2023 MICHIGAN Individual Income Tax Return MI-1040 **Amended Return** (Include Schedule AMD) Return is due April 15, 2024. Type or print in blue or black ink. 1. Filer's First Name Last Name 2. Filer's Full Social Security No. (Example: 123-45-6789) SUSHEEL SAMANTH KI KARNE 49 - 9271 324 — If a Joint Return, Spouse's First Name МΙ Last Name 3. Spouse's Full Social Security No. (Example: 123-45-6789) Home Address (Number, Street, or P.O. Box) 22466 BELL CT State ZIP Code 4. School District Code (5 digits) City or Town 10000 FARMINGTON HILLS MΙ 48335 5. STATE CAMPAIGN FUND 6. FARMERS, FISHERMEN, OR SEAFARERS Check if you (and/or your spouse, if Filer filing a joint return) want \$3 of your taxes Check this box if 2/3 of your income is from farming, to go to this fund. This will not increase fishing, or seafaring. Spouse your tax or reduce your refund. 2023 FILING STATUS. Check one. 2023 RESIDENCY STATUS. Check all that apply. a. X Single a. | X Resident * If you check box "c." complete * If you check box "b" or line 3 and enter spouse's full name "c," you must complete helow: Married filing jointly Nonresident * b. and include Schedule NR. Married filing separately* 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.) 5400 00 a. Number of exemptions (see instructions)..... \$5,400 9a b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 00 \$3,100 9b. c. Number of qualified disabled veterans 00 \$400 90 d. Number of Certificates of Stillbirth from MDHHS (see instructions) 00 \$5,400 9d Claimed as dependent, see line 9 NOTE above 00 9e 5400 00 Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 9f. 90803 00 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) 10. 00 Additions from Schedule 1, line 9. Include Schedule 1 11. 90803 Total. Add lines 10 and 11 12. 00 Subtractions from Schedule 1, line 31. Include Schedule 1 13. 00 90803loo Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 5400 00 Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... 15.

Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"

17. **Tax.** Multiply line 16 by 4.05% (0.0405)

16.

17.

85403 00

3459 00

NON-	REFUNDABLE CREDITS	AMOUNT	_	CREDIT	
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	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.	3459	00
21.	Voluntary Contributions from Form 4642, line 6. Include Form 4642		21.		00
22.	Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Program</i> , line 5		22.		00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state purch Worksheet 1 (see instructions)		23.	0	00
24.	Total Tax Liability. Add lines 20 through 23	24.		3459	00
REFU	JNDABLE CREDITS AND PAYMENTS		Г	· · · · · · · · · · · · · · · · · · ·	
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2		25.		00
26.	Farmland Preservation Tax Credit. Include MI-1040CR-5		26.		00
		FEDERAL		MICHIGAN	
27.	Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b	00	27b.		00
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form 35	581	28.		00
29.	Credit for allocated share of tax paid by an electing flow-through entity (s	ee instructions)	29.		00
30.	Michigan tax withheld from Schedule W, line 6. Include Schedule W (do	o not submit W-2s)	30.	3655	00
31.	Estimated tax, extension payments and 2022 credit forward		31.		00
32.	2023 AMENDED RETURNS ONLY. Taxpayers completing an original 202 Amended returns must include Schedule AMD (see instructions) .	23 return should skip to line 33.			
	32a. If you had a refund and/or credit forward on the original return, check negative number on line 32c.	box 32a and enter this amount as a			
	32b. If you paid with the original return, check box 32b and enter the amou any additional tax paid after filing, as a positive number on line 32c.		32c.		00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30,	, 31 and 32c 33.		3655	00

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Spouse's Signature

REFUND OR TAX DUE 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. YOU OWE 00 00 00 Include interest and penalty 34 196 00 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33 Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return. 36 00 196 DIRECT DEPOSIT a. Routing Transit Number b. Account Number c. Type of Account Deposit your refund directly to your financial institution! See instructions and complete a, b 1. X Checking 2. Savings 713277965 071000013 Preparer Certification. I declare under penalty of perjury that Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2022, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2023 (MM-DD-YYYY) this return is based on all information of which I have any knowledge. Preparer's PTIN, FEIN or SSN Filer Spouse P02082703 Preparer's Name (print or type) 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. SYAM PRIYA RAM SAGAR GUPTA TA Filer's Signature Date Preparer's Signature

Filer's Full Social Security Number

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

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

Michigan Department of Treasury, Lansing, MI 48956

E BRUNSWICK NJ 08816

GLOBAL TAXES LLC 245 ROONEY CT

678-965-9522

<u>SYAM PRIYA RAM SAGAR GUPTA</u>

Preparer's Business Name, Address and Telephone Number

324 -

49

- 9271

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

Date

2023 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 2023, 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)
SUSHEEL SAMANTH KI		KARNE	324 — 49 — 9271
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

<i>F</i>	•	В	С	D		E		
Enter "X" for:		Employer's identification number		Box 1 — Wages, tips,		Box 17 — Michigan		
Filer or Spouse		(Example: 38-1234567)	Box c — Employer's name	other compensation		income tax withheld		
Х		81-4758487	HIQ TECHNOLOGIES	88325	00	3655	00	
							\Box	
					00		00	
							\Box	
					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.	3655	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	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
			oc	00
Enter Table	e 2 Subtotal from additional Sche	dule W forms (if applicable)		00
5. SUB	BTOTAL. Enter total of Table 2, c	olumn E	5.	00
6. TOT	3655 00			

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