

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 NITESH DASARI	Social security number 137-06-5623
Spouse's name LAKSHMI DASARI	Spouse's social security number 824-49-0689

Part I Tax Return Information – Tax Year Ending December 31, 2022 (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	140,519.
2 Total tax	2	16,450.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,958.
4 Amount you want refunded to you	4	
5 Amount you owe	5	2,526.

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

6	5	6	2	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 GLOBAL TAXES LLC to enter or generate my PIN

9	0	6	8	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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	1	8	9	5	2	3	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 [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (NITESH DASARI), social security numbers (137-06-5623, 824-49-0689), and home address (2709 TRAPPERS COVE TRL, LANSING, MI 48910).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] 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, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain or loss (7), Other income from Schedule 1 (8), Total income (9), Adjustments to income (10), Adjusted gross income (11), Standard deduction (12), Qualified business income deduction (13), and Taxable income (15).

Tax and Credits	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	16,450.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,450.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,450.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	16,450.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	13,958.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	13,958.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,958.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																	
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
	X	X	X	X	X	X	X	X	X	X										
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36	Amount of line 34 you want applied to your 2023 estimated tax	36																	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	2,526.
	38	Estimated tax penalty (see instructions)	38	34.

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)

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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 IT PROGRAMER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HR ASSISTANT	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Phone no. (760) 913-0739	Email address NITESHASARI@GOOGLEMAIL.COM								

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/29/2023	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 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NITESH & LAKSHMI DASARI

Your social security number
137-06-5623

Part 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. Attach Schedule E		5	-13,249.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified 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	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-13,249.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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			
c	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:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	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 tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

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.

Name(s) shown on return

NITESH & LAKSHMI DASARI

Your social security number

137-06-5623

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 302, HARSHA ENCLAVE PRAGATHI NAGAR KUKKATPALLI HYDERABAD TELANGANA IN 500090

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:		Properties:		
		A	B	C
3	Rents received	3	1,269.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	2,969.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	2,884.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	2,998.	
15	Supplies	15	2,798.	
16	Taxes	16		
17	Utilities	17	2,869.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	14,518.	
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 Form 6198	21	-13,249.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(13,249.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	1,269.	
b	Total of all amounts reported on line 4 for all royalty properties	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		
e	Total of all amounts reported on line 20 for all properties	23e	14,518.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(13,249.)	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26		-13,249.

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
137-06-5623

NITESH DASARI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3 7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6 7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,300.
9	Employer contributions made to your HSAs for 2022	9 185.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 185.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 7,115.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a 140.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 140.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 140.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

2022 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 18, 2023. Type or print in blue or black ink.

1. Filer's First Name NITESH	M.I.	Last Name DASARI	2. Filer's Full Social Security No. (Example: 123-45-6789) 137 — 06 — 5623	
If a Joint Return, Spouse's First Name LAKSHMI	M.I.	Last Name DASARI	3. Spouse's Full Social Security No. (Example: 123-45-6789) 824 — 49 — 0689	
Home Address (Number, Street, or P.O. Box) 2709 TRAPPERS COVE TRL, APT. 1C			4. School District Code (5 digits – see page 60) 33020	
City or Town LANSING		State MI	ZIP Code 48910	

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. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Filer</td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> </table>	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.
a.	<input type="checkbox"/>	Filer					
b.	<input type="checkbox"/>	Spouse					

7. 2022 FILING STATUS. Check one. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Single</td> <td rowspan="3" style="vertical-align: top; padding-left: 20px;"> * If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 150px; height: 20px;" type="text"/> </td> </tr> <tr> <td>b.</td> <td><input checked="" type="checkbox"/></td> <td>Married filing jointly</td> </tr> <tr> <td>c.</td> <td><input type="checkbox"/></td> <td>Married filing separately*</td> </tr> </table>	a.	<input type="checkbox"/>	Single	* If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 150px; height: 20px;" type="text"/>	b.	<input checked="" type="checkbox"/>	Married filing jointly	c.	<input type="checkbox"/>	Married filing separately*	8. 2022 RESIDENCY STATUS. Check all that apply. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input checked="" type="checkbox"/></td> <td>Resident</td> <td rowspan="3" style="vertical-align: top; padding-left: 20px;"> * If you check box "b" or "c," you must complete and include Schedule NR. </td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Nonresident *</td> </tr> <tr> <td>c.</td> <td><input type="checkbox"/></td> <td>Part-Year Resident *</td> </tr> </table>	a.	<input checked="" type="checkbox"/>	Resident	* If you check box "b" or "c," you must complete and include Schedule NR.	b.	<input type="checkbox"/>	Nonresident *	c.	<input type="checkbox"/>	Part-Year Resident *
a.	<input type="checkbox"/>	Single	* If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 150px; height: 20px;" type="text"/>																		
b.	<input checked="" type="checkbox"/>	Married filing jointly																			
c.	<input type="checkbox"/>	Married filing separately*																			
a.	<input checked="" type="checkbox"/>	Resident	* If you check box "b" or "c," you must complete and include Schedule NR.																		
b.	<input type="checkbox"/>	Nonresident *																			
c.	<input type="checkbox"/>	Part-Year Resident *																			

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.	2	x	\$5,000	9a.	10000	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	\$2,900	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	\$5,000	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.	10000	00

10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.	140519	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.		00
12. Total. Add lines 10 and 11.....	12.	140519	00
13. Subtractions from Schedule 1, line 30. 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.	140519	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	10000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	130519	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	5547	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 (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.	5547 00

Filer's Full Social Security Number

137 — 06 — 5623

21. Enter amount of Income Tax from line 20.....	21.	5547	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.	5547	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
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	5342	00
31. Estimated tax, extension payments and 2021 credit forward	31.		00
32. 2022 AMENDED RETURNS ONLY. Taxpayers completing an original 2022 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.			00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.	5342	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.			
Include interest <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/>	YOU OWE		
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.		00
36. Credit Forward. Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return ...	36.		00
37. Subtract line 36 from line 35	REFUND		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, 2021, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2022 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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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
Spouse's Signature	Date

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
678-965-9522

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

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 NITESH	M.I.	Last Name DASARI	2. Filer's Full Social Security No. (Example: 123-45-6789) 137 — 06 — 5623
If a Joint Return, Spouse's First Name LAKSHMI	M.I.	Last Name DASARI	3. Spouse's Full Social Security No. (Example: 123-45-6789) 824 — 49 — 0689

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		27-2837612	RICEFW TECHNOLOG	106953	00	3377	00
	X	27-2837612	RICEFW TECHNOLOG	46815	00	1965	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.	5342 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 30.....						6.	5342 00

INDIVIDUAL RETURN DUE APRIL 30, 2023

Taxpayer's SSN 137-06-5623		Taxpayer's first name NITESH		Initial DASARI		Last name DASARI		RESIDENCE STATUS	
Spouse's SSN 824-49-0689		If joint return spouse's first name LAKSHMI		Initial DASARI		Last name DASARI		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of the signature area		Present home address (Number and street) 2709 TRAPPERS COVE TRL			Apt. no. 1C		FILING STATUS <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.		
Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2021		City, town or post office LANSING		State MI		Zip code 48910		Spouse's full name if married filing separately	
		Foreign country name		Foreign province/county		Foreign postal code			

		ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Column B	Column C	
		INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Federal Return Data	Exclusions/Adjustments	Taxable Income	
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		153768	0	153768	
	2. Taxable interest	2					
	3. Ordinary dividends	3					
	4. Taxable refunds, credits or offsets of state and local income taxes	4				NOT TAXABLE	
	5. Alimony received	5					
	6. Business income or (loss) (Attach copy of federal Schedule C)	6					
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7					
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8					
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9					
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10					
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11		-13249		-13249	
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12		NOT APPLICABLE			
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13					
	14. Unemployment compensation	14				NOT TAXABLE	
	15. Social security benefits	15				NOT TAXABLE	
	16. Other income (Attach statement listing type and amount)	16					
	17. Total additions (Add lines 2 through 16)	17			-13249		-13249
	18. Total income (Add lines 1 through 16)	18			140519	0	140519
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19					
	20. Total income after deductions (Subtract line 19 from line 18)	20					140519
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	2	21b		1200	
	22. Total income subject to tax (Subtract line 21b from line 20)	22				139319	
	23. Tax at 0100 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a		23b			1393
	24. Payments and credits LANSING tax withheld 24a. Other tax payments (est, extension, or fwd, partnership & tax option corp) 24b. Credit for tax paid to another city 24c. Total payments & credits 24d.	24a		24b	24c		24d
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest 25b. Penalty 25c. Total interest & penalty	25a		25b	25c		25c
	TAX DUE 26. Amount you owe (Add lines 23b and 25c, and subtract line 24d) MAKE CHECK OR MONEY ORDER PAY WITH RETURN (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e)	26					1393
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27					
	28. Amount of overpayment donated 28a. Donation 1 28b. Donation 2 28c. Donation 3 28d. Total donations	28a		28b	28c		28d
	29. Amount of overpayment credited forward to 2023 29	29					
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31c, d & e) Refund amount >>	30					
31. Direct deposit refund or direct withdrawal payment 31a. Refund (direct deposit) 31c. Routing number 31b. Pay tax due (direct withdrawal) 31d. Account number 31e. Account Type: 31e1. Checking 31e2. Savings	31a		31b	31c		31d	

Taxpayer's name: NITESH DASARI; Taxpayer's SSN: 137-06-5623

EXEMPTIONS SCHEDULE

Form with fields for exemptions: 1a. You (12/15/1970), 1b. Spouse (07/22/1984), 1d. List Dependents, 1e. Enter the number of boxes checked on lines 1a and 1b (2), 1f. Enter number of dependent children listed on line 1d, 1g. Enter number of other dependents listed on line 1d, 1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a) (2).

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

Table with columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE, COLUMN E TAX WITHHELD, COLUMN F LOCALITY NAME.

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

Table with columns: DEDUCTIONS, 1. IRA deduction, 2. Self-employed SEP, SIMPLE and qualified plans, 3. Employee business expenses, 4. Moving expenses, 5. Alimony paid, 6. Renaissance Zone deduction, 7. Total deductions.

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

Table with columns: MARK T, S, B, List all residence (domicile) addresses, FROM MONTH, DAY, TO MONTH, DAY.

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following [X] No. Designee's name, Phone No., Personal identification number (PIN).

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

SIGNATURE HERE: TAXPAYER'S SIGNATURE (IT PROGRAMER, (760) 913-0739), SPOUSE'S SIGNATURE (HR ASSISTANT).

Some cities are using new communication methods. If your City participates and you would like email notifications regarding important changes and Income Tax related information please provide your email address. No City will email you asking for your social security number. Email [redacted]

PREPARER'S SIGNATURE: SYAM PRIYA RAM SAGAR GUPTA, Date (03/29/23), PTIN, EIN or SSN (84-3171965), Preparer's phone no. (678) 965-9522, FIRM'S NAME (GLOBAL TAXES LLC), ADDRESS AND ZIP CODE (245 ROONEY CT E BRUNSWICK NJ 08816), NACTP software number (1555).

Taxpayer's name NITESH DASARI	Taxpayer's SSN 137-06-5623	2022 LANSING	
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B Attachment 2-1

All W-2 forms must be attached to page 1 of the return 1555 REV 03/11/23 PRO Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available	27-2837612	27-2837612	
2. Employer's name (Form W-2, box c) or source's name	RICEFW TECHNOLOGIES INC	RICEFW TECHNOLOGIES INC	
3. SSN from Form W-2, box a	137-06-5623	824-49-0689	
4. Enter T for taxpayer or S for spouse	<input type="checkbox"/> T <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/>	<input type="checkbox"/>
5. Dates of employment during tax year	From 01/01/2022 To 12/31/2022	From 01/01/2022 To 12/31/2022	From <input type="checkbox"/> To <input type="checkbox"/>
6. Mark (X) box if you work at multiple locations in and out of LANSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	4295 OKEMOS ROAD SUITE 102 OKEMOS MI 48864	4295 OKEMOS ROAD SUITE 102 OKEMOS MI 48864	
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	106953	46815	
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			
NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.			
11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			
EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by LANSING			
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)	106953	46815	
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)		153768	
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			153768

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.