

**IRS e-file Signature Authorization**

OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879.  
 ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name VINAY KUMAR VIDIMUKKULA	Social security number 476-75-2867
Spouse's name	Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2023** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	17,899.
2	Total tax	2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,727.
4	Amount you want refunded to you	4	2,727.
5	Amount you owe	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	2	8	6	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ *Vinay Kumar* Date ▶ 01-23-2024

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20

See separate instructions.

Your first name and middle initial <b>VINAY KUMAR</b>	Last name <b>VIDIMUKKULA</b>	Your social security number 476   75   2867
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>1800 W 76TH ST</b>		Apt. no. <b>3H</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>MINNEAPOLIS</b>	State <b>MN</b>	ZIP code <b>55423</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	

**Filing Status**  Single  Head of household (HOH)

Check only one box.  Married filing jointly (even if only one had income)  Qualifying surviving spouse (QSS)

Married filing separately (MFS)  Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents	
					<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"/>

<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	17,899.
	<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6	<b>1g</b>	
	<b>h</b> Other earned income (see instructions)	<b>1h</b>	0.
	<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>	
	<b>z</b> Add lines 1a through 1h	<b>1z</b>	17,899.

Attach Sch. B if required.	<b>2a</b> Tax-exempt interest	<b>2a</b>		<b>b</b> Taxable interest	<b>2b</b>	
	<b>3a</b> Qualified dividends	<b>3a</b>		<b>b</b> Ordinary dividends	<b>3b</b>	
	<b>4a</b> IRA distributions	<b>4a</b>		<b>b</b> Taxable amount	<b>4b</b>	
	<b>5a</b> Pensions and annuities	<b>5a</b>		<b>b</b> Taxable amount	<b>5b</b>	
	<b>6a</b> Social security benefits	<b>6a</b>		<b>b</b> Taxable amount	<b>6b</b>	
	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)					<input type="checkbox"/>

**Standard Deduction for—**

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b>	
<b>8</b> Additional income from Schedule 1, line 10	<b>8</b>	
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	17,899.
<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>	
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	17,899.
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	13,850.
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	
<b>14</b> Add lines 12 and 13	<b>14</b>	13,850.
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	4,049.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	403.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	403.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	403.
	<b>21</b>	Add lines 19 and 20	<b>21</b>	403.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.
	<b>Payments</b>	<b>25</b>	Federal income tax withheld from:	
<b>a</b>		Form(s) W-2	<b>25a</b>	2,727.
<b>b</b>		Form(s) 1099	<b>25b</b>	
<b>c</b>		Other forms (see instructions)	<b>25c</b>	
<b>d</b>		Add lines 25a through 25c	<b>25d</b>	2,727.
<b>26</b>		2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
<b>27</b>		Earned income credit (EIC) . . . . . <input type="checkbox"/> No	<b>27</b>	
<b>28</b>		Additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>		American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>		Reserved for future use	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	2,727.	
<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,727.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,727.
	<b>b</b>	Routing number 091000022 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 104786308841		
<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>		
<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**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.

Your signature	Date	Your occupation SALARIED EMPLOYEE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (763) 273-7709 Email address VIDIVINAY@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/20/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816	Phone no. (678) 965-9522	Firm's EIN 84-3171965	

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VINAY KUMAR VIDIMUKKULA

Your social security number  
476-75-2867

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	403.
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	403.

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>		
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .	<b>13c</b>		
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	

**Credit for Qualified Retirement Savings Contributions**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.

Name(s) shown on return  
VINAY KUMAR VIDIMUKKULA

Your social security number  
476-75-2867



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* . . . . .
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	1,030.	
3	1,030.	
4		
5	1,030.	
6	1,030.	
7		1,030.
8	17,899.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9—				
---	\$21,750	0.5	0.5	0.5
\$21,750	\$23,750	0.5	0.5	0.2
\$23,750	\$32,625	0.5	0.5	0.1
\$32,625	\$35,625	0.5	0.2	0.1
\$35,625	\$36,500	0.5	0.1	0.1
\$36,500	\$43,500	0.5	0.1	0.0
\$43,500	\$47,500	0.2	0.1	0.0
\$47,500	\$54,750	0.1	0.1	0.0
\$54,750	\$73,000	0.1	0.0	0.0
\$73,000	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9 . . . . .
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 . . . . .

9	x	.5
10		515.
11		403.
12		403.

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.



VINAY KUMAR  
Your First Name and Initial

VIDIMUKKULA  
Last Name

476752867

Your Social Security Number

09061994

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

1800 W 76TH ST APT #3H  
Current Home Address

Check if Address is:

New  Foreign

MINNEAPOLIS  
City

MN  
State

55423  
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 . . . . . 14  
Democratic/Farmer-Labor . . . . . 17  
Grassroots/Legalize Cannabis 14  
Libertarian . . . . . 16  
Legal Marijuana Now . . . . . 17  
General Campaign Fund . . . . . 99

Your Code Spouse's Code

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

A. Wages, salaries, tips, etc. 17899  
B. IRA, pensions, and annuities 0  
C. Unemployment 0  
D. Federal taxable income 4049

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . .	1	<u>17899</u>
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . .	2	<u>          </u>
3	Add lines 1 and 2 . . . . .	3	<u>17899</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . .	4	<u>13825</u>
5	Exemptions (from Schedule M1DQC) . . . . .	5	<u>          </u>
6	State income tax refund from line 1 of federal Schedule 1 . . . . .	6	<u>          </u>
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . .	7	<u>          </u>
8	Total subtractions. Add lines 4 through 7 . . . . .	8	<u>13825</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . .	9	<u>4074</u>
10	Tax from the table or schedules in the Form M1 instructions . . . . .	10	<u>217</u>
11	Alternative minimum tax (enclose Schedule M1MT) . . . . .	11	<u>          </u>
1	Add lines 10 and 11 . . . . .	12	<u>217</u>
1	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	<u>217</u>
	13a <input type="checkbox"/> <u>0</u> 13b <input type="checkbox"/> <u>0</u>		







# 2023 Schedule M1REF, Refundable Credits

VINAY KUMAR  
Your First Name and Initial

VIDIMUKKULA  
Last Name

476752867  
Social Security Number

- 1 Child and Dependent Care Credit (*enclose Schedule M1CD*) ..... 1 ■ \_\_\_\_\_  
     Enter number of qualifying persons 1a \_\_\_\_\_
- 2 Child and Working Family Credits (*enclose Schedule M1CWFC*) ..... 2 ■ \_\_\_\_\_ 350  
     Enter number of qualifying children for the Child Tax Credit 2a \_\_\_\_\_  
     Enter number of qualifying older children 2b \_\_\_\_\_
- 3 K-12 Education Credit (*enclose Schedule M1ED*) ..... 3 ■ \_\_\_\_\_  
     Enter number of qualifying children 3a \_\_\_\_\_
- 4 Credit for Parents of Stillborn Children (*enclose Schedule M1PSC*) ..... 4 ■ \_\_\_\_\_
- 5 Refundable credit for taxes paid to Wisconsin (*enclose Schedule M1RCR*) ..... 5 ■ \_\_\_\_\_
- 6 Credit for Historic Structure Rehabilitation (*enclose certificate*) ..... 6 ■ \_\_\_\_\_  
     Enter National Park Service (NPS) project number 6a \_\_\_\_\_
- 7 Enterprise Zone Credit (*enclose DEED certificate*) ..... 7 ■ \_\_\_\_\_
- 8 Angel Investment Credit ..... 8 ■ \_\_\_\_\_
- 9 Pass-Through Entity Tax Credit (*see instructions*) ..... 9 ■ \_\_\_\_\_  
     Enter the Minnesota Tax ID Number and amount associated with each Pass-Through Entity Credit.  
     If you claimed more than three Pass-Through Entity Tax Credits, attach a statement to this form .  
     MN Tax ID Number: \_\_\_\_\_ Credit Am \_\_\_\_\_  
     MN Tax ID Number: \_\_\_\_\_ Credit Amount: \_\_\_\_\_  
     MN Tax ID Number: \_\_\_\_\_ Credit Amount: \_\_\_\_\_
- 10 Claim of right (*see instructions*) ..... 10 ■ \_\_\_\_\_
- 11 Add lines 1 through 10. Enter the result here and on line 22 of Form M1 ..... 11 \_\_\_\_\_ 350

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





**2023 Schedule M1W, Minnesota Income Tax Withheld**

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

VINAY KUMAR  
Your First Name and Initial

VIDIMUKKULA  
Last Name

476752867  
Your Social Security Number

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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 If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. <i>(round to nearest whole dollar)</i>	E—Box 17 Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input checked="" type="checkbox"/>	c1 MN <u>2684759</u>	d1 <u>17899</u>	e1 <u>963</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 ■ 963**

**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 If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D 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 ■ 963**

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



**2023 Schedule M1CWFC, Minnesota Child and Working Family Credits**

To claim this credit, you must be a full- or part-year resident of Minnesota. If you are a full-year nonresident, you are not eligible for this credit. Do not complete Schedule M1CWFC if you have a 2-year or 10-year IRS ban or are otherwise restricted from claiming the federal EIC.

VINAY KUMAR  
Your First Name and Initial

VIDIMUKKULA  
Last Name

476752867  
Your Social Security Number

Round amounts to the nearest whole dollar.

- 1 Enter the amount from line 1 of Form M1. . . . . 1 ■ 17899
- 2 Enter your total earned income (see instructions) . . . . . 2 ■ 17899
- 3 If line 2 is greater than \$8,750, enter \$8,750. Otherwise enter the amount from line 2. . . . . 3 ■ 8750
- 4 Multiply line 3 by 4% (.04). . . . . 4 ■ 350
- 5 Credit for Qualifying Older Children: If you have: . . . . . 5 ■ \_\_\_\_\_
  - One qualifying older child, enter \$925
  - Two qualifying older children, enter \$2,100
  - Three or more qualifying older children, enter \$2,500
- 6 Add lines 4 and 5 . . . . . 6 ■ 350
- 7 Number of qualifying children (see instructions) . . . . . 7 ■ \_\_\_\_\_
- 8 Multiply line 7 by \$1,750. . . . . 8 ■ \_\_\_\_\_
- 9 Add lines 6 and 8 . . . . . 9 ■ 350
- 10 Enter the greater of line 1 or 2 . . . . . 10 ■ 17899
- 11 Enter \$35,000 if married filing jointly or \$29,500 for any other filing status . . . . . 11 ■ 29500
- 12 If line 10 is less than line 11, see instructions.  
Otherwise, subtract line 11 from line 10 . . . . . 12 ■ \_\_\_\_\_
- 13 If you had an amount on line 5 but not on line 8, enter 9%(.09). Otherwise enter 12%(0.12) . . . . . 13 ■ \_\_\_\_\_
- 14 Multiply line 12 by line 13. . . . . 14 ■ \_\_\_\_\_
- 15 Subtract line 14 from line 9. If less than zero, enter 0. If you are a full year resident,  
enter this amount on line 2 of Schedule M1REF . . . . . 15 ■ 350
- 16 Part year residents: If your Minnesota gross income is: . . . . . 16 ■ \_\_\_\_\_
  - \$13,825 or more, multiply line 15 by line 30 of Schedule M1NR.  
Enter the result here and on line 2 of Schedule M1REF
  - Less than \$13,825, see instructions  
Enter the result from step 5 of the Worksheet for line 16: \_\_\_\_\_

**Include this schedule with your Form M1. Enter the number of qualifying children on line 2a and the number of qualifying older children on line 2b of Schedule M1REF.**

