondigit Minnesota Tax ID	C Income	r forms, complete line amount (see the table on a for amounts to include)	D Minne	ck. sota tax withheld I to nearest whole dollar)	
	a1		b1 MN		c1		d1		
	a2		b2 MN		c2		d2		
	a3		p3 WN		c3		d3		
	a4		b4 MN		c4		d4		
	Subtotal for addition	nal 1099, W-2G, and	d 1042-S (from	line 6 on page 2)					
	Total Minnesota tax	withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2, o	column D)	2 🔳		
3	Total Minnesota tax	withheld by partn	erships, S corp	orations, and fiduci	aries				
		•					3■		
4				nd				1 41 0	
	Enter the total here	and on line 20 of Fo	orm M1				4	1413	





2022 Schedule M1WFC, Minnesota Working Family Credit

To claim this credit, you must be a full- or part-year resident of Minnesota. If you are a full-year nonresident, you are not eligible for this credit. Do not complete Schedule M1WFC if you have a 2-year or 10-year IRS ban or are otherwise restricted from claiming the federal EIC.

PRAVALLIKA	KUDURLA		211892778
Your First Name and Initial	Last Name		Your Social Security Number
Enter Number of Qualifying Children: X	Ione One Two	Three or More	
	A — Child 1	B — Child 2	C — Child 3
Child's First Name and Middle Initial	a1	b1	c1
Child's Last Name	a2	b2	c2
Child's Social Security Number	a3	b3	с3
Child's Date of Birth	a4	b4	c4
Child's Relationship to You	. . a5	b5	c5
Number of Months Child Lived			
with you in 2022 (See Instructions)	.a6	b6	c6
Check Box if Child is Under Age 24 and a Full-Time Student	a7	b7	c7
Check Box if Child is Permanently and Totally Disabled in Any part of 2022	a8	b8	c8
		Roun	d amounts to the nearest whole dollar
 Enter your total earned income (see Using the amount on line 1, your filing find the credit amount using the Wo 	ing status, and number of qualifyin orking Family Credit table in the Fo	ng children, orm M1 instructions	2.1
(If the result is zero, STOP HERE; you	ı do not qualify for this credit)		2
 One qualifying child, is line 3 les 	ee instructions; if less than zero, e ess than \$9,240 (\$15,430 if Marrie is than \$24,110 (\$30,290 if Marrie less than \$28,590 (\$34,770 if Ma	ed Filing Jointly)? ed Filing Jointly)?	3 ■ 22953
	en, is line 3 less than \$28,900 (\$35	5,090 if Married Filing Jointly)?	
Yes. Skip this line and go to line 5 belo			
No. See instructions			4
• If you answered Yes on line 4, en	nter the amount from line 2 or line	e 4, whichever is less	5 21
6 Part-year residents: If your Minneso\$12,900 or more, multiply line 5	ota gross income is: 5 by line 30 of Schedule M1NR.		6
 Less than \$12,900, see instruction 			
	he Worksheet for Line 6:		
Include this schedule with your	Form M1. Enter the number of	of qualifying children on line 2	a of Schedule M1REF.