



**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

RAJESH POTHURAJU 100554106 07271987  
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)  
JAHNAVI GOVARDHANASWAMY 799049709 05121992  
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth  
8237 RANCHVIEW DR APT #1062 TX 75063  
 Current Home Address Check if Address is:  New  Foreign  
IRVING TX 75063  
 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: Republican . . . . .1 Grassroots/Legalize Cannabis 14 Legal Marijuana Now . . . . .17  
 Democratic/Farmer-Labor . . .12 Libertarian . . . . .16 General Campaign Fund . . . . .99

Your Code Spouse's Code

**From Your Federal Return (see instructions)**

<u>131250</u>	<u>0</u>	<u>0</u>	<u>103550</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
<b>1</b>	<b>Federal adjusted gross income</b> (from line 11 of federal Form 1040 and 1040-SR) . . . . .	<b>1</b>	<u>131250</u>
<b>2</b>	<b>Additions to income</b> from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . .	<b>2</b>	<u>          </u>
<b>3</b>	<b>Add lines 1 and 2.</b> . . . . .	<b>3</b>	<u>131250</u>
<b>4</b>	<b>Itemized deductions</b> (from Schedule M1SA) or your <b>standard deduction</b> (see instructions) . . . . .	<b>4</b>	<u>27650</u>
<b>5</b>	<b>Exemptions</b> (from Schedule M1DQC) . . . . .	<b>5</b>	<u>9600</u>
<b>6</b>	<b>State income tax refund</b> from line 1 of federal Schedule 1 . . . . .	<b>6</b>	<u>          </u>
<b>7</b>	<b>Subtractions</b> from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . .	<b>7</b>	<u>          </u>
<b>8</b>	<b>Total subtractions.</b> Add lines 4 through 7. . . . .	<b>8</b>	<u>37250</u>
<b>9</b>	<b>Minnesota taxable income.</b> Subtract line 8 from line 3. If zero or less, leave blank. . . . .	<b>9</b>	<u>94000</u>
<b>10</b>	<b>Tax</b> from the table or schedules in the Form M1 instructions . . . . .	<b>10</b>	<u>5755</u>
<b>11</b>	<b>Alternative minimum tax</b> (enclose Schedule M1MT) . . . . .	<b>11</b>	<u>          </u>
<b>12</b>	<b>Add lines 10 and 11</b> . . . . .	<b>12</b>	<u>5755</u>
<b>13</b>	<b>Full-year residents:</b> Enter the amount from line 12 on line 13. Skip lines 13a and 13b. <b>Part-year residents and nonresidents:</b> 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) . . . . .	<b>13</b>	<u>5755</u>
<b>13a</b>	<u>131250</u>	<b>13b</b>	<u>131250</u>





# 2023 Schedule M1C, Nonrefundable Credits

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

RAJESH  
Your First Name and Initial

POTHURAJU  
Your Last Name

100554106  
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (*enclose Schedule M1MA*) ..... **1** ■ 193
- 2 Credit for long-term care insurance premiums paid (*enclose Schedule M1LTI*) ..... **2** ■ \_\_\_\_\_
- 3 Credit for taxes paid to another state (*enclose Schedules M1CR and M1RCR*) ..... **3** ■ \_\_\_\_\_
- 4 Credit for Past Military Service (*see instructions*) ..... **4** ■ \_\_\_\_\_
- 5 Employer Transit Pass Credit (*enclose Schedule ETP*) ..... **5** ■ \_\_\_\_\_
- 6 SEED Capital Investment Credit (*see instructions; enclose certification*) ..... **6** ■ \_\_\_\_\_
- 7 Education Savings Account Contribution Credit (*enclose Schedule M1529*) ..... **7** ■ \_\_\_\_\_
- 8 Credit for Attaining Master’s Degree in Teacher’s Licensure Field (*enclose Schedule M1CMD*) ..... **8** ■ \_\_\_\_\_
- 9 Student Loan Credit (*enclose Schedule M1SLC*) ..... **9** ■ \_\_\_\_\_
- 10 Beginning Farmer Management Credit ..... **10** ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
BF 23 - \_\_\_\_\_
- 11 Film Production Credit ..... **11** ■ \_\_\_\_\_  
Enter the credit certificate number: TAXC - \_\_\_\_\_
- 12 Tax Credit for Owners of Agricultural Assets ..... **12** ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
AO 23 - \_\_\_\_\_  
AO 23 - \_\_\_\_\_  
AO 23 - \_\_\_\_\_
- 13 Credit for Sales of Manufactured Home Parks to Cooperatives ..... **13** ■ \_\_\_\_\_
- 14 Short Line Railroad Infrastructure Modernization Credit ..... **14** ■ \_\_\_\_\_
- 15 Housing Tax Credit ..... **15** ■ \_\_\_\_\_  
Enter the credit certificate number:  
SHTC - \_\_\_\_\_ - \_\_\_\_\_
- 16 Credit for increasing research activities (*enclose Schedule KPI, KS, or KF*) ..... **16** ■ \_\_\_\_\_
- 17 Carryforward of prior-year Beginning Farmer Management Credits (*see instructions*) ..... **17** ■ \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_
- 18 Carryforward of prior-year Owners of Agricultural Assets Credits (*see instructions*) ..... **18** ■ \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_



19 Carryforward of prior-year Credit for Increasing Research Activities . . . . . 19 ■ \_\_\_\_\_  
List the years the credits were reported to you on Schedule KPI, KS, or KF:  
\_\_\_\_\_

20 Alternative Minimum Tax Credit (*enclose Schedule M1MTC*) . . . . . 20 ■ \_\_\_\_\_

21 Add lines 1 through 20. Enter total here and on line 16 of Form M1. . . . . 21 \_\_\_\_\_ 193

**You must include this schedule with your Form M1.**





# 2023 Schedule M1MA, Marriage Credit

RAJESH  
Your First Name and Initial

POTHURAJU  
Your Last Name

100554106  
Your Social Security Number

JAHNAVI  
Spouse's First Name and Initial

GOVARDHANASWAMY  
Spouse's Last Name

799049709  
Spouse's Social Security Number

**Part 1**

**A — Taxpayer**                      **B — Spouse**

1	Wages, salaries, tips, and other employee compensation (see instructions) . . . . .	1	<u>90000</u>	<u>41250</u>
2	Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE). . . . .	2	_____	_____
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	<u>90000</u>	<u>41250</u>
6	Amount from line 5, Column A or B, whichever is less (If less than \$28,000, <b>STOP HERE</b> . You do not qualify) . . . . .	6	_____	<u>41250</u>
7	Joint taxable income from line 9 of Form M1. (If less than \$44,000, <b>STOP HERE</b> . You do not qualify) . . . . .	7	_____	<u>94000</u>
8	<b>If line 6 is less than \$114,000</b> , determine the amount of your credit using lines 6 and 7 and the table in the instructions. — <b>Full-year residents:</b> Enter the result here and on line 1 of Schedule M1C . . . . . — <b>Part-year residents and nonresidents:</b> Skip ahead to <b>Part 3</b>	8	_____	<u>193</u>
	<b>If line 6 is \$114,000 or more, continue to Part 2</b>			

**Part 2 — If Line 6 is \$114,000 or More**

9	Enter the amount from line 6 . . . . .	9	_____	_____
10	Value of one-half of the standard deduction for Married Filing Jointly . . . . .	10	_____	<u>13,825</u>
11	Subtract line 10 from line 9 . . . . .	11	_____	_____
12	Using the tax rate schedule for <b>single persons</b> in the M1 instructions, compute the tax for the amount on line 11 . . . . .	12	_____	_____
13	Amount from line 7 . . . . .	13	_____	_____
14	Amount from line 11. . . . .	14	_____	_____
15	Subtract line 14 from line 13 (If zero or less, <b>STOP HERE</b> . You do not qualify). . . . .	15	_____	_____
16	Using the tax rate schedule for <b>single persons</b> in the Form M1 instructions, compute the tax for the amount on line 15 . . . . .	16	_____	_____
17	Tax from line 10 of Form M1 . . . . .	17	_____	_____
18	Add lines 12 and 16 . . . . .	18	_____	_____
19	Subtract line 18 from line 17. If the result is more than \$1,710, enter \$1,710. If result is zero or less, you do not qualify. <b>Full-year residents:</b> Enter the result here and on line 1 of Schedule M1C . . . . . <b>Part-year residents and nonresidents:</b> Continue to <b>Part 3</b> .	19	_____	_____

**Part 3 — Part-Year Residents and Nonresidents**

20	<b>Part-year residents and nonresidents:</b> Enter the decimal from line 30 of Schedule M1NR . . . . .	20	_____	<u>1.00000</u>
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C . . . . .	21	_____	<u>193</u>





21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) . . . . .	21	_____	_____
22	Other subtractions from Schedule M1MB (see instructions). . . . .	22	■ _____	■ _____
23	Social Security benefit from line 12 of Schedule M1M (see instructions). . . . .	23	■ _____	■ _____
24	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB . . . . .	24	■ _____	■ _____
25	Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M) . . . . .	25	_____	_____
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB) . . . . .	26	_____	_____
27	Add lines 16 through 26 for each column . . . . .	27	_____	0 _____ 0
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$13,825 or the result is zero or less, enter 0 . . . . .	28	_____	131250
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 . . . . .	29	_____	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 . . . . .	30	_____	1.00000
31	Amount from line 12 of Form M1 . . . . .	31	_____	5755
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 . . . . .	32	_____	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 <small>Your First Name and Initial</small>	POTHURAJU <small>Last Name</small>	100554106 <small>Your Social Security Number</small>
JAHNAVI <small>If a Joint Return, Spouse's First Name and Initial</small>	GOVARDHANASWAMY <small>Spouse's Last Name</small>	799049709 <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>2955192</u>	d1 <u>90000</u>	e1 <u>4581</u>
a2 <u>2</u>	b2 <input type="checkbox"/>	c2 MN <u>2955192</u>	d2 <u>41250</u>	e2 <u>2100</u>
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 ■ 6681**

**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 ■ 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 <u>REYANSH</u>	c1 _____
Last name .....	a2 <u>POTHURAJU</u>	b2 <u>POTHURAJU</u>	c2 _____
Social Security Number or Individual Taxpayer Identification Number .....	a3 <u>992976334</u>	b3 <u>851286538</u>	c3 _____
Date of Birth .....	a4 <u>03132019</u>	b4 <u>05182023</u>	c4 _____
Relationship to you .....	a5 <u>Son</u>	b5 <u>Son</u>	c5 _____
Check the box if you are claiming them as a dependent .....	a6 <input checked="" type="checkbox"/>	b6 <input checked="" type="checkbox"/>	c6 <input type="checkbox"/>
Number of months they lived with you .....	a7 <u>12</u>	b7 <u>12</u>	c7 _____
Check the box if they were over age 17 but under age 24 and a full-time student .....	a8 <input type="checkbox"/>	b8 <input type="checkbox"/>	c8 <input type="checkbox"/>
Check the box if they were permanently and totally disabled in any part of 2023 .....	a9 <input type="checkbox"/>	b9 <input type="checkbox"/>	c9 <input type="checkbox"/>
Check the box if they are a qualifying child .....	a10 <input type="checkbox"/>	b10 <input type="checkbox"/>	c10 <input type="checkbox"/>
Check the box if they are a qualifying older child	a11 <input type="checkbox"/>	b11 <input type="checkbox"/>	c11 <input type="checkbox"/>

