

INDIVIDUAL RETURN DUE APRIL 30, 2024

Taxpayer's SSN 083-61-1805		Taxpayer's first name SHIVA KRISHNA		Initial	Last name ANDE	RESIDENCE STATUS		
Spouse's SSN		If joint return spouse's first name		Initial	Last name	<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 Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2023		Present home address (Number and street) 2648 ROYAL VISTA DR NW			Apt. no. 201			FILING STATUS
		Address line 2 (P.O. Box address for mailing use only)					<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
		City, town or post office WALKER		State MI	Zip code 49534			
		Foreign country name		Foreign province/county		Foreign postal code		
Spouse's full name if married filing separately _____								

		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		63149	0	63149	
	2. Taxable interest	2		1144		1144	
	3. Ordinary dividends	3		869		869	
	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		23316	0	23316	
	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		-20840		-20840	
	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		4489	0	4489	
	18. Total income (Add lines 1 through 16)	18		67638	0	67638	
	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				67638	
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	1	21b		600	
	22. Total income subject to tax (Subtract line 21b from line 20)	22				67038	
	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		670	
	24. Payments and credits 24a. WALKER tax withheld 631 24b. Other tax payments (est, extension, or fwd, partnership & tax option corp) 24c. Credit for tax paid to another city	24a	631	24b	24c	24d	631
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			
ENCLOSE CHECK OR MONEY ORDER	TAX DUE 26. PAYABLE TO: CITY OF WALKER , OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e) PAY WITH RETURN 26					39	
	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 2024 2024 Amount of credit to 2024 >> 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. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	<input type="checkbox"/> Refund (direct deposit)	31c	Routing number			
	31b	<input type="checkbox"/> Pay tax due (direct withdrawal)	31d	Account number			
			31e	Account Type:	31e1. Checking	31e2. Savings	