2023 MICHIGAN Indivi Return is due April 15, 2024. Ty					n MI-10	040				ended Return]
1. Filer's First Name	M.I.					2. Filer's Full Social Security No. (Example: 123-					9)
MANMOHAN		PEDDOLL	A				г о		- 1	1007	
If a Joint Return, Spouse's First Name	M.I.	Last Name					58		71	<u> </u>	
						3. Spou	ise's F	ull Social	Secur	ity No. (Example: 123-45-6	789)
Home Address (Number, Street, or P.O. Box)											
15925 GODDARD RD, AB	PT.	303									
City or Town			State	ZIP Code		4. Scho	ol Dis	trict Code	(5 dig	its)	
SOUTHGATE			MI	48195	5		82	2405			
 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. 7. 2023 FILING STATUS. Check one. a. X Single * If you shock hox "s " complete 						heck this shing, or s	box seafa	if 2/3 of y ring.	our ir	NFARERS	
 b. Married filing jointly c. Married filing separately* 	ete name	b. [] !	Nonreside Part-Year		dent *		* If you check box "b" of "c," you must complete and include Schedule NR .	r			
9. EXEMPTIONS. NOTE: If someon	ne els	e can claim you	as a dej	pendent, che	eck box 9e, er	nter 0 on I	line 9 1	a and en	ter \$1	1,500 on line 9e (see ins	str.).
a. Number of exemptions (see instructions)						1	x	\$5,400	9a.	5400	00
 Number of individuals who qualify for one of the following special exemptio blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently dis 							x	\$3,100	9b.		00

	c. Number of qualified disabled veterans 9c. x	\$400	9c.		00
	d. Number of Certificates of Stillbirth from MDHHS (see instructions)	\$5,400	9d.		00
	e. Claimed as dependent, see line 9 NOTE above		9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15	········	9f.	5400	00
10.	Adjusted Gross Income from your U.S. Form 1040 (see instructions)	10.		45188	00
11.	Additions from Schedule 1, line 9. Include Schedule 1	11.			00
12.	Total. Add lines 10 and 11	12.		45188	00
13.	Subtractions from Schedule 1, line 31. 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.		45188	00
15.	Exemption allowance. Enter amount from line 9f or Schedule NR, line 19	15.		5400	00
16.	Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	_	39788	00
17.	Tax. Multiply line 16 by 4.05% (0.0405)	17.		1611	00

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included. REV 02/16/24 PRO

Filer's Full Social Security Number

358 — 71

71 — 1297

NON	-REFUNDABLE CREDITS AMOUNT		_	CREDIT	
18.		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.	1611	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</i> Program, 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.		1611	00
REFL	JNDABLE CREDITS AND PAYMENTS		r		
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) 00 and enter result on line 27b 27a.	0	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.	1908	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 Amended returns must include Schedule AMD (see instructions).	e 33.			
	32a. If you had a refund and/or credit forward on the original return, check box 32a and enter this amoun negative number on line 32c.	it as a			
	32b. If you paid with the original return, check box 32b and enter the amount paid with the original return any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penal		32c.		00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.		1908	00

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

Filer's Full Social Security Number

358 — 71 — 1297

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		00
35.	Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	297	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	297	00

DIRECT DEPOSIT Deposit your refund directly to your financial institution! See instructions and complete a, b and c.		a. Ro	uting Transit	Number	b.	Account Number	c. Type of Account				
		01190	00254		38502	9426238	1. X Checking 2. Savings				
	sed Taxpayer. If Filer and/or Spous DATE OF DEATH ONLY. Example:				dates below.	Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.					
Eller.						Preparer's PTIN, FEIN or	SSN				
Filer		— — Spouse — —					P02082703				
Taxpayer Certification. I declare under penalty of perjury that the information in this return						Preparer's Name (print or type)					
	chments is true and complete to the bes					SYAM PRIYA	RAM SAGAR GUPTA				
Filer's S	Signature			Date		Preparer's Signature					
						SYAM PRIYA	RAM SAGAR GUPTA				
Spouse's Signature				Date		Preparer's Business Nam	e, Address and Telephone Number				
						GLOBAL TAXE	S LLC				
By checking this box, I authorize Treasury to discuss my rel					y preparer.	245 ROONEY E BRUNSWICK 678-965-952	NJ 08816				

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

2023 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

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.

M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
	PEDDOLLA	358 — 71 — 1297
M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
		PEDDOLLA

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

	4	В	C	D		E	
Enter Filer or	"X" for: 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		88-1132259	PROVISION IT CON	45188	00	1908	00
					00		00
					00		00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche			00		
4.	SUB	TOTAL. Enter total of Table 1, c	4.	1908	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" Filer or Spo		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 Ta	able 2 Subtotal from additional Sche		00		
5. S		00			
6. T	OTAL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30		1908	00

Attachment 13