

# 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 <b>SAI SHESHANK REDDY</b>		M.I.	Last Name <b>KONDAKINDI</b>		2. Filer's Full Social Security No. (Example: 123-45-6789) <b>829 — 22 — 6845</b>	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>	
Home Address (Number, Street, or P.O. Box) <b>2009 WOODMAR DR</b>					4. School District Code (5 digits) <b>10000</b>	
City or Town <b>HOUGHTON</b>			State <b>MI</b>	ZIP Code <b>49931</b>		
5. <b>STATE CAMPAIGN FUND</b> 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> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				* If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 150px; height: 20px;" type="text"/>		
7. <b>2023 FILING STATUS.</b> Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*				8. <b>2023 RESIDENCY STATUS.</b> Check all that apply. a. <input type="checkbox"/> Resident b. <input checked="" type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *  * If you check box "b" or "c," you must complete and include Schedule NR.		

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.	<input style="width: 40px; text-align: center;" type="text" value="1"/>	x \$5,400	9a.	<input style="width: 60px; text-align: right;" type="text" value="5400"/>	<input style="width: 40px; text-align: right;" type="text" value="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.	<input style="width: 40px;" type="text"/>	x \$3,100	9b.	<input style="width: 60px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
c. Number of qualified disabled veterans.....	9c.	<input style="width: 40px;" type="text"/>	x \$400	9c.	<input style="width: 60px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	<input style="width: 40px;" type="text"/>	x \$5,400	9d.	<input style="width: 60px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>		9e.	<input style="width: 60px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.			<input style="width: 60px; text-align: right;" type="text" value="5400"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>	
10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....	10.			<input style="width: 60px; text-align: right;" type="text" value="62688"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>	
11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....	11.			<input style="width: 60px;" type="text"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>	
12. <b>Total.</b> Add lines 10 and 11.....	12.			<input style="width: 60px; text-align: right;" type="text" value="62688"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>	
13. Subtractions from Schedule 1, line 31. <b>Include Schedule 1</b> .....	13.			<input style="width: 60px; text-align: right;" type="text" value="59344"/>	<input style="width: 40px; text-align: right;" type="text" value="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.			<input style="width: 60px; text-align: right;" type="text" value="3344"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>	
15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....	15.			<input style="width: 60px; text-align: right;" type="text" value="288"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>	
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.			<input style="width: 60px; text-align: right;" type="text" value="3056"/>	<input style="width: 40px; text-align: right;" type="text" value="00"/>	
17. <b>Tax.</b> Multiply line 16 by 4.05% (0.0405).....	17.			<input style="width: 60px; text-align: right;" type="text" value="124"/>	<input style="width: 40px; text-align: right;" type="text" value="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

829 — 22 — 6845

**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.	124 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.	124 00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2 .....				
26. <b>Farmland Preservation Tax Credit.</b> Include MI-1040CR-5 .....			26.	00
	FEDERAL		MICHIGAN	
27. Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b. ....	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.	142 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.	142 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

829 — 22 — 6845

**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.   18 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.   18 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
011000138	466018660157	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 Schedule 1 Additions and Subtractions

Include with Form MI-1040. Type or print in blue or black ink.

**Attachment 01**

Filer's First Name <b>SAI SHESHANK REDDY</b>	M.I.	Last Name <b>KONDAKINDI</b>	Filer's Full Social Security No. (Example: 123-45-6789) <b>829 — 22 — 6845</b>
---	------	--------------------------------	---

### Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions) .....	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797 .....	3.		00
4. Losses attributable to other states (see instructions) .....	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797 .....	5.		00
6. Oil, gas, and nonferrous metallic mineral expense. Enter amount from line 20 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i> .....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11</b> .....	9.	0	00

### Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits .....	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797 .....	12.		00
13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u> .....	13.	59344	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions). .....	15.		00
16. Michigan state and local income tax refunds received in 2023 and included on MI-1040, line 10 including your allocated share of refund received from an electing flow-through entity .....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program. ....	17.		00
18. Michigan Education Trust .....	18.		00
19. Oil, gas, and nonferrous metallic minerals income. Enter amount from line 7 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i> .....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....	20.		00
21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . <b>Include Form 5792</b> . ....	21.		00
22. MRTMA/marihuana expense subtraction. ....	22.		00
23. Miscellaneous subtractions (see instructions). <b>Describe:</b> _____	23.		00

## 2023 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name SAI SHESHANK REDDY	M.I.	Last Name KONDAKINDI	Filer's Full Social Security No. (Example: 123-45-6789) 829 — 22 — 6845
--	------	-------------------------	--

### Deduction Based on Year of Birth

Complete 24A through 24H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 25, 26, 27, or 28. Check box(es) 24C and/or 24G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

24.	FILER				SPOUSE			
	A. Year of Birth (19xx)	B. Age as of 12-31-2023	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2023	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
	2001	22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

25. <b>Tier 2 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. <b>Do not complete lines 26, 27 or 28.</b> .....	25.		00
26. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1957, and reached age 67 on or before December 31, 2023. <b>Do not complete lines 25, 27 or 28.</b> .....	26.		00
27. <b>Retirement benefits.</b> Enter amount from line 16, 17, 18 or 19 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884</b> .....	27.		00
28. Dividend/interest/capital gains deduction for taxpayers <b>78 years and older</b> . This deduction is limited to \$13,712 on a single return or \$27,424 on a joint return, and must be reduced by any deduction for retirement benefits (see instructions).....	28.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

29. <b>Subtotal.</b> Add lines 10 through 28 .....	29.	59344	00
30. <b>2023 Michigan NOL Deduction.</b> Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . <b>Include Form 5674</b> .....	30.		00
31. <b>Total Subtractions.</b> Add lines 29 and 30. Enter here and on MI-1040, line 13.....	31.	59344	00

**2023 MICHIGAN Nonresident and Part-Year Resident Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040. Read all instructions before completing this form. Type or print in blue or black ink.

**Attachment 02**

1. Filer's First Name <b>SAI SHESHANK REDDY</b>	M.I.	Last Name <b>KONDAKINDI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>829 — 22 — 6845</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>

**4. 2023 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2023\*

\*Dates of Michigan residency in 2023 (Enter dates as MM-DD-YYYY, Example: 04-15-2023)

	FILER		SPOUSE	
FROM:	—	— 2023	—	— 2023
TO:	—	— 2023	—	— 2023

**Income Allocation**

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.) .....	69566	00	3344	00	66222	00
6. Interest and dividends .....		00		00		00
7. Business and farm income (include U.S. Schedules C and F).....		00		00		00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....		00		00		00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	-6878	00	0	00	-6878	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....		00		00		00
11. Other (see instructions).....		00		00		00
12. Total income. Add lines 5 through 11.....	62688	00	3344	00	59344	00
13. Enter the total adjustments from U.S. 1040 Describe:.....		00		00		00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	62688	00	3344	00	59344	00

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....	15.	5400	00
16. Enter Michigan source income from line 14, column B.....	16.	3344	00
17. Enter total income from line 14, column A.....	17.	62688	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	5.33	%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.....	19.	288	00

**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  SAI SHESHANK REDDY	M.I.	Last Name  KONDAKINDI	2. Filer's Full Social Security No. (Example: 123-45-6789)  829 — 22 — 6845
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)  — —

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-6005955	MICHIGAN TECH UN	3344	00	142	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.	142 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: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					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.	142 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 SAI SHESHANK REDDY KONDAKINDI	Last name	Your Social Security number 829226845
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 2009 WOODMAR DR		
City/Town/Post Office HOUGHTON	State MI	Zip 49931
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <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	62688
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .	2	2790
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	3289
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57) . . . . .	5	499
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.

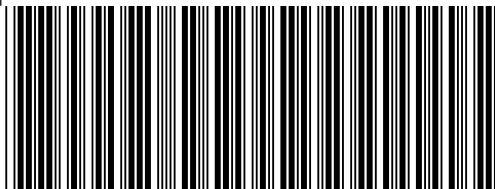
ERO's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
	02192024	843171965	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816

### 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	<input type="radio"/> Fill in if self-employed
P02082703	02192024	843171965	
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

MA23001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

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

Year beginning

Ending

SAI SHESHANK RED

KONDAKINDI

829226845

2009 WOODMAR DR

HOUGHTON

MI 49931

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

a. Total federal income 62688  
b. Federal adjusted gross income 62688

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. Exemptions

a. Personal exemptions  
b. Number of dependents. (Do not include yourself or your spouse.) Enter number  
c. Age 65 or over before 2024 You + Spouse =  
d. Blindness You + Spouse =  
e. Medical/dental  
f. Adoption  
g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

\$1 You \$1 Spouse TOTAL  
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

2a 4400  
x \$1,000 = 2b  
x \$700 = 2c  
x \$2,200 = 2d  
2e  
2f  
2g 4400

**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

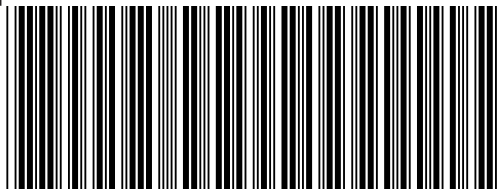
Date

Spouse's signature

Date

623-280-5557

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



**2023 Form 1, pg. 2**

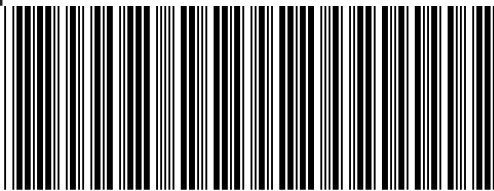
MA23001021555

Massachusetts Resident Income Tax Return

829226845

3. Wages, salaries, tips	3	69566
4. Taxable pensions and annuities	4	
5. Mass. bank interest: a.	= 5	
	- b. exemption	
6a. Business/profession income/loss	6a	
6b. Farming income/loss	6b	
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-6878
8a. Unemployment	8a	
8b. Mass. lottery winnings	8b	
9. Other income from Schedule X, line 7	9	
10. <b>TOTAL 5.0% INCOME</b>	10	62688
11a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	
11b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12. Reserved for future use	12	
13. Reserved for future use	13	
14. Rental deduction. a.	÷ 2 = 14	
15. Other deductions from Schedule Y, line 19	15	
16. <b>Total deductions.</b> Add lines 11 through 15	16	
17. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. Not less than "0"	17	62688
18. Exemption amount	18	4400
19. <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. Not less than "0"	19	58288
20. <b>INTEREST AND DIVIDEND INCOME</b>	20	
21. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 19 and 20	21	58288
22. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	2914
23. <b>INCOME FROM SCHEDULE B.</b> Not less than "0."		
a.	x .085 = <b>23a</b>	
b.	x .12 = <b>23b</b>	
<b>TOTAL TAX ON INCOME FROM SCHEDULE B.</b> Add lines 23a and 23b	23	

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1**

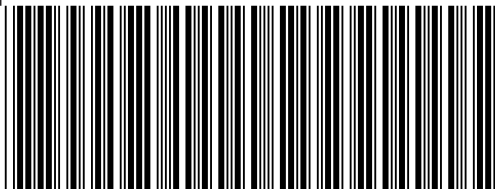


### 2023 Form 1, pg. 3

MA23001031555  
Massachusetts Resident Income Tax Return  
829226845

<b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS			<b>24</b>
Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			
<b>25.</b> Credit recapture amount (from Credit Recapture Schedule)			<b>25</b>
<b>26.</b> Additional tax on installment sale			<b>26</b>
<b>27.</b> If you qualify for No Tax Status, fill in and enter "0" on line 28			
<b>28. TOTAL INCOME TAX.</b>			
a. Income tax. Add lines 22 through 26	28a	2914	
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b		
c. Total tax. Add lines 28a and 28b			<b>28</b> 2914
<b>29.</b> Limited Income Credit			<b>29</b>
<b>30.</b> Income tax due to another state or jurisdiction			<b>30</b> 124
<b>31.</b> Other credits from Credit Manager Schedule			<b>31</b>
<b>32. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 through 31 from line 28. <b>Not less than "0"</b>			<b>32</b> 2790
<b>33. Voluntary Contributions</b>			
a. Endangered Wildlife Conservation			<b>33a</b>
b. Organ Transplant Fund			<b>33b</b>
c. Massachusetts Public Health HIV and Hepatitis Fund			<b>33c</b>
d. Massachusetts U.S. Olympic Fund			<b>33d</b>
e. Massachusetts Military Family Relief Fund			<b>33e</b>
f. Homeless Animal Prevention and Care			<b>33f</b>
Total. Add lines 33a through 33f			<b>33</b>
<b>34.</b> Use tax due on Internet, mail order and other out-of-state purchases			<b>34</b>
<b>35.</b> Health care penalty a. You + b. Spouse			<b>35</b>
<b>36. Amended return only.</b> Overpayment from original return			<b>36</b>
<b>37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 32 through 36			<b>37</b> 2790
<b>38.</b> a. Massachusetts income tax withheld from Form(s) W-2	38a	3289	
b. Massachusetts income tax withheld from Form(s) 1099	38b		
c. Massachusetts income tax withheld from other forms	38c		
Total. Add lines 38a through 38c			<b>38</b> 3289





**2023 Schedule OJC**

MA23655011555

Income Tax Paid to Other Jurisdictions

SAI SHESHANK      KONDAKINDI

829226845

Two-letter

state or

jurisdiction

postal code

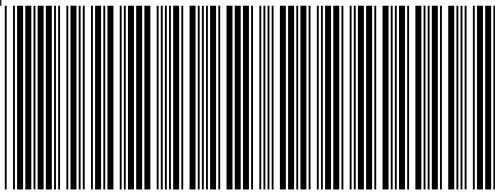
MI

Amount of income on  
which you paid taxes

3344

Total tax due before credits,  
W-2 withholding and payments

124



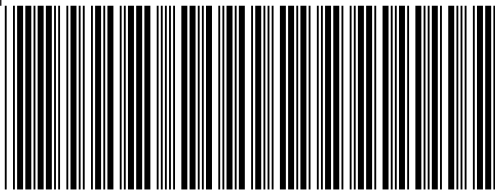
**2023 Schedule INC**  
MA23INC011555

SAI SHESHANK RED      KONDAKINDI      829226845

**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
820544687	3289	66222			W2

TOTALS                                      3289                                      66222



# 2023 Schedule HC

MA23029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

**Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

SAI SHESHANK RED KONDAKINDI 829226845

1a. Date of birth 03312001 1b. Spouse's date of birth 1c. Family size 1

2. Federal adjusted gross income 2 62688

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

3a You:	<input checked="" type="checkbox"/> Full-year MCC	Part-year MCC	No MCC/None
3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

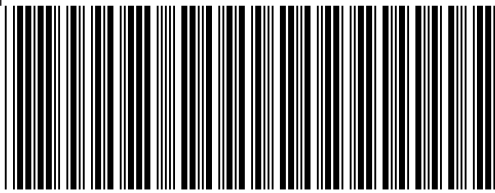
4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	You	Spouse
4b. MassHealth. Fill in and go to line 5	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	<input checked="" type="checkbox"/> You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



# 2023 Schedule HC, pg. 2

829226845 MA23029021555

## You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

### Your Health Insurance

6. Was your income in 2023 at or below 150% of the federal poverty level? 6 Yes No

If you answer Yes, you are not subject to a penalty in 2023. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2023, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2023. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2023, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

### Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2023. Skip the remainder of this schedule and complete your tax return.

### Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No  
Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

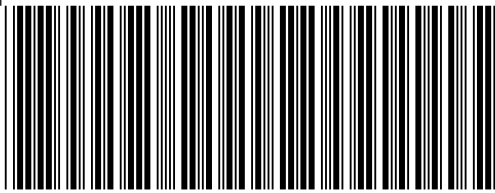
8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2023 tax year? 8b You Yes No  
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2023 tax year? 9 You Yes No  
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.





# 2023 Schedule HC, pg. 3

MA23029031555

SAI SHESHANK RED

KONDAKINDI

829226845

## Affordability as Determined By State Guidelines

**Note:** This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2023 tax year.

- |  |    |        |     |    |
|--|----|--------|-----|----|
| 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You    | Yes | No |
|  |    | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- |   |    |        |     |    |
|---|----|--------|-----|----|
| 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | 11 | You    | Yes | No |
|   |    | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- |  |    |        |     |    |
|--|----|--------|-----|----|
| 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You    | Yes | No |
|  |    | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

## Complete Only If You Are Filing An Appeal

**You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.**

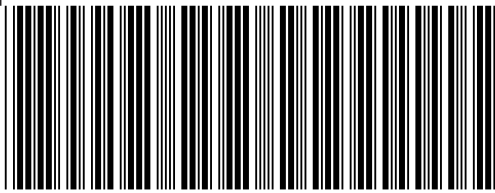
You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

**You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.



## 2023 Schedule E

MA23013041555

SAI SHESHANK RED

KONDAKINDI

829226845

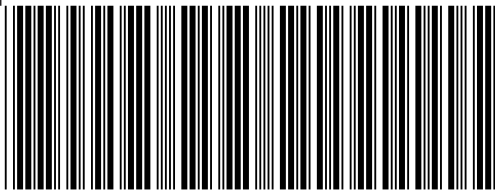
### Income or Loss from Real Estate and Royalties

#### Income

1. Rents received	1	420
2. Royalties received	2	

#### Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	1229
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1114
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	1999
13. Supplies	13	1699
14. Taxes	14	
15. Utilities	15	1257
16. Other expenses	16	
17. Add lines 3 through 16	17	7298
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7298
20. Income or loss from rental real estate or royalty properties	20	-6878
21. Deductible rental real estate loss	21	-6878
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	-6878
24. Rental real estate and royalty income or loss	24	-6878



## 2023 Schedule E, pg. 2

MA23013051555

829226845

### Income or Loss from Partnerships and S Corporations

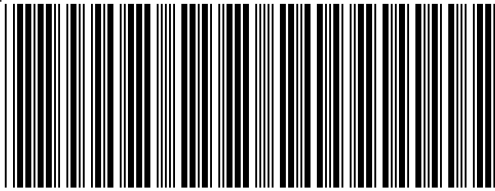
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than 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

829226845

**Farm Income**

54. Net farm rental income or loss

54

**Summary**

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

55

-6878

56. Massachusetts differences Enclose statements

56

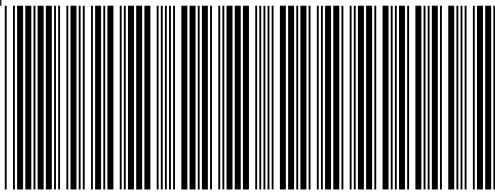
57. Abandoned building renovation deduction

57

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

58

-6878



# 2023 Schedule E-1

MA23013011555

SAI SHESHANK RED KONDAKINDI 829226845  
NEW SAMPTHAPURI CLY  
NAGOLE HYDERABAD

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	420
2. Royalties received	2	

### Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	1229
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1114
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	1999
13. Supplies	13	1699
14. Taxes	14	
15. Utilities	15	1257
16. Other expenses	16	
17. Add lines 3 through 16	17	7298
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7298
20. Income or loss from rental real estate or royalty properties	20	-6878
21. Deductible rental real estate loss	21	-6878
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	-6878
24. Rental real estate and royalty income or loss	24	-6878
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		