



2023 Form M1, Individual Income Tax

Do not use staples on anything you submit.

MUBASHIR T MOHAMMED 855865832 02261991
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)
 FATIMAH MAHMOOD ALI 278472368 10121995
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth
 5504 LANDMARK CIRCLE Check if Address is: New Foreign
 Current Home Address
 MOUNTS VIEW MN 55432
 City State ZIP Code

2023 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Surviving Spouse
 Spouse Name _____
 Spouse SSN _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Republican11 Grassroots/Legalize Cannabis 14 Legal Marijuana Now17
 Democratic/Farmer-Labor . . .12 Libertarian16 General Campaign Fund99

Your Code Spouse's Code

From Your Federal Return (see instructions)

83801 0 0 56809
 A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) 1 ■ 84509
 2 Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) 2 ■ _____
 3 Add lines 1 and 2. 3 84509
 4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) 4 ■ 27650
 5 Exemptions (from Schedule M1DQC) 5 ■ _____
 6 State income tax refund from line 1 of federal Schedule 1 6 ■ _____
 7 Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) 7 ■ _____
 8 Total subtractions. Add lines 4 through 7. 8 27650
 9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. 9 56859
 10 Tax from the table or schedules in the Form M1 instructions 10 3229
 11 Alternative minimum tax (enclose Schedule M1MT) 11 ■ _____
 12 Add lines 10 and 11 12 3229
 13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
 Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on
 line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 3229
 13a ■ 0 13b ■ 0





14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)		
<input type="checkbox"/> (a) Schedule M1HOME	<input type="checkbox"/> (b) Schedule M1529	<input type="checkbox"/> (c) Schedule M1LS
15 Tax before credits. Add lines 13 and 14	15	3229
16 Amount from line 21 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16	
17 Subtract line 16 from line 15 (if result is zero or less, leave blank)	17	3229
18 Nongame Wildlife Fund contribution (see instructions)	18	
This will reduce your refund or increase the amount you owe		
19 Add lines 17 and 18	19	3229
20 Minnesota income tax withheld. Complete and enclose Schedule M1W to report	20	
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF	20	4334
21 Minnesota estimated tax and extension payments made for 2023	21	
22 Amount from line 11 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF)	22	
23 Total payments. Add lines 20 through 22	23	4334
24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).	24	
For direct deposit, complete line 25	24	1105
25 Direct deposit of your refund (you must use an account not associated with a foreign bank):		
<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	
	091000019	2838982722
	Routing Number	Account Number
26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions)	26	
27 Penalty amount from Schedule M15 (see instructions). Also subtract	27	
this amount from line 24 or add it to line 26 (enclose Schedule M15)	27	
28 Penalty and interest (see instructions)	28	
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.		
29 Amount from line 24 you want sent to you	29	
30 Amount from line 24 you want applied to your 2024 estimated tax	30	

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature
 4256337938
 Daytime Phone
 SYAM PRIYA RAM SAGAR GUPTA TALLAM
 Paid Preparer's Signature
 6789659522
 Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly)
 MUBASHIR224@GMAIL.COM
 Email Address
 03022024
 Date (MM/DD/YYYY)
 syam@gtaxfile.com
 Preparer's Email Address

Date (MM/DD/YYYY)
 P02082703
 PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010



2023 Schedule M1W, Minnesota Income Tax Withheld

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

MUBASHIR T <small>Your First Name and Initial</small>	MOHAMMED <small>Last Name</small>	855865832 <small>Your Social Security Number</small>
FATIMAH <small>If a Joint Return, Spouse's First Name and Initial</small>	MAHMOOD ALI <small>Spouse's Last Name</small>	278472368 <small>Spouse's Social Security Number</small>

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>3390237</u>	d1 <u>83801</u>	e1 <u>4334</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 4334

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 4334**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**