

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 PAVAN KUMAR REDDY		M.I.	Last Name SADULA		2. Filer's Full Social Security No. (Example: 123-45-6789) 638 — 47 — 5660	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) 177 — 31 — 3795	
Home Address (Number, Street, or P.O. Box) 24885 RAVINE SQUARE, APT. 4108					4. School District Code (5 digits) 63200	
City or Town FARMINGTON HILLS			State MI	ZIP Code 48335		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2023 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input checked="" type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: SUPRAJA REDDY MAR				8. 2023 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.		

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.	<input type="text" value="1"/>	x \$5,400	9a.	<input type="text" value="5400"/>	<input type="text" value="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.	<input type="text"/>	x \$3,100	9b.	<input type="text"/>	<input type="text" value="00"/>
c. Number of qualified disabled veterans.....	9c.	<input type="text"/>	x \$400	9c.	<input type="text"/>	<input type="text" value="00"/>
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	<input type="text"/>	x \$5,400	9d.	<input type="text"/>	<input type="text" value="00"/>
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>		9e.	<input type="text"/>	<input type="text" value="00"/>
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.	<input type="text" value="5400"/>		9f.	<input type="text" value="5400"/>	<input type="text" value="00"/>
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.	<input type="text" value="128264"/>		10.	<input type="text" value="128264"/>	<input type="text" value="00"/>
11. Additions from Schedule 1, line 9. Include Schedule 1	11.	<input type="text"/>		11.	<input type="text"/>	<input type="text" value="00"/>
12. Total. Add lines 10 and 11.....	12.	<input type="text" value="128264"/>		12.	<input type="text" value="128264"/>	<input type="text" value="00"/>
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13.	<input type="text"/>		13.	<input type="text"/>	<input type="text" value="00"/>
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	<input type="text" value="128264"/>		14.	<input type="text" value="128264"/>	<input type="text" value="00"/>
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	<input type="text" value="5400"/>		15.	<input type="text" value="5400"/>	<input type="text" value="00"/>
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	<input type="text" value="122864"/>		16.	<input type="text" value="122864"/>	<input type="text" value="00"/>
17. Tax. Multiply line 16 by 4.05% (0.0405).....	17.	<input type="text" value="4976"/>		17.	<input type="text" value="4976"/>	<input type="text" value="00"/>

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

638 — 47 — 5660

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.	4976 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 Home Buyer Savings Program</i> , line 5.....			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 20 through 23.....	24.			4976 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
	FEDERAL			
27. Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b.....	27a.	00	27b.	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.	5913 00
31. Estimated tax, extension payments and 2022 credit forward.....			31.	00
32. 2023 AMENDED RETURNS ONLY. Taxpayers completing an original 2023 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.			5913 00

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

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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 00 and penalty 00 **YOU OWE** 34. 00

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33 35. 937 00

36. **Credit Forward.** Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return ... 36. 00

37. Subtract line 36 from line 35 **REFUND** 37. 937 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
<input type="text"/>	<input type="text"/>	1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

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)

Filer — — Spouse — —

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature _____ Date _____

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

Spouse's Signature _____ Date _____

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

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

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

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

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

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 PAVAN KUMAR REDDY	M.I.	Last Name SADULA	2. Filer's Full Social Security No. (Example: 123-45-6789) 638 — 47 — 5660
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

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

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-2563079	EPITEC INC	35320	00	1487	00
X		38-0549190	FORD MOTOR COMPA	105381	00	4426	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.	5913 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.	5913 00