



**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

<u>SHASHANK</u> Your First Name and Initial	<u>BODDINAGULA</u> Last Name	<u>715732875</u> Your Social Security Number	<u>07281994</u> Your Date of Birth (MM/DD/YYYY)
_____ If a Joint Return, Spouse's First Name and Initial	_____ Spouse's Last Name	_____ Spouse's Social Security Number	_____ Spouse's Date of Birth
<u>17921 EVENING LN</u> Current Home Address		Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign	
<u>LAKEVILLE</u> City	<u>MN</u> State	<u>55044</u> 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 . . . . .	Grassroots/Legalize Cannabis 14	Legal Marijuana Now . . . . .17
Your Code	Democratic/Farmer-Labor . . .12	Libertarian . . . . .	General Campaign Fund . . . . .99
Spouse's Code			

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

<u>116859</u>	<u>0</u>	<u>0</u>	<u>103009</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
<b>1</b> Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . .	<b>1</b> ■	<u>116859</u>	
<b>2</b> Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . .	<b>2</b> ■	_____	
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	<u>116859</u>	
<b>4</b> Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . .	<b>4</b> ■	<u>13825</u>	
<b>5</b> Exemptions (from Schedule M1DQC) . . . . .	<b>5</b> ■	_____	
<b>6</b> State income tax refund from line 1 of federal Schedule 1 . . . . .	<b>6</b> ■	_____	
<b>7</b> Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . .	<b>7</b> ■	_____	
<b>8</b> Total subtractions. Add lines 4 through 7 . . . . .	<b>8</b>	<u>13825</u>	
<b>9</b> Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . .	<b>9</b>	<u>103034</u>	
<b>10</b> Tax from the table or schedules in the Form M1 instructions . . . . .	<b>10</b>	<u>6615</u>	
<b>11</b> Alternative minimum tax (enclose Schedule M1MT) . . . . .	<b>11</b> ■	_____	
<b>1</b> Add lines 10 and 11 . . . . .	<b>12</b>	<u>6615</u>	
<b>1</b> 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) . . . . .	<b>13</b>	<u>6615</u>	
<b>13a</b> ■ <u>0</u>	<b>13b</b> ■ <u>0</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	14	6615
15 Tax before credits. Add lines 13 and 14	15	6615
16 Amount from line 21 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16	
17 Subtract line 16 from line 15 (if result is zero or less, leave blank)	17	6615
18 Nongame Wildlife Fund contribution (see instructions)	18	
This will reduce your refund or increase the amount you owe		
19 Add lines 17 and 18	19	6615
20 Minnesota income tax withheld. Complete and enclose Schedule M1W to report	20	
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF		7347
21 Minnesota estimated tax and extension payments made for 2023	21	
22 Amount from line 11 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF)	22	
23 Total payments. Add lines 20 through 22	23	7347
24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).	24	
For direct deposit, complete line 25		732
25 Direct deposit of your refund (you must use an account not associated with a foreign bank):		
<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	
	121000358	325058222858
	Routing Number	Account Number
26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions)	26	
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	
IF YOU PAY ESTIMATED TAX 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  
6266624022  
Daytime Phone  
SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Paid Preparer's Signature  
6789659522  
Preparer's Daytime Phone

\_\_\_\_\_  
Spouse's Signatur If Filing Jointly) Date (MM/DD/YYYY)  
SONU . SHASHI2@GMAIL . COM  
Email Address  
01252024 P02082703  
MM/DD/YYYY PTIN or VITA/TCE # (required)  
syam@gtaxfile . com  
Preparer's Email Address

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 M1W, Minnesota Income Tax Withheld

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

SHASHANK  
Your First Name and Initial

BODDINAGULA  
Last Name

715732875  
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

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.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>1816022</u>	d1 <u>116859</u>	e1 <u>7347</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 ■ 7347**

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) .....

**Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 20 of Form M1 ..... **4 ■ 7347**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and KF.**

