

2023 AR1000NR



P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20____

PROSERIES

TAXPAYER INFORMATION

Primary's legal first name • RENUKA	MI •	Last name • MUNAGALA	Check if Deceased <input type="checkbox"/>	Primary's social security number • 812-99-5367
Spouse's legal first name •	MI •	Last name •	Check if Deceased <input type="checkbox"/>	Spouse's social security number • 022-77-4887
Mailing address (number and street, P.O. box or rural route) • 2815 HAYSTACK LN				<input type="checkbox"/> Check if address is outside U.S.
City • ROUND ROCK	State or province • TX		ZIP • 78665	Foreign country name
Primary email			Secondary email	

ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN

Primary - Remote Worker • Primary - Military Spouse • NONRESIDENT: • PART YEAR RESIDENT: Dates lived in AR: _____
 Spouse - Remote Worker • Spouse - Military Spouse • List state of residence: _____ From: 05/03/2023 To: 12/31/2023

We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

Check here if you want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension

DL# / State ID _____	Your state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____
DL# / State ID _____	Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

FILING STATUS

1. Single (Or widowed before 2023 or divorced at end of 2023)
 2. Married filing joint (Even if only one had income)
 3. Head of household (See instructions)
 If the qualifying person was your child, but not your dependent, enter child's name here: _____
 4. Married filing separately on the same return
 5. Married filing separately on different returns
 Enter spouse's name here and SSN above BEARATH KUMAR REDDY SHUMIREDDYGARI
 6. Surviving spouse with dependent child
 Year spouse died: (See instructions) _____

PERSONAL TAX CREDITS

7A. Yourself • 65 or over • 65 Special • Blind • Deaf Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)
 Spouse • 65 or over • 65 Special • Blind • Deaf

Multiply number of boxes checked 7A X \$29 =

Dependents (Do not list yourself or spouse)

First name	Last name	Dependent's social security number	Dependent's relationship to you
1.			
2.			
3.			
4.			
5.			
6.			

7B. Multiply number of DEPENDENTS from above.....7B X \$29 =

7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34)7C

Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC



Primary SSN 812-99-5367

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only		
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8		● 237,302.	00	● 18,155.	00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00							
	10. Interest income: (If over \$1,500, attach AR4)	10		●	00	●	00	
	11. Dividend income: (If over \$1,500, attach AR4)	11		●	00	●	00	
	12. Alimony and separate maintenance received:	12		●	00	●	00	
	13. Business or professional income: (Attach federal Sch. C)	13		●	00	●	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) ..	14		●	00	●	00	
	15. Other gains or (losses): (See instructions)	15		●	00	●	00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ...	16		●	00	●	00	
	17. Military retirement: Primary ● [] 00 Spouse ● [] 00							
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A		●	00	●	00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B		●	00	●	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19		●	00	●	00	
	20. Farm income: (Attach federal Sch. F)	20		●	00	●	00	
	21. Unemployment:	21		●	00	●	00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22		●	00	●	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23		● 237,302.	00	●	18,155.	00
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		●	00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		● 237,302.	00	●	18,155.	00
	TAX COMPUTATION	26. Select tax table: (Select only one)	26					
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27		● 2,340.	00	●	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		● 234,962.	00	●	00
		29. TAX: (Enter tax from tax table)	29		● 10,887.	00	●	00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30				● 10,887.	00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31				●	00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions)		32				●	00	
33. TOTAL TAX: (Add lines 30 through 32)	33				● 10,887.	00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	34				● 29.	00	
	35. Child care credit: (Attach AR2441)	35				●	00	
	36. Other credits: (Attach AR1000TC)	36				●	00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37				● 29.	00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38				● 10,858.	00		
APPORTIONMENT	38A. Enter the amount from line 25, Column C:	38A				● 18,155.	00	
	38B. Enter the total amount from line 25, Columns A and B:	38B				● 237,302.	00	
	38C. Divide line 38A by 38B: (See instructions)	38C			0.076506			
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)	38D				● 831.	00	



Primary SSN 812-99-5367

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39	●	846	.00
	40. Estimated tax paid or credit brought forward from 2022: 40	●		00
	41. Payment made with extension: (See instructions) 41	●		00
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42	●		00
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) 43	●		00
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44	●	846	.00
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45	●		00
46. Adjusted total payments: (Subtract line 45 from line 44) 46	●	846	.00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) 47	●	15	.00
	48. Amount to be applied to 2024 estimated tax: 48	●		00
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49	●		00
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50	●	☺	15 .00
	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; if over \$1,000, continue to 52A) TAX DUE 51	●	☹	00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● _____ Penalty 52B ● _____ 00			
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C	●		00	
DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>			
	Routing number 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 1 <input type="checkbox"/> 6	Account number 1 <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Direct deposit 1 amt. <input type="checkbox"/> 15 .00	
Routing number 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Account number 2 <input type="checkbox"/> Checking or <input type="checkbox"/> Savings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Direct deposit 2 amt. <input type="checkbox"/> 00		
PLEASE SIGN HERE	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Primary's signature	Date	Telephone	May the Arkansas Revenue Division discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spouse's signature	Date	Telephone		
PAID PREPARER	Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2024		PTIN/ID number ● 843171965	For Department Use Only A <input type="checkbox"/>
	Preparer's name GLOBAL TAXES LLC		Telephone (678) 965-9522	
	Address 245 ROONEY CT			
	City E BRUNSWICK	State NJ	ZIP 08816	
	E-mail SYAM@GTAXFILE.COM			
PAY ONLINE: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.			Mail Return & Payment to: Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000 Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144	



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: RENUKA, Last Name: MUNAGALA, Primary's Social Security Number: 812-99-5367, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number: 022-77-4887, Mailing Address: 2815 HAYSTACK LN, Telephone: (309) 307-2059, City: ROUND ROCK, State or Province: TX, ZIP: 78665, Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line number, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 237,302.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 831.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 846.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 15.00; Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2023 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page P3 of the Form AR1000F/AR1000NR. 6b. [] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2023 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature: GLOBAL TAXES LLC, Date: 03/01/2024, Check if paid-preparer: [], Check if self-employed: [], Your SSN or PTIN: 84-3171965, Firm's name and address: GLOBAL TAXES LLC, 245 ROONEY CT, E BRUNSWICK NJ 08816, FEIN: 84-3171965

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 03/01/2024, Check if self-employed: [], Preparer's SSN or PTIN: P02082703, Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA TALLAM, 245 ROONEY CT, E BRUNSWICK NJ 08816, FEIN: 84-3171965

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 RENUKA		M.I.	Last Name MUNAGALA		2. Filer's Full Social Security No. (Example: 123-45-6789) 812 — 99 — 5367	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) 022 — 77 — 4887	
Home Address (Number, Street, or P.O. Box) 2815 HAYSTACK LN					4. School District Code (5 digits) 10000	
City or Town ROUND ROCK			State TX	ZIP Code 78665		
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.				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				* If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; padding: 2px; display: inline-block;">BHARATH KUMAR RED</div>		
7. 2023 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input checked="" type="checkbox"/> Married filing separately*				8. 2023 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" 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.	<input type="text" value="1"/>	x \$5,400	9a.	<input type="text" value="5400"/>	<input type="text" value="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.	<input type="text"/>	x \$3,100	9b.	<input type="text"/>	<input type="text" value="00"/>
c. Number of qualified disabled veterans.....	9c.	<input type="text"/>	x \$400	9c.	<input type="text"/>	<input type="text" value="00"/>
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	<input type="text"/>	x \$5,400	9d.	<input type="text"/>	<input type="text" value="00"/>
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>		9e.	<input type="text"/>	<input type="text" value="00"/>
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.			<input type="text" value="5400"/>	<input type="text" value="00"/>	
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.			<input type="text" value="237302"/>	<input type="text" value="00"/>	
11. Additions from Schedule 1, line 9. Include Schedule 1	11.			<input type="text"/>	<input type="text" value="00"/>	
12. Total. Add lines 10 and 11.....	12.			<input type="text" value="237302"/>	<input type="text" value="00"/>	
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13.			<input type="text" value="122296"/>	<input type="text" value="00"/>	
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.			<input type="text" value="115006"/>	<input type="text" value="00"/>	
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.			<input type="text" value="2617"/>	<input type="text" value="00"/>	
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.			<input type="text" value="112389"/>	<input type="text" value="00"/>	
17. Tax. Multiply line 16 by 4.05% (0.0405).....	17.			<input type="text" value="4552"/>	<input type="text" value="00"/>	

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

812 — 99 — 5367

NON-REFUNDABLE CREDITS

Table with columns AMOUNT and CREDIT. Rows 18-24 detailing non-refundable credits like Income Tax Imposed by government units, Michigan Historic Preservation Tax Credit, and Total Tax Liability.

REFUNDABLE CREDITS AND PAYMENTS

Table with columns FEDERAL and MICHIGAN. Rows 25-33 detailing refundable credits and payments like Property Tax Credit, Farmland Preservation Tax Credit, and Total refundable credits and payments.

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

812 — 99 — 5367

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. 00

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33 35. 336 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. 336 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
123103716	139100690029	1. <input checked="" 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.

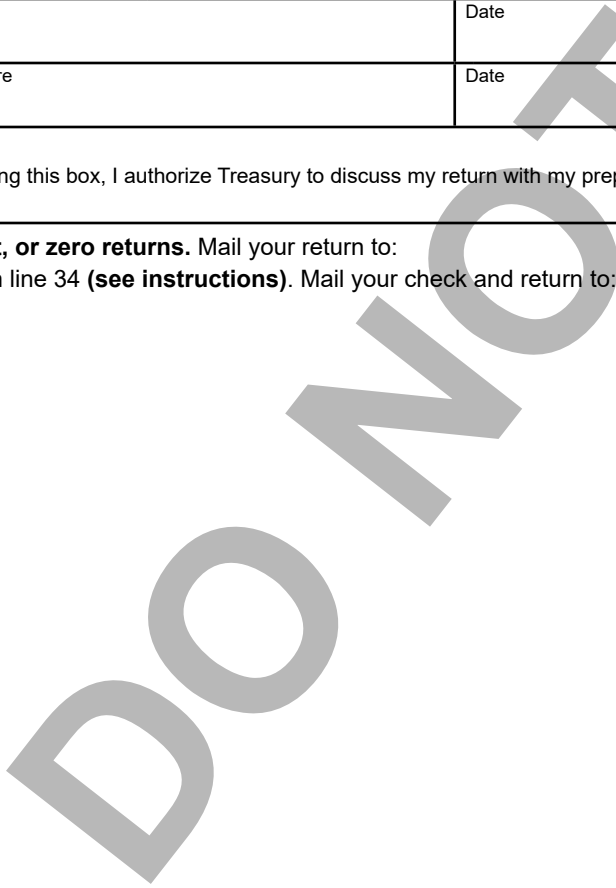
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
678-965-9522

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 Schedule 1 Additions and Subtractions

Include with Form MI-1040. Type or print in blue or black ink.

Attachment 01

Filer's First Name RENUKA	M.I.	Last Name MUNAGALA	Filer's Full Social Security No. (Example: 123-45-6789) 812 — 99 — 5367
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Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.	00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions).....	2.	00
3. Gains from Michigan column of MI-1040D and MI-4797.....	3.	00
4. Losses attributable to other states (see instructions).....	4.	00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797.....	5.	00
6. Oil, gas, and nonferrous metallic mineral expense. Enter amount from line 20 of Form 5889, Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses.....	6.	00
7. Federal Net Operating Loss deduction included in AGI.....	7.	00
8. Other (see instructions). Describe: _____	8.	00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0 00

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. Schedule B if over \$5,000.....	10.	00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits.....	11.	00
12. Gains from federal column of Michigan MI-1040D and MI-4797.....	12.	00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	122296 00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.	00
15. Income earned while a resident of a Renaissance Zone (see instructions).....	15.	00
16. Michigan state and local income tax refunds received in 2023 and included on MI-1040, line 10 including your allocated share of refund received from an electing flow-through entity.....	16.	00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.	00
18. Michigan Education Trust.....	18.	00
19. Oil, gas, and nonferrous metallic minerals income. Enter amount from line 7 of Form 5889, Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses.....	19.	00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to Revenue Administrative Bulletin 1988-47.....	20.	00
21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, Michigan First-Time Home Buyer Savings Program. Include Form 5792.	21.	00
22. MRTMA/marihuana expense subtraction.....	22.	00
23. Miscellaneous subtractions (see instructions). Describe: _____	23.	00

2023 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name RENUKA	M.I.	Last Name MUNAGALA	Filer's Full Social Security No. (Example: 123-45-6789) 812 — 99 — 5367
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Deduction Based on Year of Birth

Complete 24A through 24H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 25, 26, 27, or 28. Check box(es) 24C and/or 24G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

24.	FILER				SPOUSE			
	A. Year of Birth (19xx)	B. Age as of 12-31-2023	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2023	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
	1992	31	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

25. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 26, 27 or 28.	25.		00
26. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1957, and reached age 67 on or before December 31, 2023. Do not complete lines 25, 27 or 28.	26.		00
27. Retirement benefits. Enter amount from line 16, 17, 18 or 19 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884	27.		00
28. Dividend/interest/capital gains deduction for taxpayers 78 years and older . This deduction is limited to \$13,712 on a single return or \$27,424 on a joint return, and must be reduced by any deduction for retirement benefits (see instructions).....	28.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

29. Subtotal. Add lines 10 through 28	29.	122296	00
30. 2023 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	30.		00
31. Total Subtractions. Add lines 29 and 30. Enter here and on MI-1040, line 13.....	31.	122296	00

2023 MICHIGAN Nonresident and Part-Year Resident Schedule

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

Include with Form MI-1040. Read all instructions before completing this form. Type or print in blue or black ink.

Attachment 02

1. Filer's First Name RENUKA	M.I.	Last Name MUNAGALA	2. Filer's Full Social Security No. (Example: 123-45-6789) 812 — 99 — 5367
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2023 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2023*

*Dates of Michigan residency in 2023 (Enter dates as MM-DD-YYYY, Example: 04-15-2023)

	FILER	SPOUSE
FROM:	01 — 01 — 2023	— — 2023
TO:	05 — 02 — 2023	— — 2023

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	237302 00	115006 00	122296 00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F)	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)	00	00	00
11. Other (see instructions)	00	00	00
12. Total income. Add lines 5 through 11	237302 00	115006 00	122296 00
13. Enter the total adjustments from U.S. 1040 Describe:	0 00	0 00	0 00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	237302 00	115006 00	122296 00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f	15.	5400 00
16. Enter Michigan source income from line 14, column B	16.	115006 00
17. Enter total income from line 14, column A	17.	237302 00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)	18.	48.46 %
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.	19.	2617 00

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 RENUKA	M.I.	Last Name MUNAGALA	2. Filer's Full Social Security No. (Example: 123-45-6789) 812 — 99 — 5367
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

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		38-0549190	FORD MOTOR COMPA	115006	00	4888	00
					00		00
					00		00
					00		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.	4888 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.	4888 00