



**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

SLEEVA MAHENDAR RE                      ALLAM                      740385186                      02151993  
 Your First Name and Initial                      Last Name                      Your Social Security Number                      Your Date of Birth (MM/DD/YYYY)

SHRAVYA                      DUGGIMPUDI                      897431325                      10091995  
 If a Joint Return, Spouse's First Name and Initial                      Spouse's Last Name                      Spouse's Social Security Number                      Spouse's Date of Birth

431 BLUEJACK WY                      Check if Address is:                       New                       Foreign  
 Current Home Address

HUTTO                      TX                      78634  
 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 . . . . .11    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)**

193539                      0                      0                      161559  
 A. Wages, salaries, tips, etc.                      B. IRA, pensions, and annuities                      C. Unemployment                      D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . .	1	193022
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . .	2	
3	Add lines 1 and 2. . . . .	3	193022
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . .	4	31414
5	Exemptions (from Schedule M1DQC) . . . . .	5	4800
6	State income tax refund from line 1 of federal Schedule 1 . . . . .	6	
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . .	7	
8	Total subtractions. Add lines 4 through 7. . . . .	8	36214
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . .	9	156808
10	Tax from the table or schedules in the Form M1 instructions . . . . .	10	10026
11	Alternative minimum tax (enclose Schedule M1MT) . . . . .	11	
12	Add lines 10 and 11 . . . . .	12	10026
13	Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: 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) . . . . .	13	4978
	13a ■ <u>95833</u> 13b ■ <u>193022</u>		



14	Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)		
	<input type="checkbox"/> (a) Schedule M1HOME <input type="checkbox"/> (b) Schedule M1529 <input type="checkbox"/> (c) Schedule M1LS	14	■ _____
15	Tax before credits. Add lines 13 and 14	15	_____ 4978
16	Amount from line 21 of Schedule M1C, <i>Nonrefundable Credits</i> (enclose Schedule M1C)	16	■ _____ 117
17	Subtract line 16 from line 15 (if result is zero or less, leave blank)	17	_____ 4861
18	Nongame Wildlife Fund contribution (see instructions)		
	This will reduce your refund or increase the amount you owe 	18	■ _____
19	Add lines 17 and 18	19	_____ 4861
20	<b>Minnesota income tax withheld.</b> Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF	20	■ _____ 3999
21	Minnesota estimated tax and extension payments made for 2023	21	■ _____
22	Amount from line 11 of Schedule M1REF, <i>Refundable Credits</i> (see instructions; enclose Schedule M1REF)	22	■ _____
23	Total payments. Add lines 20 through 22	23	_____ 3999
24	<b>REFUND.</b> If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). For direct deposit, complete line 25	24	■ _____
25	Direct deposit of your refund (you must use an account not associated with a foreign bank):		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings    _____ Routing Number    _____ Account Number		
26	<b>AMOUNT YOU OWE.</b> If line 19 is more than line 23, subtract line 23 from line 19 (see instructions)	26	■ _____ 862
27	Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15)	27	■ _____
28	Penalty and interest (see instructions)	28	■ _____
<b>IF YOU PAY ESTIMATED TAX</b> and want part of your refund credited to estimated tax, complete lines 29 and 30.			
29	Amount from line 24 you want sent to you	29	■ _____
30	Amount from line 24 you want applied to your 2024 estimated tax	30	■ _____

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Your Signature  
2034444143  
Daytime Phone  
SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Paid Preparer's Signature  
6789659522  
Preparer's Daytime Phone

\_\_\_\_\_  
Spouse's Signature (If Filing Jointly)  
SLEEVA198@GMAIL.COM  
Email Address  
02242024  
Date (MM/DD/YYYY)  
syam@gtaxfile.com  
Preparer's Email Address

\_\_\_\_\_  
Date (MM/DD/YYYY)  
P02082703  
PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010



# 2023 Schedule M1C, Nonrefundable Credits

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

SLEEVA MAHENDAR REDD  
Your First Name and Initial

ALLAM  
Your Last Name

740385186  
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** ■ 117
- 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 \_\_\_\_\_ 117

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





# 2023 Schedule M1MA, Marriage Credit

SLEEVA MAHENDAR REDD  
Your First Name and Initial

ALLAM  
Your Last Name

740385186  
Your Social Security Number

SHRAVYA  
Spouse's First Name and Initial

DUGGIMPUDI  
Spouse's Last Name

897431325  
Spouse's Social Security Number

**Part 1**

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

1	Wages, salaries, tips, and other employee compensation (see instructions) . . . . .	1	<u>97706</u>	<u>95833</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>97706</u>	<u>95833</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>95833</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>156808</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>235</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>0.49649</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>117</u>



# 2023 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

SLEEVA MAHENDAR REDD      ALLAM      740385186  
 Your First Name and Initial      Your Last Name      Your Social Security Number

SHRAVYA      DUGGIMPUDI      897431325  
 Spouse's First Name and Initial      Spouse's Last Name      Spouse's Social Security Number

**Minnesota Residency** (Place an X in one box and enter other state of residency)

You:  Full-year Nonresident     Part-Year Resident from \_\_\_\_\_ to \_\_\_\_\_    Other State of Residency: TX  
 (MM/DD/YYYY)    (MM/DD/YYYY)

Your Spouse:  Full-year Nonresident     Part-Year Resident from \_\_\_\_\_ to \_\_\_\_\_    Other State of Residency: TX  
 (MM/DD/YYYY)    (MM/DD/YYYY)

	A. Total Amount	B. Minnesota Portion
1 Wages, salaries, tips, etc. (from line 1z of federal Form 1040 or 1040-SR) . . . . .	1 193539	95833
2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR) . . . . .	2 478	0
3 Business income or loss (from line 3 of federal Schedule 1) . . . . .	3 _____	_____
4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR) . . . . .	4 -1178	0
5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR) . . . . .	5 _____	_____
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1) . . . . .	6 0	0
7 Farm income or loss (from line 6 of federal Schedule 1) . . . . .	7 _____	_____
8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 9 of federal Schedule 1) . . . . .	8 183	0
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M) . . . . .	9 _____	_____
10 Bonus depreciation addition from line 1 of Schedule M1MB . . . . .	10 ■ _____	■ _____
11 If you entered an amount on line 9 of Schedule M1REF, see instructions . . . . .	11 ■ _____	■ _____
12 Suspended loss from line 4 of Schedule M1MB . . . . .	12 ■ _____	■ _____
13 Other required adjustments from Schedules M1M, M1MB, and M1AR (see instructions) . . . . .	13 ■ _____	■ _____
14 This line intentionally left blank . . . . .	14 ■ _____	■ _____
15 Add lines 1 through 14 for each column . . . . .	15 ■ 193022	■ 95833

**If your Minnesota gross income is below \$13,825 see instructions.**

16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 11, 12, and 14 of federal Schedule 1) . . . . .	16 _____	_____
17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 16 and 20 of federal Schedule 1) . . . . .	17 _____	_____
18 Health savings account and Archer MSA deductions (add lines 13 and 23 of federal Schedule 1) . . . . .	18 _____	_____
19 One-half of self-employment tax and self-employed health insurance (add lines 15 and 17 of federal Schedule 1) . . . . .	19 _____	_____
20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B) . . . . .	20 _____	_____



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	_____	95833
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 . . . . .	29	_____	193022
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	_____	.49649
31	Amount from line 12 of Form M1 . . . . .	31	_____	10026
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 . . . . .	32	_____	4978

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 M1SA, Minnesota Itemized Deductions**

SLEEVA MAHENDAR REDD  
Your First Name and Initial

ALLAM  
Last Name

740385186  
Your Social Security Number

**Medical and Dental Expenses**

- 1 Medical and dental expenses (see instructions) ..... 1 ■ \_\_\_\_\_
- 2 Adjusted gross income (see instructions) ..... 2 193022
- 3 Multiply line 2 by 10% (.10) ..... 3 19302
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 ..... 4 ■ \_\_\_\_\_ 0

**Taxes You Paid**

- 5 Real estate taxes (see instructions) ..... 5 ■ 10753
- 6 Personal property taxes (see instructions) ..... 6 ■ \_\_\_\_\_
- 7 Add lines 5 and 6 ..... 7 ■ 10753
- 8 Enter the lesser of line 7 or \$10,000 (\$5,000 if Married Filing Separately) 8 ■ 10000
- 9 Other taxes. List the type and amount ..... 9 ■ 2  
Foreign taxes from interest 2
- 10 Add lines 8 and 9 ..... 10 ■ 10002

**Interest You Paid**

- 11 Home mortgage interest and points on federal Form 1098 ..... 11 21412
- 12 Home mortgage interest and points not reported to you on Form 1098 (see instructions) ..... 12 \_\_\_\_\_
- 13 Investment interest expense ..... 13 \_\_\_\_\_
- 14 Add lines 11 through 13 ..... 14 ■ 21412

**Charitable Contributions**

- 15 Charitable contributions by cash or check (see instructions) ..... 15 \_\_\_\_\_
- 16 Charitable contributions by other than cash or check (see instructions) 16 \_\_\_\_\_
- 17 Carryover of charitable contributions from a prior year ..... 17 \_\_\_\_\_
- 18 Add lines 15 through 17 ..... 18 ■ \_\_\_\_\_

**Casualty and Theft Losses**

- 19 Casualty or theft loss (enclose Schedule M1CAT) ..... 19 ■ \_\_\_\_\_

**Unreimbursed Employee Business Expenses**

- 20 Unreimbursed employee expenses (enclose Schedule M1UE) ..... 20 ■ \_\_\_\_\_
- 21 Adjusted gross income (see instructions) ..... 21 193022
- 22 Multiply line 21 by 2% (.02) ..... 22 3860
- 23 Subtract line 22 from line 20. If zero or less, enter 0 ..... 23 ■ \_\_\_\_\_ 0

**Other Miscellaneous Deductions**

- 24 Other miscellaneous deductions (see instructions) ..... 24 ■ \_\_\_\_\_  
List type and amount \_\_\_\_\_
- 25 Add lines 4, 10, 14, 18, 19, 23, and 24 ..... 25 ■ 31414
- 26 Complete the worksheet in the instructions if Line 1 of Form M1 is more than \$220,650 (\$110,325 if your filing status is Married Filing Separately) ..... 26 ■ \_\_\_\_\_
- 27 Subtract line 26 from line 25. Enter the result here and on line 4 of Form M1 ..... 27 ■ 31414







# 2023 Schedule M1W, Minnesota Income Tax Withheld

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

<u>SLEEVA MAHENDAR REDD</u> Your First Name and Initial	<u>ALLAM</u> Last Name	<u>740385186</u> Your Social Security Number
<u>SHRAVYA</u> If a Joint Return, Spouse's First Name and Initial	<u>DUGGIMPUDI</u> Spouse's Last Name	<u>897431325</u> Spouse's Social Security Number

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.

<b>A</b>	<b>B—Box 13</b>	<b>C—Box 15</b>	<b>D—Box 16</b>	<b>E—Box 17</b>
If the Form W-2 is for:	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>
• you, enter 1				
• spouse, enter 2				
a1 <u>2</u>	b1 <input type="checkbox"/>	c1 MN <u>1726057</u>	d1 <u>95833</u>	e1 <u>3999</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
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 ■ 3999**

**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.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
If the Form 1099, W-2G, or 1042-S is for:	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 (round to nearest whole dollar)
• you, enter 1			
• spouse, enter 2			
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 ■ 3999**

**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.

SLEEVA MAHENDAR REDD                      ALLAM                      740385186  
 Your First Name and Initial                      Last Name                      Social Security Number

	A — Child 1	B — Child 2		C — Child 3
First name and middle initial .....	a1 <u>VIVAAN REDDY</u>	b1 _____	c1 _____	
Last name .....	a2 <u>ALLAM</u>	b2 _____	c2 _____	
Social Security Number or Individual Taxpayer Identification Number .....	a3 <u>031875936</u>	b3 _____	c3 _____	
Date of Birth .....	a4 <u>05262022</u>	b4 _____	c4 _____	
Relationship to you .....	a5 <u>Son</u>	b5 _____	c5 _____	
Check the box if you are claiming them as a dependent .....	a6 <input checked="" type="checkbox"/>	b6 <input type="checkbox"/>	c6 <input type="checkbox"/>	
Number of months they lived with you .....	a7 <u>12</u>	b7 _____	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"/>	

