

# 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<br>SHWETA  | M.I. | Last Name<br>MISHRA | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>364 — 97 — 2687  |  |
| If a Joint Return, Spouse's First Name   | M.I. | Last Name           | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —   |  |
| Home Address (Number, Street, or P.O. Box)<br>36671 GRAND RIVER AVENUE   |      |                     | 4. School District Code (5 digits)<br>63200  |  |
| City or Town<br>FARMINGTON   |      | State<br>MI         | ZIP Code<br>48335  |  |
| 5. <b>STATE CAMPAIGN FUND</b><br>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. <b>FARMERS, FISHERMEN, OR SEAFARERS</b><br><br><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.  |  |
| 7. <b>2023 FILING STATUS.</b> Check one.<br>a. <input checked="" type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input type="checkbox"/> Married filing separately*<br><br>* If you check box "c," complete line 3 and enter spouse's full name below:<br><div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> |      |                     | 8. <b>2023 RESIDENCY STATUS.</b> Check all that apply.<br>a. <input checked="" type="checkbox"/> Resident<br>b. <input type="checkbox"/> Nonresident *<br>c. <input type="checkbox"/> Part-Year Resident *<br><br>* If you check box "b" or "c," you must complete and include <b>Schedule NR.</b> |  |

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. | 1                        | x \$5,400 | 9a. | 5400  | 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. |                          |           | 9f. | 5400  | 00 |
| 10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....  | 10. |                          |           | 10. | 40803 | 00 |
| 11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....   | 11. |                          |           | 11. |       | 00 |
| 12. <b>Total.</b> Add lines 10 and 11.....   | 12. |                          |           | 12. | 40803 | 00 |
| 13. Subtractions from Schedule 1, line 31. <b>Include Schedule 1</b> .....   | 13. |                          |           | 13. |       | 00 |
| 14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....   | 14. |                          |           | 14. | 40803 | 00 |
| 15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....   | 15. |                          |           | 15. | 5400  | 00 |
| 16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....  | 16. |                          |           | 16. | 35403 | 00 |
| 17. <b>Tax.</b> Multiply line 16 by 4.05% (0.0405) .....   | 17. |                          |           | 17. | 1434  | 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

|     |   |    |   |      |
|-----|---|----|---|------|
| 364 | — | 97 | — | 2687 |
|-----|---|----|---|------|

**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. <b>Income Tax.</b> 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.    | 1434 00 |
| 21. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....   |        |    | 21.    | 00      |
| 22. Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> , line 5.....                        |        |    | 22.    | 00      |
| 23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....                   |        |    | 23.    | 0 00    |
| 24. <b>Total Tax Liability.</b> Add lines 20 through 23.....   | 24.    |    | 24.    | 1434 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|  |                |    |      |         |
|--|----------------|----|------|---------|
| 25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2.....  |                |    | 25.  | 00      |
| 26. <b>Farmland Preservation Tax Credit.</b> Include MI-1040CR-5.....  |                |    | 26.  | 00      |
|  | <b>FEDERAL</b> |    |      |         |
| 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). <b>Include Form 3581</b> .....   |                |    | 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. <b>Include Schedule W (do not submit W-2s)</b> .....  |                |    | 30.  | 1950 00 |
| 31. Estimated tax, extension payments and 2022 credit forward.....   |                |    | 31.  | 00      |
| 32. <b>2023 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2023 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .   |                |    |      |         |
| 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.  | 1950 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

364 — 97 — 2687

**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.   516 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.   516 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  |
|---------------------------|-------------------|---|
| 021000021                 | 769003093         | 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 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<br><br>SHWETA    | M.I. | Last Name<br><br>MISHRA | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>364 — 97 — 2687 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name               | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**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:<br>Filer or Spouse  |  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation |    | Box 17 — Michigan<br>income tax withheld |         |
| X  |  | 77-0471290  | KYYBA TECH INC          | 48088                                      | 00 | 1950                                     | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |  |   |                         |  |    |  | 00      |
| 4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |  |   |                         |  |    | 4.                                       | 1950 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:<br>Filer or Spouse   |  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>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. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....                        |  |  |              |   |                                 | 5. | 00      |
| 6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30..... |  |  |              |   |                                 | 6. | 1950 00 |



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2023**  
**Massachusetts**  
**Department of**  
**Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

|  |             |  |
|--|-------------|--|
| Your first name and initial<br>SHWETA MISHRA   | Last name   | Your Social Security number<br>364972687 |
| If a joint return, spouse's first name and initial   | Last name   | Spouse's Social Security number          |
| Present street address (and apartment number)<br>36671 GRAND RIVER AVENUE  |             |  |
| City/Town/Post Office<br>FARMINGTON  | State<br>MI | Zip<br>48335                             |
| Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly<br><input type="radio"/> Married filing separately <input type="radio"/> Head of household |             |  |

### Part 1. Tax Return Information for Electronic Filing

|  |   |       |
|--|---|-------|
| 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .                 | 1 | -7285 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .          | 2 |       |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .             | 3 |       |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . . | 4 | 5     |
| 5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57) . . . . .                     | 5 | 5     |
| 6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58) . . . . .                           | 6 |       |

### Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

|                |      |                    |      |
|----------------|------|--------------------|------|
| Your signature | Date | Spouse's signature | Date |
|----------------|------|--------------------|------|

### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

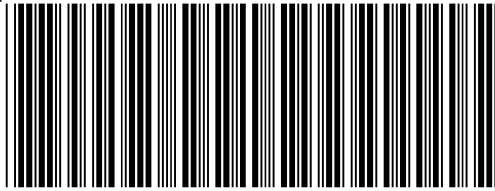
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and 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. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

|  |             |           |  |
|--|-------------|-----------|--|
| ERO's signature and SSN or PTIN                    | Date        | EIN       |  |
|  | 02262024    | 843171965 | <input type="radio"/> Fill in if self-employed |
| Firm name (or yours, if self-employed) and address | City/Town   | State     | Zip  |
| GLOBAL TAXES LLC 245 ROONEY CT                     | E BRUNSWICK | NJ        | 08816  |

### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

|  |             |           |  |
|--|-------------|-----------|--|
| Paid preparer's signature and SSN or PTIN          | Date        | EIN       |  |
| P02082703  | 02262024    | 843171965 | <input type="radio"/> Fill in if self-employed |
| Firm name (or yours, if self-employed) and address | City/Town   | State     | Zip  |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT    | E BRUNSWICK | NJ        | 08816  |



# 2023 Form 1-NR/PY

MA23006011555

## Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

SHWETA

MISHRA

364972687

36671 GRAND RIVER AVENUE

FARMINGTON

MI 48335

Fill in if: Amended return Other jurisdiction change Enter date of change  
Federal amendment Amended return due to IRS BBA Partnership Audit

### State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one:  Nonresident

Part-year resident

a. Total federal income

40803

b. Federal adjusted gross income

40803

1. Filing status (select one only):

Single

Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 = . 3

\$1 You \$1 Spouse TOTAL XX

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

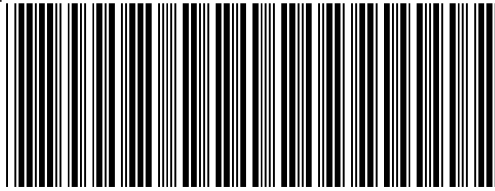
Date

Spouse's signature

Date

781-869-0903

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



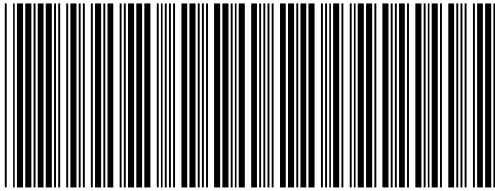
# 2023 Form 1-NR/PY, pg. 2

MA23006021555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
364972687

## 4. Exemptions:

|  |                          |                       |            |
|--|--------------------------|-----------------------|------------|
| a. Personal exemptions   |                          | <b>4a</b>             | 4400       |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number  |                          | x \$1,000 = <b>4b</b> |            |
| c. Age 65 or over before 2024  | You + Spouse =           | x \$700 = <b>4c</b>   | XXXXXX     |
| d. Blindness   | You + Spouse =           | x \$2,200 = <b>4d</b> | XXXXXX     |
| e. Medical/dental  |                          | <b>4e</b>             |            |
| f. Adoption  |                          | <b>4f</b>             |            |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a   |                          | <b>4g</b>             | 4400       |
| 5. Wages, salaries, tips   |                          | <b>5</b>              | 98         |
| 6. Taxable pensions and annuities  |                          | <b>6</b>              |            |
| 7. Mass. bank interest: a.   | - b. exemption           | <b>= 7</b>            |            |
| 8. Business/profession income/loss a.  | + b. Farming income/loss | <b>= 8</b>            |            |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss  |                          | <b>9</b>              | -7383      |
| 10a. Unemployment  |                          | <b>10a</b>            | XXXXXXXXXX |
| 10b. Mass. lottery winnings  |                          | <b>10b</b>            |            |
| 11. Other income   |                          | <b>11</b>             |            |
| 12. TOTAL 5.0% INCOME  |                          | <b>12</b>             | -7285      |
| <b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other: |                          |                       |            |
| Working days (or other basis) outside Massachusetts  |                          | <b>13a</b>            |            |
| Working days (or other basis) inside Massachusetts   |                          | <b>13b</b>            |            |
| Total working days   |                          | <b>13c</b>            |            |
| Nonworking days (holidays, weekends, etc.)   |                          | <b>13d</b>            |            |
| Massachusetts ratio  |                          | <b>13e</b>            |            |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2  |                          | <b>13f</b>            |            |
| Massachusetts income   |                          | <b>13g</b>            |            |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

SHWETA

MISHRA

364972687

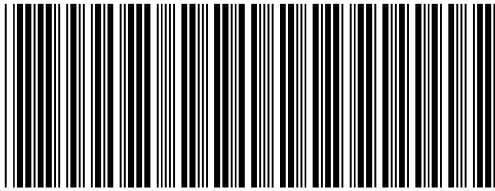
14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

|   |     |       |
|---|-----|-------|
| a. Total 5.0% income  | 14a |       |
| b. Interest income  | 14b | XXXX  |
| c. Total capital gain income  | 14c |       |
| d. Total income this return   | 14d |       |
| e. Non-Massachusetts source income. <b>Not less than "0"</b>                        | 14e | 48088 |
| f. Total income   | 14f | 48088 |
| g. Deduction and exemption ratio  | 14g |       |
| 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement              | 15a | XXXXX |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | 15b | XXXXX |
| 16. Reserved for future use   | 16  | XXXXX |
| 17. Reserved for future use   | 17  | XXXXX |

|  |          |       |
|--|----------|-------|
| 18. Rental deduction. a. XXXXXXXX  | ÷ 2 = 18 | XXXXX |
| Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future |          |       |
| 19. Other deductions from Schedule Y, line 19  | 19       |       |
| 20. <b>Total deductions.</b> Add lines 15 through 19   | 20       |       |
| 21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>   | 21       |       |
| 22. Exemption amount. a. 4400  | 22       |       |
| 23. <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>   | 23       |       |
| 24. <b>INTEREST AND DIVIDEND INCOME</b>  | 24       |       |
| 25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24  | 25       |       |
| 26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585                                  | 26       |       |
| 27. <b>INCOME FROM SCHEDULE B.</b> Not less than "0."  |          |       |
| a. × .085 = 27a  |          |       |
| b. × .12 = 27b   |          |       |
| <b>TOTAL TAX ON INCOME FROM SCHEDULE B.</b> Add lines 27a and 27b  | 27       |       |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





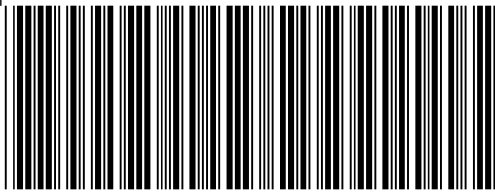
**2023 Form 1-NR/PY, pg. 4**

MA23006041555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
364972687

|  |     |            |          |
|--|-----|------------|----------|
| <b>28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS  |     | <b>28</b>  |          |
| Fill in if any excess exemptions were used in calculating lines 24, 27 or 28   |     |            |          |
| <b>29.</b> Credit recapture amount (from Credit Recapture Schedule)  |     | <b>29</b>  |          |
| <b>30.</b> Additional tax on installment sale  |     | <b>30</b>  |          |
| <b>31.</b> If you qualify for No Tax Status, fill in and enter "0" on line 32  |     |            |          |
| <b>32. TOTAL INCOME TAX.</b>   |     |            |          |
| a. Income tax. Add lines 26 through 30   | 32a |            |          |
| b. 4% Surtax. (from Schedule 4% Surtax, line 7)  | 32b |            |          |
| c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRCR, Nonresident Composite Return. Otherwise, enter 0 | 32c |            |          |
| Total tax. Subtract line 32c from the total of lines 32a and 32b   |     | <b>32</b>  |          |
| <b>33.</b> Limited Income Credit   |     | <b>33</b>  |          |
| <b>34.</b> Income tax due to another state or jurisdiction   |     | <b>34</b>  |          |
| <b>35.</b> Other credits (from Credit Manager Schedule)  |     | <b>35</b>  |          |
| <b>36. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. <b>Not less than "0"</b>  |     | <b>36</b>  |          |
| <b>37. Voluntary Contributions</b>   |     |            |          |
| a. Endangered Wildlife Conservation  |     | <b>37a</b> |          |
| b. Organ Transplant Fund   |     | <b>37b</b> |          |
| c. Massachusetts Public Health HIV and Hepatitis Fund  |     | <b>37c</b> |          |
| d. Massachusetts U.S. Olympic Fund   |     | <b>37d</b> |          |
| e. Massachusetts Military Family Relief Fund   |     | <b>37e</b> |          |
| f. Homeless Animal Prevention and Care   |     | <b>37f</b> |          |
| Total. Add lines 37a through 37f   |     | <b>37</b>  |          |
| <b>38.</b> Use tax due on Internet, mail order and other out-of-state purchases  |     | <b>38</b>  |          |
| <b>39.</b> Health care penalty a. You XXXXX + b. Spouse XXXXX  |     | <b>39</b>  | XXXXXXXX |
| <b>40. Amended return only.</b> Overpayment from original return   |     | <b>40</b>  |          |
| <b>41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40  |     | <b>41</b>  |          |
| <b>42.</b> a. Massachusetts income tax withheld from Form(s) W-2   | 42a |            | 5        |
| b. Massachusetts income tax withheld from Form(s) 1099   | 42b |            |          |
| c. Massachusetts income tax withheld from other forms  | 42c |            |          |
| Total. Add lines 42a through 42c   |     | <b>42</b>  | 5        |

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**





**2023 Schedule INC**

MA23INC011555

SHWETA

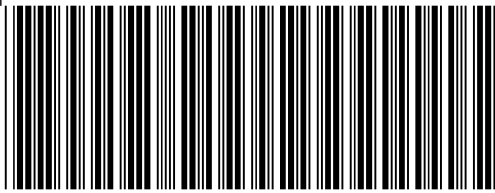
MISHRA

364972687

**Form W-2 and 1099 Information**

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 041081650            | 5                     | 98                    |                         |                       | W2                       |

|        |   |    |  |  |  |
|--------|---|----|--|--|--|
| TOTALS | 5 | 98 |  |  |  |
|--------|---|----|--|--|--|



# 2023 Schedule NTS-L-NRPY

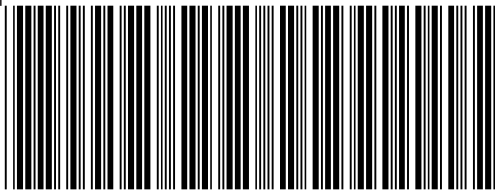
MA23021011555

No Tax Status and Limited Income Credit

364972687

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

|   |    |       |
|---|----|-------|
| 1. Total 5.0% income  | 1  |       |
| 2. Adjustments to income  | 2  |       |
| 3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"   | 3  |       |
| 4. Interest exemption used  | 4  | XXXX  |
| 5. Adjusted gross interest, dividends and certain capital gains   | 5  |       |
| 6. Long-term capital gain   | 6  |       |
| 7. Additional income/loss while a nonresident/part-year resident  | 7  | 48088 |
| 8. Total income. Combine lines 3 through 7  | 8  | 48088 |
| 9. Additional adjustments to income while a nonresident/part-year resident  | 9  |       |
| 10. Massachusetts Adjusted Gross Income (AGI)   | 10 | 48088 |
| If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status  |    |       |
| 11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount  | 11 |       |
| 12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount | 12 |       |
| 13. No Tax Status threshold   | 13 |       |
| 14. Income for Limited Income Credit  | 14 |       |
| 15. Tax before adjustments  | 15 |       |
| 16. Tax for Limited Income Credit   | 16 |       |
| 17. Limited Income Credit   | 17 |       |



# 2023 Schedule E

MA23013041555

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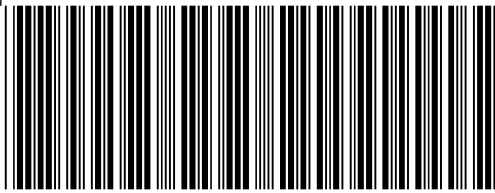
## Income or Loss from Real Estate and Royalties

### Income

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 514 |
| 2. Royalties received | 2 |     |

### Expenses

|   |    |       |
|---|----|-------|
| 3. Advertising  | 3  |       |
| 4. Auto and travel  | 4  |       |
| 5. Cleaning and maintenance   | 5  | 787   |
| 6. Commissions  | 6  |       |
| 7. Insurance  | 7  |       |
| 8. Legal and other professional fees  | 8  |       |
| 9. Management fees  | 9  | 1421  |
| 10. Mortgage interest paid to banks, etc.                                       | 10 |       |
| 11. Other interest  | 11 |       |
| 12. Repairs   | 12 | 1894  |
| 13. Supplies  | 13 | 1454  |
| 14. Taxes   | 14 |       |
| 15. Utilities   | 15 | 2341  |
| 16. Other expenses  | 16 |       |
| 17. Add lines 3 through 16  | 17 | 7897  |
| 18. Depreciation expense or depletion   | 18 |       |
| 19. Total expenses. Add lines 17 and 18   | 19 | 7897  |
| 20. Income or loss from rental real estate or royalty properties                | 20 | -7383 |
| 21. Deductible rental real estate loss  | 21 | -7383 |
| 22. Income. Enter positive amounts shown on line 20                             | 22 |       |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -7383 |
| 24. Rental real estate and royalty income or loss                               | 24 | -7383 |



## 2023 Schedule E, pg. 2

MA23013051555

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### Income or Loss from Partnerships and S Corporations

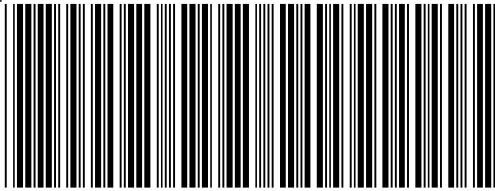
|   |    |
|---|----|
| 25. Passive loss allowed  | 25 |
| 26. Passive income  | 26 |
| 27. Non-passive loss  | 27 |
| 28. Section 179 expense deduction   | 28 |
| 29. Non-passive income  | 29 |
| 30. Combine lines 26 and 29   | 30 |
| 31. Combine lines 25, 27 and 28   | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31   | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32   | 33 |
| 34. Interest from Massachusetts banks if included in line 32  | 34 |
| 35. Total income or loss from partnerships and S corporations   | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses |    |

### Income or Loss from Estates and Trusts

|  |    |
|--|----|
| 37. Passive deduction or loss allowed                                | 37 |
| 38. Passive income   | 38 |
| 39. Non-passive deduction or loss                                    | 39 |
| 40. Non-passive other income   | 40 |
| 41. Add lines 38 and 40  | 41 |
| 42. Add lines 37 and 39  | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42         | 43 |
| 44. Estate or non-grantor-type trust income                          | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45                    | 46 |
| 47. Adjustments to 5.0% income                                       | 47 |
| 48. Subtotal. Combine lines 46 and 47                                | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

### Income or Loss from REMICs

|                             |    |
|-----------------------------|----|
| 50. Excess inclusion        | 50 |
| 51. Taxable income or loss  | 51 |
| 52. Income                  | 52 |
| 53. Combine lines 51 and 52 | 53 |



**2023 Schedule E, pg. 3**

MA23013061555

364972687

**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-7383

56. Massachusetts differences Enclose statements

56

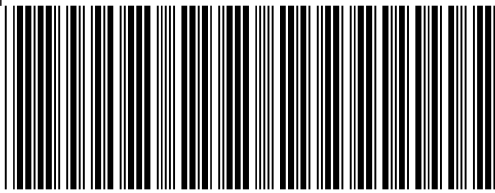
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-7383



# 2023 Schedule E-1

MA23013011555

SHWETA MISHRA 364972687  
 C-390 RAJAJI PURAM LUCKNOW,  
 C-390 RAJAJI PURAM LUCKNOW  
 Check one:  Real estate  Royalty  Rental property used for short-term rentals

## Income or Loss from Real Estate and Royalties

### Income

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 514 |
| 2. Royalties received | 2 |     |

### Expenses

|  |    |       |
|--|----|-------|
| 3. Advertising   | 3  |       |
| 4. Auto and travel   | 4  |       |
| 5. Cleaning and maintenance  | 5  | 787   |
| 6. Commissions   | 6  |       |
| 7. Insurance   | 7  |       |
| 8. Legal and other professional fees   | 8  |       |
| 9. Management fees   | 9  | 1421  |
| 10. Mortgage interest paid to banks, etc   | 10 |       |
| 11. Other interest   | 11 |       |
| 12. Repairs  | 12 | 1894  |
| 13. Supplies   | 13 | 1454  |
| 14. Taxes  | 14 |       |
| 15. Utilities  | 15 | 2341  |
| 16. Other expenses   | 16 |       |
| 17. Add lines 3 through 16   | 17 | 7897  |
| 18. Depreciation expense or depletion  | 18 |       |
| 19. Total expenses. Add lines 17 and 18  | 19 | 7897  |
| 20. Income or loss from rental real estate or royalty properties   | 20 | -7383 |
| 21. Deductible rental real estate loss   | 21 | -7383 |
| 22. Income. Enter positive amounts shown on line 20  | 22 |       |
| 23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21  | 23 | -7383 |
| 24. Rental real estate and royalty income or loss  | 24 | -7383 |
| 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value |    |       |