#### 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 Last Name 2. Filer's Full Social Security No. (Example: 123-45-6789) AVINASH VELUTURLA 294 <del>---</del> 41 <del>---</del> 7937 If a Joint Return, Spouse's First Name МΙ Last Name 3. Spouse's Full Social Security No. (Example: 123-45-6789) SRI VAISHNAVI PRIY SHONTI Home Address (Number, Street, or P.O. Box) 499 **—** 43 2898 TIMBER GLEN DRIVE State ZIP Code 4. School District Code (5 digits) City or Town ANN ARBOR MΙ 48108 81010 5. STATE CAMPAIGN FUND 6. FARMERS, FISHERMEN, OR SEAFARERS Check if you (and/or your spouse, if Filer filing a joint return) want \$3 of your taxes Check this box if 2/3 of your income is from farming, to go to this fund. This will not increase fishing, or seafaring. Spouse your tax or reduce your refund. 2023 FILING STATUS. Check one. 2023 RESIDENCY STATUS. Check all that apply. Single a. | X Resident \* If you check box "c." complete \* If you check box "b" or line 3 and enter spouse's full name "c," you must complete helow: Married filing jointly Nonresident \* b. and include Schedule NR. Married filing separately\* Part-Year Resident \* 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.) 1080000 a. Number of exemptions (see instructions)..... \$5,400 9a b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 00 \$3,100 9b. 00 c. Number of qualified disabled veterans ..... \$400 9c d. Number of Certificates of Stillbirth from MDHHS (see instructions) ...... 00 \$5,400 9d Claimed as dependent, see line 9 NOTE above ..... 00 9e Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 ..... 9f. 10800 00 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) ...... 313454 00 10. 00 Additions from Schedule 1, line 9. Include Schedule 1 11. 313454 Total. Add lines 10 and 11 12. 00 0 00 Subtractions from Schedule 1, line 31. Include Schedule 1 13. 313454100 Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"........... 14.

Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....

Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" ......

17. **Tax.** Multiply line 16 by 4.05% (0.0405) ......

15.

16.

17.

10800 00

302654 00

12257 00

NON-	REFUNDABLE CREDITS	AMOUNT	_	CREDIT	
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	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.	12257	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 Ho Program</i> , line 5	, ,	22.		00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state purchase Worksheet 1 (see instructions)		23.	0	00
24.	Total Tax Liability. Add lines 20 through 23	24.		12257	00
REFU	INDABLE CREDITS AND PAYMENTS		Г		
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	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 i	nstructions)	29.		00
30.	Michigan tax withheld from Schedule W, line 6. Include Schedule W (do no	t submit W-2s)	30.	13188	00
31.	Estimated tax, extension payments and 2022 credit forward		31.		00
32.	<b>2023 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2023 r Amended returns must <b>include Schedule AMD (see instructions)</b> .	eturn should skip to line 33.			
	32a. If you had a refund and/or credit forward on the original return, check box negative number on line 32c.	32a and enter this amount as a			
	32b. If you paid with the original return, check box 32b and enter the amount p any additional tax paid after filing, as a positive number on line 32c. Do no		32c.		00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31	and 32c 33.		13188	00

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**REFUND OR TAX DUE** 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. ..... YOU OWE 00 00 00 Include interest and penalty 34 931 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33 ...... 00 Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return .. 36 00 931 00 DIRECT DEPOSIT a. Routing Transit Number b. Account Number c. Type of Account Deposit your refund directly to your financial institution! See instructions and complete a, b 1. X Checking 2. Savings 111000614 617185033 Preparer Certification. I declare under penalty of perjury that 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) this return is based on all information of which I have any knowledge. Preparer's PTIN, FEIN or SSN Filer Spouse P02082703 Preparer's Name (print or type) 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. SYAM PRIYA RAM SAGAR GUPTA TA Filer's Signature Date Preparer's Signature <u>SYAM PRIYA RAM SAGAR GUPTA</u> Spouse's Signature Preparer's Business Name, Address and Telephone Number Date

Filer's Full Social Security Number

Refund, credit, or zero returns. Mail your return to:

By checking this box, I authorize Treasury to discuss my return with my preparer.

Michigan Department of Treasury, Lansing, MI 48956

GLOBAL TAXES LLC 245 ROONEY CT

678-965-9522

E BRUNSWICK NJ 08816

294 -

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- 7937

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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)		
AVINASH		VELUTURLA	294 — 41 — 7937		
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)		
SRI VAISHNAVI PRIY		SHONTI	499 — 43 — 7448		

### 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	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		47-3556480	RIVIAN AUTOMATIV	60963	00	2591	00
X		61-1065272	FACP-HITACHI AUT	94355	00	4010	00
	Х	39-1413708	AMERICAN BUILDER	158747	00	6587	00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche			00		
	SUB	13188	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	Е
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	oc
			00	00
			00	00
			00	00
Enter Table	e 2 Subtotal from additional Sche	dule W forms (if applicable)		00
5. <b>SUB</b>	TOTAL. Enter total of Table 2, c	olumn E	5	00
6. <b>TOT</b>	13188 00			

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