

2024 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2024 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2024 withholding to be at least:

- 90 percent of your total 2024 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2023 tax, or
- 110 percent of your total 2023 tax if your 2023 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Note: Only use this form for 2024 estimated payments. **Do not** combine any other payments with this form.

Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2024. You may also pay in equal installments due on or before April 15, 2024, June 17, 2024, September 16, 2024, and January 15, 2025.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2024 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/it for more information.

Mail Your Payment

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Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

Detach here and mail with your payment. Do not fold or staple the application.

2024 MICHIGAN

MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 04-15-2024

| | | |
|---|--|--|
| Filer's Name(s) CHANDRA S & PAVANI RAJALA | Filer's Full Social Security Number 685-04-5458 | Spouse's Full Social Security Number 508-81-9430 |
| Address (Street, City, State, ZIP Code) 20921 GIDRAN DRIVE SOUTH LYON MI 48178 | | WRITE PAYMENT AMOUNT HERE \$ 271 .00 |
| MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | | Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2024 MI-1040ES ” on the front of your check. Do not fold or staple. |

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2024 MICHIGAN

MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 06-17-2024

| | | |
|---|--|--|
| Filer's Name(s) CHANDRA S & PAVANI RAJALA | Filer's Full Social Security Number 685-04-5458 | Spouse's Full Social Security Number 508-81-9430 |
| Address (Street, City, State, ZIP Code) 20921 GIDRAN DRIVE SOUTH LYON MI 48178 | | WRITE PAYMENT AMOUNT HERE \$ 271 .00 |
| MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | | Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2024 MI-1040ES ” on the front of your check. Do not fold or staple. |

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Send your voucher and check to:

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 Lansing, MI 48909**

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2024 MICHIGAN

MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 09-16-2024

| | | |
|---|--|--|
| Filer's Name(s) CHANDRA S & PAVANI RAJALA | Filer's Full Social Security Number 685-04-5458 | Spouse's Full Social Security Number 508-81-9430 |
| Address (Street, City, State, ZIP Code) 20921 GIDRAN DRIVE SOUTH LYON MI 48178 | | WRITE PAYMENT AMOUNT HERE \$ 271 .00 |
| MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | | Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2024 MI-1040ES ” on the front of your check. Do not fold or staple. |

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2024 MI-1040ES, Michigan Estimated Income Tax for Individuals

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- 110 percent of your total 2023 tax if your 2023 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

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Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2024 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

Detach here and mail with your payment. Do not fold or staple the application.

2024 MICHIGAN

MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 01-15-2025

| | | |
|--|--|--|
| Filer's Name(s) CHANDRA S & PAVANI RAJALA | Filer's Full Social Security Number 685-04-5458 | Spouse's Full Social Security Number 508-81-9430 |
| Address (Street, City, State, ZIP Code) 20921 GIDRAN DRIVE SOUTH LYON MI 48178 | | <p>WRITE PAYMENT AMOUNT HERE \$ 271 .00</p> <p>MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909</p> <p>Enclose check payable to “State of Michigan.” Write last four digits of filer’s SSN and “2024 MI-1040ES” on the front of your check. Do not fold or staple.</p> |

DO NOT WRITE IN THIS SPACE

Instructions for Form MI-1040-V

2023 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 34.

Your payment and MI-1040-V are due April 15, 2024. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your Individual Income Tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2023 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.



Detach here and mail with your payment. Do not fold or staple the application.

Michigan Department of Treasury (Rev. 02-23)

2023 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 01/19/24 PRO

| | | |
|--|--|--|
| Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) CHANDRA S RAJALA PAVANI RAJALA 20921 GIDRAN DRIVE SOUTH LYON MI 48178 | Filer's Full Social Security Number 685-04-5458 | Spouse's Full Social Security Number 508-81-9430 |
| WRITE PAYMENT AMOUNT HERE ⇨ \$ | | 175 .00 |
| MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | | Make check payable to “State of Michigan.” Write the last four digits of filer's Social Security number and “2023 MI-1040-V” on the check. Do not fold or staple. |

DO NOT WRITE IN THIS SPACE

1555

82657465 02 2023 508819430 685045458 7

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 CHANDRA | | M.I. S | Last Name RAJALA | | 2. Filer's Full Social Security No. (Example: 123-45-6789) 685 — 04 — 5458 | |
| If a Joint Return, Spouse's First Name PAVANI | | M.I. | Last Name RAJALA | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) 508 — 81 — 9430 | |
| Home Address (Number, Street, or P.O. Box) 20921 GIDRAN DRIVE | | | | | 4. School District Code (5 digits) 63240 | |
| City or Town SOUTH LYON | | | State MI | ZIP Code 48178 | | |
| 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 checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | 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. | 4 | x \$5,400 | 9a. | 21600 | 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. | | 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)..... | 9d. | | x \$5,400 | 9d. | | 00 |
| e. Claimed as dependent, see line 9 NOTE above..... | 9e. | <input type="checkbox"/> | | 9e. | | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15..... | 9f. | | | 21600 | 00 | |
| 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)..... | 10. | | | 245207 | 00 | |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | | | 00 | |
| 12. Total. Add lines 10 and 11..... | 12. | | | 245207 | 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. | | | 245207 | 00 | |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | | | 21600 | 00 | |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | | | 223607 | 00 | |
| 17. Tax. Multiply line 16 by 4.05% (0.0405)..... | 17. | | | 9056 | 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

685 — 04 — 5458

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. | 9056 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. | | 24. | 9056 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 | | MICHIGAN | | |
| 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. | 8881 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. | | 33. | 8881 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

685 — 04 — 5458

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. 175 00

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33 35. 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. 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 CHANDRA | M.I. S | Last Name RAJALA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 685 — 04 — 5458 |
| If a Joint Return, Spouse's First Name PAVANI | M.I. | Last Name RAJALA | 3. Spouse's Full Social Security No. (Example: 123-45-6789) 508 — 81 — 9430 |

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 | | 62-1151687 | MARELLI NORTH AM | 101960 | 00 | 3342 | 00 |
| | X | 90-0980269 | ALTASCIENCES CLI | 34012 | 00 | 1377 | 00 |
| | X | 59-3264661 | KFORCE INC & SUB | 70831 | 00 | 2611 | 00 |
| | X | 52-2200398 | DIGITAL INFUZION | 38404 | 00 | 1551 | 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. | 8881 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. | 8881 00 |