



2023 Form M1, Individual Income Tax Do not use staples on anything you submit.

RAJE Your Firs	SH tt Name and Initial	POTHURAS Last Name		100554106 Your Social Security Number	07271 Your Date of	987 Birth (MM/DD/YYYY)
JAHN If a Joint	IAVI Return, Spouse's First Name and II	GOVARDHA Spouse's Last Nan	111110111111	799049709 Spouse's Social Security Number	05121 Spouse's Dat	
	RANCHVIEW DR	APT #1062		Check if Address is:	New	Foreign
IRVI				TX State	75063 ZIP Code	
•	Federal Filing St	atus (place an X in o		state	ZIP Code	
	Single (2) Married Filing	Jointly (3) Married Filing Sep. Spouse Name	arately	(4) Head of Household	(5) Qualifying	Surviving Spouse
	E Elections Campa \$5 to this fund, enter the code fo	aign Fund r the party of your choice. It will help c	andidates for state offices pay ca	mpaign expenses. This will not in	crease your tax	or reduce your refund.
		itical Party Code Numbers: Repul				
our Cod	e Spouse's Code	Demo	cratic/Farmer-Labor 12 Lik	pertarian16	General Campa	ign Fund 99
From	n Your Federal Re	turn (see instructions	·)			
A. Wage	131250 es, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	<u>D. Fed</u>	103550 eral taxable inc	
1	Federal adjusted gross inc	ome (from line 11 of federal For	m 1040 and 1040-SR)		1 ■	131250
2	Additions to income from I	ine 10 of Schedule M1M and line	e 9 of Schedule M1MB (see	instructions)	2 🔳	
3	Add lines 1 and 2				3	131250
4	Itemized deductions (from	Schedule M1SA) or your stand a	ard deduction (see instruction	ons)	4 🔳	27650
5	Exemptions (from Schedule	e M1DQC)			5 🔳	9600
6	State income tax refund fro	om line 1 of federal Schedule 1 .			6 ■	
7	Subtractions from line 35 c	of Schedule M1M and line 21 of S	Schedule M1MB (see instruc	ctions)	7 🔳	
8	Total subtractions. Add line	es 4 through 7			8	37250
9	Minnesota taxable income	e. Subtract line 8 from line 3. If z	ero or less, leave blank		9	94000
10	Tax from the table or sched	dules in the Form M1 instruction.	s		10	<u> 5755</u>
11	Alternative minimum tax (enclose Schedule M1MT)			.1 ■	
	·					
13	Full-year residents: Enter t	he amount from line 12 on line	13. Skip lines 13a and 13b.		-	
	-	nresidents: From Schedule M1NI $9.13a$, and from line 29 on line 130 0 0 0 0 0 0 0 0 0	Bb (enclose Schedule M1NR		13	<u>5755</u> -

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14	Other taxes, such as recapture amounts and the tax on lump-su	um distributions (check appropriate boxes)	^ 2 3 1 1 2 1 ^
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳
15	Tax before credits. Add lines 13 and 14		15 5755
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits	(enclose Schedule M1C)	16 ■193
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blan. Nongame Wildlife Fund contribution (see instructions)		
	This will reduce your refund or increase the amount you owe .		18 🖩
19	Add lines 17 and 18		.195562
20	Minnesota income tax withheld. Complete and enclose Schedu	le M1W to report	
	Minnesota withholding from Forms W-2, 1099, and W-2G and Sc	hedules KPI, KS, and KF	20 ■6681
21	Minnesota estimated tax and extension payments made for 20	23	21 🔳
22	Amount from line 11 of Schedule M1REF, Refundable Credits (s	ee instructions; enclose Schedule M1REF)	22 🔳
23	Total payments. Add lines 20 through 22		6681
	REFUND . If line 23 is more than line 19, subtract line 19 from li	ne 23 (see instructions).	
	For direct deposit, complete line 25		24 ■1119
25		587626030	
	Routing Number	Account Number	
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract line Penalty amount from Schedule M15 (see instructions). Also subtract line 23, subtract line 23, subtract line 24, subtract line 24, subtract line 25, subtract line 26, subtract line 26, subtract line 26, subtract line 26, subtract line 27, subtract line 27, subtract line 27, subtract line 28, subtract line 29, subtract line 2		26 🔳
	this amount from line 24 or add it to line 26 (enclose Schedule	M15)	27 🔳
28	Penalty and interest (see instructions)		28 🔳
	OU PAY ESTIMATED TAX and want part of your refund credited to		
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 🔳
Tayn	ayer(s): I declare that this return is correct and complete to the b	est of my knowledge and helief	
ιακρι	ayer(s). Tacciare that this retain is correct and complete to the b	est of my knowledge and belief.	
	-	Spouse's Signatur If Filing Jointly)	Date MM/DD/YYYY)
		RAJESHPOTHURAJU@GMAIL.CO Email Address	<u>M</u>
-	AM PRIYA RAM SAGAR GUPTA	04022024	P02082703
		Date MM/DD/YYYY)	PTIN or VITA/TCE # (required)
	89659522	syam@gtaxfile.com	, , , , , , , , , , , , , , , , , , , ,
	arer's Daytime Phone	Preparer's Email Address	
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue t with the preparer or the third-party designee indica	

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

REV 03/05/24 PRO 1031





2023 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

КΑι	JESH	POTHURAJU	100554106	
our/	First Name and Initial	Your Last Name	Your Social Security Nu	mber
1	Marriage Credit for joint return when bot or taxable retirement income (enclose Sci	h spouses have taxable earned income nedule M1MA)	1■	193
2	Credit for long-term care insurance premi	ums paid (enclose Schedule M1LTI)	2 ■	
3	Credit for taxes paid to another state (end	close Schedules M1CR and M1RCR)	3 ■	
4	Credit for Past Military Service (see instru	ctions)	4 ■	
5	Employer Transit Pass Credit (enclose Sch	edule ETP)	5 ■	
6	SEED Capital Investment Credit (see instru	uctions; enclose certification)	6 ■	
7	Education Savings Account Contribution (Credit (enclose Schedule M1529)	7 ■	
8	Credit for Attaining Master's Degree in Te	acher's Licensure Field (enclose Schedule M1CM	(D)8 ■	
9	Student Loan Credit (enclose Schedule M.	1SLC)	9 ■	
10		tificate you received from the Rural Finance Aut		
11	Film Production Credit	 	11 🖩	
	Enter the certificate number from the certificate number f	etstificate you received from the Rural Finance Aut	hority:	
		nization Credit		
	Enter the credit certificate number: SHTC	Colored de MOL MC and ME		
16	Credit for increasing research activities (e	nclose Schedule KPI, KS, or KF)	16 🔳	
17	Carryforward of prior-year Beginning Farm BF BF	mer Management Credits (see instructions)	17 🔳	
18		icultural Assets Credits <i>(see instructions)</i>	18 🔳	

2023 Schedule M1C, page 2



19	Carryforward of prior-year Credit for Increasing Research Activities	•
20	Alternative Minimum Tax Credit (enclose Schedule M1MTC)	-
21	Add lines 1 through 20. Enter total here and on line 16 of Form M1	193
٧o	u must include this schedule with your Form M1	

1031





2023 Schedule M1MA, Marriage Credit

	JESH First Name and Initial	POTHURAJU Your Last Name	100554 Your Social Se	106 ecurity Number	
	se's First Name and Initial	Spouse's Last Name	•	al Security Number	
2	Wages, salaries, tips, and other employee compensation (see insta Self-employment income (from line 3 of federal Schedule SE, less to deduction from line 13 of federal Schedule SE)	the self-employment tax		B — Spouse 41250	
3	Taxable income received from a retirement pension, profit-sharing, stock bonus, or annuity plan (see instructions)	3			
4	Taxable Social Security benefits (see instructions)	4			
5	Add lines 1 through 4 for each column	5	90000	41250	
6	Amount from line 5, Column A or B, whichever is less (If less than	\$28,000, STOP HERE. You do no	ot qualify)	641250	
7 8	Joint taxable income from line 9 of Form M1. (If less than \$44,000 If line 6 is less than \$114,000, determine the amount of your cred	•	• •	94000	
	 Full-year residents: Enter the result here and on line 1 of S Part-year residents and nonresidents: Skip ahead to Part 3 If line 6 is \$114,000 or more, continue to Part 2 	chedule M1C		8 193	
Part 9	2 — If Line 6 is \$114,000 or More Enter the amount from line 6			9	
10	Value of one-half of the standard deduction for Married Filing Join	ntly	1	013,825	
11	Subtract line 10 from line 9			1	
12	Using the tax rate schedule for single persons in the M1 instruction	ons, compute the tax for the am	nount on line 11 1	2	
13	Amount from line 7		1	3	
14	Amount from line 11		1	4	
15	Subtract line 14 from line 13 (If zero or less, STOP HERE . You do no	ot qualify)	1	5	
16	Using the tax rate schedule for single persons in the Form M1 inst	ructions, compute the tax for t	the amount on line 15 1	6	
17	Tax from line 10 of Form M1			7	
18 19	Add lines 12 and 16	ter \$1,710. If result is zero or le	ess, you do not qualify.		
Part 20	3 — Part-Year Residents and Nonresidents Part-year residents and nonresidents: Enter the decimal from line	2 30 of Schedule M1NR	2	1.00000	
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Enter			100	





2023 Schedule M1NR, Nonresidents/Part-Year ResidentsBefore you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

	JESH r First Name and Initial	POTHURAJU Your Last Name			54106 Sial Security Number
.тΔ	HNAVI	GOVARDHANASWAMY		7990	49709
	use's First Name and Initial	Spouse's Last Name		, , , ,	Social Security Number
Min	nesota Residency (Place an X in one box and e	enter other state of residency		-	·
	riesota residency (Place all X III one box and a	enter other state of residency)			ΨУ
You:	Full-year Nonresident Part	-Year Resident fromtototototo	_ Ot	her State of Residency: _	171
	. X				ΤХ
Your	Spouse: Full-year Nonresident Part	$\frac{1}{\text{Year Resident from}} \frac{\text{to}}{\text{(MM/DD/YYYY)}} \text{to}$	_ Ot	her State of Residency: _	171
				A. Total Amount	B. Minnesota Portion
1	Wages, salaries, tips, etc. (from line 1z o	of federal Form 1040 or 1040-SR)	. 1_	131250	131250
2	Taxable interest and ordinary dividend	income (lines 2b and 3b of Form 1040 or 1040-SR)	. 2_		
3	Business income or loss (from line 3 of	federal Schedule 1)	. 3_		
4	Capital gain or loss (from line 7 of Form	1040 or 1040-SR)	. 4_		
_	IDA distributions and according	(frame l'are 4h and 5h 55-ma 4040 an 4040 CD)	_		
		es (from lines 4b and 5b of Form 1040 or 1040-SR)	. 5_		
6	Net income from rents, royalties, partn		_	0	\cap
	estates, and trusts (from line 5 of feder	al Schedule 1)	. 6_		
7	Farm income or loss (from line 6 of fade	eral Schedule 1)	7		
8			. ,_		
0		ile 1)	0		
0		•	. 0_		
9		sota state or municipal bonds	0		
	(dad lines 1 and 2 of Schedule M1M).		. 9_		
10	Bonus depreciation addition from line 2	L of Schedule M1MB	. 10■		•
11	If you entered an amount on line 9 of S	chedule M1REF, see instructions	. 11■		_
12	Suspended loss from line 4 of Schedule	M1MB	. 12■		
13	Other required adjustments from Sched	dules M1M, M1MB, and M1AR (see instructions)	. 13■		•
14	This line intentionally left blank		. 14■		
15	Add lines 1 through 14 for each column	l	. 15	131250	131250
If yo	our Minnesota gross income is below \$1	3,825 see instructions.			
16	Educator expenses, certain business ex	penses, and Armed Forces moving expenses			
	(add lines 11, 12, and 14 of federal Scho	edule 1)	. 16		
17	Self-employed SEP, SIMPLE, and qualified				
		21)	. 17 _		
18	Health savings account and Archer MSA				
	(add lines 13 and 23 of federal Schedule	21)	. 18		
19	One-half of self-employment tax and se	elf-employed health insurance			
	(add lines 15 and 17 of federal Schedule	21)	. 19		
20	Deductions for alimony paid and stude	nt loan interest			
			. 20_		
_					_

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21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) 21	
22	Other subtractions from Schedule M1MB (see instructions)	
23	Social Security benefit from line 12 of Schedule M1M (see instructions)	
24 25	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	
27 28	Add lines 16 through 26 for each column	
	M1. If your Minnesota gross income is below \$13,825 or the result is zero or less, enter 0	131250
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	1.00000
31	Amount from line 12 of Form M1	5755
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	5755

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2023 Schedule M1W, Minnesota Income Tax Withheld

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

RAJESH Your First Name and Initial JAHNAVI		POTHURAJU Last Name			100554106 Your Social Security Number			
			GOVARDHANASWAMY			799049709		
If a Joint Return, Spouse's F	First Name and Initial	_	Spouse's Last Name			Spouse's Social Security Number		
If you received a fede complete this schedu amounts to the neare W-2G; keep them wit 1 Minnesota wages a complete line 5 on	le to determine line est whole dollar. You h your tax records. and Minnesota tax w	e 20 of Form N u must include All instruction	11. List only the for this schedule whe are included on the	ms that rep n you file yo nis schedul	oort Minnesota incomour return. DO NOT see.	e tax withhe send in your	eld. Round dollar Forms W-2, 1099, o	
Α	B—Box 13	C—Box 15		D—Box	16	E—Box 1	7	
If the Form W-2 is for:you, enter 1spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's s Tax ID Numb	seven-digit Minnesota per		ages, tips, etc. to nearest whole dollar)		a tax withheld nearest whole dollar)	
a1 1	b1	c1 MN	2955192	d1	90000	e1	4581	
a2 <u>2</u>	b2	c2 MN	2955192	d2	41250	e2	2100	
a3	b3	c3 MN		d3		e3		
a4	b4	c4 MN		d4		e4		
a5	b5	c5 MN		d5		e5		
Total Minnesota ta 2 Minnesota tax with A If the Form 1099, W-20 • you, enter 1	nheld on Forms 1099	, W-2G, and 10 B Payer's seve		ore than fou C Income	r forms, complete line amount (see the table on	6 on the bac D Minnes		
spouse, enter 2a1		h1 MN		c1		44		
a2						d1d2		
a3								
 a4								
		d 1042-S <i>(from</i>	line 6 on page 2)					
					column D)	∠ ■		
3 Total Minnesota ta (from line 7 on pag			•			3 ■		
4 Total. Add the Mini Enter the total here						4 ■	6681	

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





2023 Schedule M1DQC, Dependents and Qualifying Children

Use this schedule to provide information about your dependents, qualifying children. If you need to list more than three, provide a separate statement with the additional dependents and qualifying children.

RAJESH Your First Name and Initial	POTHURAJU Last Name		100554106 Social Security Number	
	A — Child 1	B — Child 2	C — Child 3	
First name and middle initial	a1 <u>VIHAAN</u>	b1 REYANSH	c1	
Last name	a2 POTHURAJU	b2 POTHURAJU	c2	
Social Security Number or Individual Taxpayer Identification Number	a3 992976334	ыз851286538	c3	
Date of Birth	a403132019	b4 05182023	c4	
Relationship to you	as Son	bs <u>Son</u>	c5	
Check the box if you are claiming them as a dependent	a6 X	_{b6} X	с6	
Number of months they lived with you	a712	b7 12	c7	
Check the box if they were over age 17 but under age 24 and a full-time student	a8	b8	с8	
Check the box if they were permanently and totally disabled in any part of 2023	a9	b9	с9	
Check the box if they are a qualifying child	a10	b10	c10	
Check the box if they are a qualifying older child	911	b11	c11	