# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
NISHA JANGIR	821-78-8434
Spouse's name	Spouse's social security number
GOPESH SHARMA	683-90-8990
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.	
<b>1</b> Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	, , , , , ,
5 Amount you owe	vou get and keep a copy of your return)
Part II Taxpayer Declaration and Signature Authorization (Be sure Under penalties of perjury, I declare that I have examined a copy of the income tax return (or	
return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipi for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instit payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agament, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent.	t or reason for rejection of the transmission, (b) the reason, I authorize the U.S. Treasury and its designated Financiaution account indicated in the tax preparation software for financial institution to debit the entry to this account. The Agent to terminate the authorization. To revoke (cancellation requests must be received no later than an involved in the processing of the electronic payment is related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	nter or generate my PIN 8 8 4 3 4 as m
ERO firm name	don't enter all zeros
signature on the income tax return (original or amended) I am now authori	
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practi below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
	nter or generate my PIN 0 8 9 9 0 as m
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authori	izirig.
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practi below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only—c	continue below
Part III Certification and Authentication — Practitioner PIN Method	d 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 in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confir requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-	m that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — See In	

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
NISHA			JANG	IR							821	78	8434
	pouse's	s first name and middle initial	Last na										security numbe
GOPESH			SHAR	MA							683	90	8990
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			_	ection Campaig
3530 IV									202	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c			spouse	if filing	jointly, want \$3
RALEIGH						NC	•	276	106		0		nd. Checking a not change
Foreign countr	y name		Г	Foreign pr	ovince/state/				n postal c		your tax		•
· ·	-			٠.			•	,			,		
Filing Status	s $\square$	Single					Head of h	ouseh	old (HOI	<del>-</del> 1)			
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,			
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spoi	use (0	QSS)		
00 20	lf۱	you checked the MFS box, enter the	name c	of your sp	ouse. If you	ı che	ecked the HOF	l or Q	SS box.	enter	the chi	ld's na	me if the
		ialifying person is a child but not you											
District.	Λ+ o.	ny time during 2023, did you: (a) rec	oivo (oo										
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	es 🗵 No
Standard		neone can claim: You as a de					a dependent	,,, (0		01.0	<u> </u>		
Deduction	_	Spouse itemizes on a separate retur	•		•		•						
Age/Blindnes	s You	: Were born before January 2, 1	959 _	_ Are bli ⊤	ind <b>Sp</b>	ouse	: U Was bor						s blind
Dependent				<b>(2)</b> S	ocial security	,	(3) Relationsh	<sub>iip</sub> (4	-				(see instructions)
If more	(1) F	First name Last name			number		to you		Child t	ax cre	eait	Credit to	or other dependent
than four										<u> </u>			
dependents, see instruction	s									<u> </u>			_ <u> </u>
and check	· —									<u>Ц</u>			_ <u> </u>
here L													
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		53,615.
Attach Form(s)	b	Household employee wages not re			. ,						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct	,								1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1i</u>						
	<b>Z</b>	Add lines 1a through 1h									1z		53,615.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest				2b		
if required.	3a_		3a				rdinary divide				3b		
Standard	4a	IRA distributions	4a				axable amoun				4b		
Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	,	6a				axable amoun	t			6b	_	
Married filing separately,	С	If you elect to use the lump-sum e		•		`	,			. <u>L</u>			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche									7		
jointly or	8	Additional income from Schedule	1, line 1	0							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is yo	our <b>total inc</b>	come	e				9		53,615.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, l	ine 26							10		
household,	11	Subtract line 10 from line 9. This is	•	-	-						11		53,615.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12		27 <b>,</b> 700.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13		
Deduction,	14										14		27 <b>,</b> 700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loc	contor	O This is w	Our t	avable incom				15	- 1	25 915

Form 1040 (202)	3)								Page <b>Z</b>
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	2,671.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	2 <b>,</b> 671.
	19	Child tax credit or credit for c	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	e 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	2,671.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	2,671.
<b>Payments</b>	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 4	1,520.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)	)			25c			
	d	Add lines 25a through 25c .						25d	4,520.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	)22 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit f	from Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. Th	nese are your <b>to</b>	tal payments				33	4,520.
Refund	34	If line 33 is more than line 24,	, subtract line 2	4 from line 33.	. This is the amou	nt you <b>overpaid</b>		34	1,849.
	35a	Amount of line 34 you want re			3 is attached, ched	ck here	🗌	35a	1,849.
Direct deposit?	b	Routing number 2 7 2		<del></del>	<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 1 0 4							
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go	37						
	38	Estimated tax penalty (see in:	_	-		38			
Third Party Designee		you want to allow another structions	person to disc	cuss this retu	rn with the IRS?		omplete l	pelow.	⊠ No
	De	signee's		Phone			onal identi	fication	
		me		no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and comp							
11010	Yo	ur signature		Date	Your occupation		I .		nt you an Identity IN, enter it here
Joint return?					POST DOCTO	RAL FELLO	√ (see	inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, <b>b</b> o	oth must sign.	Date	Spouse's occupation HOME MAKER		Iden		nt your spouse an ection PIN, enter it here
	——Ph	one no. (517) 974-1298	3	Email address	•	678@GMAIL.C	L MC		
			Preparer's signat		1.10111101111011	Date	PTIN		Check if:
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/22/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TAX	one no. (678) 965-9522						
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			's EIN	84-3171965
<u> </u>		10105					1		= 1010 (2222)

#### 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 M.I. Last Name 2. Filer's Full Social Security No. (Example: 123-45-6789) NISHA **JANGIR** 78 821 <del>—</del> If a Joint Return, Spouse's First Name M.I. Last Name 3. Spouse's Full Social Security No. (Example: 123-45-6789) GOPESH SHARMA Home Address (Number, Street, or P.O. Box) 90 **—** 8990 683 **—** 3530 IVY COMMONS, APT. 202 ZIP Code 4. School District Code (5 digits) City or Town State RALEIGH NC 27606 10000 5. STATE CAMPAIGN FUND 6. FARMERS, FISHERMEN, OR SEAFARERS Check if you (and/or your spouse, if Filer filing a joint return) want \$3 of your taxes Check this box if 2/3 of your income is from farming, to go to this fund. This will not increase fishing, or seafaring. Spouse your tax or reduce your refund. 2023 FILING STATUS. Check one. 2023 RESIDENCY STATUS. Check all that apply. Single Resident a. \* If you check box "c." complete \* If you check box "b" or line 3 and enter spouse's full name "c," you must complete below: Married filing jointly Nonresident \* b. and include Schedule NR. Married filing separately\* Part-Year Resident \* 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.) 10800 00 a. Number of exemptions (see instructions)..... \$5,400 9a b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 00 \$3,100 9b. c. Number of qualified disabled veterans ..... 00 \$400 9c d. Number of Certificates of Stillbirth from MDHHS (see instructions) ..... 00 \$5,400 9d Claimed as dependent, see line 9 NOTE above ..... 00 9e f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 ..... 9f. 10800 00 53615 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)...... 00 10. Additions from Schedule 1, line 9. Include Schedule 1 00 11. 53615 00 Total. Add lines 10 and 11..... 12. 51485 00 Subtractions from Schedule 1, line 31. Include Schedule 1 13. 2130 loo Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" ............ 14. 429 00 Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... 15.

Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" ......

17. **Tax.** Multiply line 16 by 4.05% (0.0405) ......

16.

17.

1701

00

NON	-REFUNDABLE CREDITS	AMOUNT		CREDIT
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	00	18b.	00
19.	Michigan Historic Preservation Tax Credit (see instructions). 19a.	00	19b.	00
20.	Income Tax. 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.	69 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-Til Program</i> , line 5	, ,	22.	00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state pur Worksheet 1 (see instructions)		23.	0 00
24.	Total Tax Liability. Add lines 20 through 23	24.		69 00
REF	JNDABLE CREDITS AND PAYMENTS			
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2		25.	00
26.	Farmland Preservation Tax Credit. 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	00	27b.	00
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form	3581	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. Include Schedule W (	(do not submit W-2s)	30.	91 00
31.	Estimated tax, extension payments and 2022 credit forward		31.	00
32.	<b>2023 AMENDED RETURNS ONLY.</b> Taxpayers completing an original and Amended returns must <b>include Schedule AMD (see instructions)</b> .	2023 return should skip to line 33.		
	32a. If you had a refund and/or credit forward on the original return, che negative number on line 32c.	eck box 32a and enter this amount as a		
	32b. If you paid with the original return, check box 32b and enter the an any additional tax paid after filing, as a positive number on line 32c		32c.	00
33	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 3	30, 31 and 32c 33.		91 00

REFU	JND OR TAX DUE								
34.	If line 33 is less than line 24, subtra	ct line 33 from line	24. If applicable 00		YOU OWE 34.				00
35.	Overpayment. If line 33 is greater to	han line 24, subtra	act line 24 from	line 33	35.			2	22 00
36.	Credit Forward. Amount of line 35	to be credited to y	our 2024 estima	ated tax for y	our 2024 tax return .	. 36.			00
37.	Subtract line 36 from line 35				<b>REFUND</b> 37.			2	22 00
	ECT DEPOSIT	ansit Number	b.	Account Number	c. Type of Account				
	it your refund directly to your financial tion! See instructions and complete a, b	27247966	3	10475	15	1.	Checking	2. S	avings
	eased Taxpayer. If Filer and/or Spouser DATE OF DEATH ONLY. Example:			dates below.	Preparer Certific this return is based or				
Filer		Spouse		-	Preparer's PTIN, FEI	N or SSN			
	ayer Certification. I declare under tachments is true and complete to the bes		at the information i	n this return	Preparer's Name (pri	• • •	SAGAR	GUPTA	TA
Filer's	s Signature		Date		Preparer's Signature SYAM PRIY	A RAM	SAGAR	GUPTA	TA
Spous	se's Signature		Date		Preparer's Business				

Filer's Full Social Security Number

Refund, credit, or zero returns. Mail your return to:

X By checking this box, I authorize Treasury to discuss my return with my preparer.

Michigan Department of Treasury, Lansing, MI 48956

E BRUNSWICK NJ 08816

GLOBAL TAXES LLC 245 ROONEY CT

678-965-9522

821 —

78

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Include with Form MI-1040. Type or	print	in blue or black ink.			Attachmen	ıt 01
Filer's First Name	M.I.	Last Name	Filer's Full Soc	ial Security No.	(Example: 123-45-6789)	
NISHA		JANGIR	821	<del></del>	<del></del>	
Additions to Income (all entries	mus	t be positive numbers)				
1. Gross interest and dividends fr	om o	bligations issued by states				Τ
(other than Michigan) or their p	olitic	al subdivisions		1.		00
		by income, including self-employment to				
federal return, and allocated sha	are of	tax paid by an electing flow-through er	itity (see instructions)	2.		00
3. Gains from Michigan column o	f MI-1	040D and MI-4797		3.		00
4. Losses attributable to other sta	ates (	see instructions)		4.		00
5. Net loss from federal column of	f you	Michigan MI-1040D or MI-4797		5.		00
		neral expense. Enter amount from line				
Michigan Report of Oil, Gas, an	d Noi	nferrous Metallic Minerals Extraction - I	ncome and Expenses	6.		00
7. Federal Net Operating Loss de	educti	on included in AGI		7.		00
9 Other (see instructions) Descri	ibo:			8.		00
o. Other (see manuchoris). Descr	ine			0.		100
9. Total additions. Add lines 1 t	hrou	gh 8. Enter here and on MI-1040, lin	e 11	9.	0	00
Subtractions from Income (all	entri	es must be positive numbers)				
		s and other U.S. obligations included	in MI-1040, line 10.			
		000		10.		00
		, from military retirement benefits due				
U.S. Armed Forces or Michigar	n Nati	onal Guard, or taxable railroad retirem	ent benefits	11.		00
12. Gains from federal column of N	Лichi	an MI-1040D and MI-4797		12.		00
					54.405	$\Box$
13. Income attributable to another	state	Explain type and source: <u>SCHEDU</u>	LE NR	13.	51485	00
14. Taxable Social Security benefit	ts or r	nilitary pay (not retirement) included o	on MI-1040, line 10	14.		00
The random decide deciding benefit		initially pay (necrosinement) included c				1
15. Income earned while a resider	it of a	Renaissance Zone (see instructions)		15.		00
		efunds received in 2023 and included of				
		und received from an electing flow-thr	-	16.		00
· ·	_	m, MI 529 Advisor Plan, and Michigar	•	17		00
Life Experience i regram				'''		100
18. Michigan Education Trust				18.		00
19. Oil, gas, and nonferrous metal	lic mi	nerals income. Enter amount from line	7 of Form 5889,			
		nferrous Metallic Minerals Extraction - Ii	-	19.		00
		empted under a State/Tribal tax agree				
•		Bulletin 1988-47		20.		00
		gram. Enter amount from line 3 of Fo		21.		00
	, - · · ·	<u> </u>				T
22. MRTMA/marihuana expense s	ubtra	ction		22.		00
OO Missellenses LL C (		mustisms). Becauth		23.		00
23. Miscellaneous subtractions (se	e ins	ruciions). <b>Descripe!</b>		۷. ا		IUU

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
NISHA		JANGIR	821 — 78 — 8434

#### **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**.

befo	re continuing.												
24.		FI	LER				S	SPO	USE				
	A.	B.	C.	D.		E.	F.		G.	H.			
	Year of Birth (19xx)	Age as of 12-31-2023	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-2023		Check if spouse received benefits from SSA exempt employment	Check if spo retired as 01-01-2013 born after 1	of and		
	1989	34				1988	35						
	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>												
	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												
			e period January 1 · 31, 2023. <b>Do not</b>					26.			00		
			nount from line 16				-	27.			00		
			deduction for taxp eturn or \$27,424 o										
			ts (see instructions					28.			00		
			unremarried survivin born before 1946 wl										
29.	<b>Subtotal.</b> Add	lines 10 through	28					29.		51485	00		
			on. Enter amount f lude Form 5674					30.			00		
31.	Total Subtract	tions. Add lines	29 and 30. Enter I	nere and on MI	-104	40, line 13		31.		51485	00		

## 2023 MICHIGAN Nonresident and Part-Year Resident Schedule

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

	de with Form MI-1040. Read a				this for	т. Т <u>.</u>	ype or pri	int in blue or bla	ick ir	ık. <i>F</i>	Attachmen	t 02
1. File	er's First Name	M.I.	Last Na	me				2. Filer's Full Soci	al Sec	urity No. (Example	: 123-45-6789	))
ΝI	SHA		JAN(	GIR				821 <del>-</del>	- '	78 <del>-</del>	8434	
	oint Return, Spouse's First Name	M.I.	Last Na					3. Spouse's Full Social Security No. (Example: 123-45-6789)				
GO	PESH		SHAI	1ARMA 683 — 90						90 <del>-</del>	8990	
4.	2023 RESIDENCY STATUS: Check all that apply.			*Dates of <b>Michig</b>	an resid	ency	in 2023		1M-DI	D-YYYY, Examp		23)
	a. X Nonresident			FROM:			- FILER	2023			— 202	23
	b. Part-Year Resident of Enter dates of Michiga			2023* TO:			_	<del></del>			<del></del>	23
ncor	me Allocation			A. Total Inc	come		В. М	ichigan Incom	e	C. Other Sta	ate(s) Inco	me
5.	Wages, salaries, other payments	s (tips,	etc.)	53	3615	00		2130	00		51485	00
6.	Interest and dividends					00			00			00
7.	Business and farm income (include U.S. Schedules C and F)					00			00			00
8.	B. 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. Schedu U.S. Schedule E and supporting	,				00			00			00
10.	Pensions, IRA distributions, annuand Social Security (see Form 48					00			00			00
11.	Other (see instructions)					00			00			00
12.	Total income. Add lines 5 through	h 11		53	3615	00		2130	00		51485	00
13.	Enter the total adjustments from Describe:		040			00			00			00
14.	Subtract line 13 from line 12. The column A should equal MI-1040, li amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	ne 10. 1, line	Enter 13 or, if	53	3615	00		2130	00		51485	00
Exen	nption Allowance (If one spo	use is	a full-ye	ear resident, and t	he othe	r is r	not, see i	instructions.)				
15.	Enter amount from MI-1040, line	9f							15		10800	00
16.	Enter Michigan source income fr	om line	e 14, colu	umn B 16	б. <u> </u>			2130 00				
17.	Enter total income from line 14, o	column	Α	17	7		5	3615 00	Г			
18.	Divide line 16 by line 17 (if line 1	6 is gre	eater tha	n line 17, enter 100%	<b>%</b> )				18.		3.97	%
19.	If both spouses are part-year or inhere and on MI-1040, line 15. If here and on MI-1040, line 15	one sp	ouse is a	a full-year resident, o	complete	Wor	ksheet 6	and enter	19.		429	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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
NISHA		JANGIR	821 <b>—</b> 78 <b>—</b> 8434
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
GOPESH		SHARMA	683 — 90 — 8990

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

	1	В	С	D		E	
Enter '	'X" for: <b>Spouse</b>	Employer's identification number (Example: 38-1234567)					
X		38-6005984	MICHIGAN STATE U	2130	00	91	00
					00		00
					00		00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche			00		
4.	SUB	TOTAL. Enter total of Table 1, c	olumn E		4.	91	00

# TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	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 tax with	
			0	00	00
			0	00	00
			0	00	00
			0	00	00
				00	00
Enter Table	2 Subtotal from additional Scheo	dule W forms (if applicable)			00
5. <b>SUB</b>	TOTAL. Enter total of Table 2, co	5.	oc		
6. <b>TOT</b>	AL. Add lines 4 and 5. Enter here	e and carry to MI-1040, line 3	0 6	3.	91 00

**2023 CF-4220** 23MI-**ELA** -1040-0

# **EAST LANSING**

# 2023 INDIVIDUAL CITY INCOME TAX BARCODE DATASHEET

This datasheet is the cover sheet of your return. If the software generates this form please send this with your individual income tax return and all required attachments. Please do not staple your return.



Taxpayer's SSN	Taxpayer's first name		Imitial	Last name		
821-78-8434	NISHA			JANGIR		
Spouse's SSN	If joint return spouse's first name		Initial	Last name		
683-90-8990	GOPESH			SHARMA		
Present home address (Number and street)						Apt. no.
3530 IVY COMMONS						202
Address line 2 (P.O. Box address for mailing	use only)					·
City, town or post office				State	Zip code	
RALEIGH				NC	27606	
Foreign country name	F	oreign province/c	ounty		Foreign postal code	



MAIL TO ADDRESS:

CITY OF EAST LANSING

PO BOX 526 EATON RAPIDS, MI 48827-0526 Revised 10/15/2020

Taxpayer's S	SN	Taxpayer's first name	Initial	Last name	1			RE	SIDENCE	STATUS
821-7	8-8434	NISHA		JANG	IR				Resident	X Nonresident Part-year resident
Spouse's SS	N	If joint return spouse's first name	Initial	Last name				Port v	ear resident	dates of residency (mm/dd/yyyy)
683-9	0-8990	GOPESH		SHAR	MΑ			From	ear residerit -	dates of residency (mm/dd/yyyy)
	if deceased	Present home address (Number and stree	et)	1 0111111			Apt. no.	To		
<u> </u>		2520 TVV COMMON	T.C				202	EII	ING STA	THE
Taxp		3530 IVY COMMON Address line 2 (P.O. Box address for mail		only)			202			
side of the si	death on page 2, right gnature area			,					Single	X Married filing jointly
		City, town or post office			State	Zip code				separately. Enter spouse's
Mark box (X)	below if;	Oity, town or post office			Otate	Zip code			SSN in Spous name here.	se's SSN box and Spouse's full
Fede	ral Form 1310 attached	RALEIGH			NC	27606	-			
Itemi	zed deductions on your	Foreign country name Foreign	eign pro	vince/county	1	Foreign pos	stai code			
	ral tax return for 2023							Sp	ouse's full nar	me if married filing separately
	1110011	DALL FIGURES TO NEAREST DOLI Drop amounts under \$0.50 and increase	LAR		Column A	<b>\</b>	C	olumn B		Column C
		mounts from \$.50 to \$0.99 to next dollar)		Fede	ral Return	Data	Exclusion	ıs/Adjus	tments	Taxable Income
	1. Wages, salaries, tips,	etc. (W-2 forms must be attached)	1		53	3615		514	185	2130
SEND COPY OF	Taxable interest		2							
PAGE 1 OF	Ordinary dividends		3							
FEDERAL RETURN	4. Taxable refunds, cred	lits or offsets of state and local income taxe	es 4							NOT TAXABLE
	Alimony received		5							
	6. Business income or (le	oss) (Attach copy of federal Schedule C)	6							
	_ Capital gain or (loss)									
	7. (Attach copy of fed. S	ch. D) 7a. Mark if federal Sch. D not required	7							
	8. Other gains or (losses	s) (Attach copy of federal Form 4797)	8							
	Taxable IRA distribution	ons (Attach copy of Form(s) 1099-R)	9							
	10. Taxable pensions and	annuities (Attach copy of Form(s) 1099-R	) 10							
	Rental real estate, roy	/alties, partnerships, S corporations, trusts,								
	etc. (Attach copy of fe		11							
	12. Subchapter S corpora	ation distributions (Att. copy of fed. Sch. K-	1) 12	NOT	APPLICA	BLE				
	13. Farm income or (loss)	(Attach copy of federal Schedule F)	13							
SEND W-2	14. Unemployment compe	ensation	14							NOT TAXABLE
FORMS	15. Social security benefit	ts	15							NOT TAXABLE
	16. Other income (Attach	statement listing type and amount)	16							
		s (Add lines 2 through 16)	17							
	18. Total income	(Add lines 1 through 16)	18		5	3615		514	185	2130
	19. Total deduction	ons (Subtractions) (Total from page 2, Dedi	uctions :	schedule, line		3010			19	
	20. Total income :	after deductions (Subtract line 19 from line	18)						20	2130
	(F	Enter the total exemptions, from Form CF-1	040 par	ne 2 hox 1h	on line 21	a and multin	olv this			
		umber by the value of an exemption and en					•	1a 2	2 21b	1200
	22. Total income	subject to tax (Subtract line 21b from line 2	!0)					-	22	930
	23 Tay of 0050 (N	Multiply line 22 by resident or nonresident ta	x rate fo	or city and er	nter tax on	line 23b, or	if using			
	23. Tax at 0050 (N	chedule TC to compute tax, check box 23a					2	3а	23b	5
	Payments EAST : 24. and	LANSING tax withheld Other tax cr fwd, par	paymen tnership	ts (est, exter & tax option	nsion, n corp)	Credit to a	for tax paid nother city	To	tal yments -	
	credits 24a	21 24b			24c			ра & с	credits 24d	21
	<ol> <li>Interest and penalty for estimated tax paymen</li> </ol>		Inte	erest	_		Penalty	To	tal erest &	
	estimated tax payment				25b				nalty 25c	
ENCLOSE		unt you owe (Add lines 23b and 25c, and s						PAY V	VITH	
CHECK OR MONEY		ABLE TO: CITY OF EAST LANSING, OR TO epting this type of payment) mark (X) pay ta						RETU	<b>RN</b> 26	
ORDER	OVERPAYMENT	27. Tax overpayment (Subtract lines	23b and	25c from lin	e 24d: cho	ose overpa	vment options on li	ines 28 -	30) 27	16
	Amount of	Donation 1		tion 2	, =		onation 3		,	10
	28. overpayment donated 28a	28b			28c			To	tal nations <sup>28d</sup>	
		ent credited forward to 2024 2024			1		Amount of cr			
	Amount of overnavme	ent refunded (Line 27 less lines 28d and 29	) (For re	fund to he di	rectly deno	sited to				
		ark refund box, line 31a, and complete line			, чорс		Ref	und amo	unt >> 30	16
	Direct deposit refund	or 31a X Refund		Routing	2724	79663				
	direct withdrawal payr	ment (direct deposit)	r	number Account	2,27	, , , , , , ,				
	<ol> <li>(Mark (X) appropriate</li> <li>31a or 31b and comp</li> </ol>	olete (direct withdrawal)		number	1047	515				
	lines 31c, 31d and 31e	e)	31e /	Account Type	e: ]	X 31e1. CI	hecking	31	e2. Savings	

CF	-104	0, PAGI	E 2	Ta	axpayer's name			Taxpayer's			7 2	3MI- <b>E</b>	LA	-104	0-2
				N	NISHA JANGIR			821-	78-8434						
EX	EMF	PTIONS			Date of birth (mm/dd	/уууу)	Regular	65 or over	Blind	Deaf [	Disabled				
SC	HED	ULE	1a. \	⁄ou	01/26/1	989	X					1e. Ente	r the nun		
			1b. S	Spouse	01/22/1	988	X						1a and		2
1d.	List D	ependents	1c.	Che	eck box if you can be claimed	d as a dependent on	another pers	on's tax return							
#	ı	First Name			Last Name	Social Sec	curity Number	Re	lationship	Date	of Birth		r numbei ndent ch		
1.													d on line		
2.					•										
3.													r number	of other	
4.												line '		sted on	
5.															
6.												1h. Total	exempt		
7.														d also on	2
8.												page	1, line 2	!1a)	
ΕX	CLL	IDED W			TAX WITHHELD S				esident wa	iges gene					
W-2	Col.			LUMN B URITY NUME	COLUMN ( BER EMPLOYER'S ID N		COLUMN XCLUDED W		FAILUF	_		LUMN E WITHHELD		COLUMN I CALITY NA	
#	Tor			V-2, box a)	(Form W-2, bo	l l	h Excluded V		ATTAC FORMS TO			V-2, box 19)		m W-2, bo	
1.	Т	821-	78-	8434	38-6005984	1		0	WILL D			21	EAST	LANS	ING
2.	Т	821-	78-	8434	56-6000756	5		51485	PROCES			0			
3.									RETURN. INFORM	-					
4.									STATE						
5.									PRINTE	I.					
6.									TA PREPAR						
7.									SOFTWA						
8.									NOT ACC						
9		`			rt-yr residents on Sch TC)			51485	<< Enter on po			21	<< Er	iter on pg 1	, In 24a
DE	DUC	CTIONS	SC	HEDULE	(See instructions;	deductions a	llocated o	on the san	ne basis as	s related i	ncome)		DEDUCT	IONS	
1.	IRA d	eduction (A	ttach	copy of Sched	dule 1 of federal return & evi	idence of payment)						1			
				-	alified plans (Attach copy of		ral return)				2				
		-			ch copy of CF-2106 and deta										
					, Military ONLY) (Attach co							•			
					HILD SUPPORT. Attach co	py of Schedule 1 of	federal return	ו)							
_				•	h Schedule RZ OF 1040)	4 " 40)					-				
					line 6, enter total here and o	, , ,	I (I (D)								
_					here taxpayer (T), addresses (Include city, state							1 1/	20.4		
	ARK	return is t	he sa	me as listed o	on last year's return, print "Sa	ame." If no return file	d last year, lis	st reason. Cont	inue listing this t	ax year's resid				TO	_
1,	S, B				on page 1 of this return is in		on, enter cur	rent residence	(domicile) addre	SS.		MONTH	DAT	MONTH	DAY
_	-	NOT TE	equ	irea t	o file in 202										
$\vdash$															
$\vdash$															
TH	IBD	PARTY	DF	SIGNEE								I	1		
					scuss this return with the Inco	ome Tax Office?		Yes, complete	the following	XN	0				
Des	gnee's								Phone		Pei	sonal identifica	ation		
nam	0								No.			nber (PIN)			
					declare that I have exami										
	co				a resident claiming a cred other than taxpayer, the	•		•	•	•			ided pay	yment to t	hat
SIG	N TA					Date (MM/DD/YY)		yer's occupation	Tation of Willor		phone number		If dec	eased, date	of death
HEF							POS	ST DOCT	ORAL FE	(517	7)974-	1298			
		OUSE'S SIGN	ATUR	E		Date (MM/DD/YY)	Spouse	e's occupation		Daytime	phone number	er	If dec	eased, date	of death
							HON	ME MAKEI	R						
	So	me cities are	usin	g new commu	ınication methods. If your Cit	ty participates and yo	ou would like	email notification	ons regarding im	portant change	s and Inco	ne Tax related	informat	ion please	provide
	you	ur email add	ress.	No City will e	mail you asking for your soc	ial security number.	Email								
Z.					THAN TAXPAYER	•			Date (MM/DD/		PTIN, EIN or		3171	965	
ARE }	j S	YAM PI	RIY	A RAM	SAGAR GUPTA				02/22/	/24	Preparer's pl	(07	8)96	5-952	22
PREP.	ō				ed), ADDRESS AND ZIP CODE BRUNSWICK NJ	GLOBAL TA 08816	XES LI	LC .			sof	CTP tware nber	1555		

Taxpayer's name			ayer's SSN		20	23 EAST LA	ANSING	
NISHA JANGIR	4050 00U5DI		1-78-8					** 1 101
WAGES AND EXCLUDIBLE W All W-2 forms must be attached				GE 1, LINE 1,	COL	-UMN B 1555	REV 02/08	Attachment 2-1 8/24 PRO Revised 06/15/2017
Use this form to provide details for all Forms W- employee for which you did not receive a W-2; reported on Form W-2; disability pensions show shown on Form 1099-R from excess salary defeuse this form to calculate excludible (nontaxable employer are also reported on Form CF-1040, p	2 and all other wage inc ips reported on federal in on Form 1099-R if the rrals and/or excess con	come reported Form 4137; tax e taxpayer has atributions (plus	on federal Fo kable depend not reached to s earnings); w	ent care benefits; emp the minimum retireme ages from Form 8919	oloyer-p nt age s , line 6	e 7), or 1040EZ (line 1 provided adoption beneset by the employer; co ; and other wage items	efits; scholarshi prrective distrib not included in	es received as a household p and fellowship grants not utions from a retirement plan a Form W-2.
WAGES, ETC.	Employer	(or source)	1	Employe	er (or	source) 2	Em	ployer (or source) 3
Employer's ID number (W-2, box b) or source's ID Number if available	38-6005	984		56-600	075	6		
Employer's name (Form W-2, box c) or source's name	MICHIGAN STA	ATE UNIVERS	SITY	NC STAT	E UN	IVERSITY		
3. SSN from Form W-2, box a	821-78-	8434		821-78	-84	34		
4. Enter T for taxpayer or S for spouse		T			T			
5. Dates of employment during tax year	From 01/01/2023	To 01/16	/2023	From 01/17/2023		0 12/31/2023	From	То
Mark (X) box If you work at multiple locations in and out of EAST LANSING	L							
Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street	426 AUDITORI			CAMPUS				
number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	EAST LAN 48824	NSING M	.1	RALEIGI 276957		j		
Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero		21	30			51485		
Wages not included in Form W-2, box 1     (See instructions)								
10. Code for wage type reported on line 9								
NONRESIDENT WAGE ALLOCATION	Employer	· (or cource)	1					ployer (or source) 3
For use by penresidente or part year reside		,		Employer to	,	,		1 7 1
while a nonresident must use the wage allo	ents who worked both ocation to determine v	n in and outsid wages earned	de of the city	for the employer was a nonresident (use	hile a	nonresident. Part-ye wages and days wor	ar residents v ked while a no	vorking both in and outside onresident for computations.)
For use by nonresidents or part-year reside while a nonresident must use the wage allo Nonresidents working all of their work time 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours included in line 11, only if work performed	ents who worked both ocation to determine v	n in and outsid wages earned	de of the city	for the employer was a nonresident (use	hile a	nonresident. Part-ye wages and days wor	ar residents v ked while a no	vorking both in and outside onresident for computations.)
while a nonresident must use the wage allo Nonresidents working all of their work time     11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)     12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city     13. Actual number of days or hours worked	ents who worked both ocation to determine v	n in and outsid wages earned	de of the city	for the employer was a nonresident (use	hile a	nonresident. Part-ye wages and days wor	ar residents v ked while a no	vorking both in and outside onresident for computations.)
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while a nonresident must use the wage allo Nonresidents working all of their work time  11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)  12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city  13. Actual number of days or hours worked (Line 11 less line 12)  14. Enter actual number of days or hours worked in city  15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	ents who worked both ocation to determine v	n in and outsid wages earned	de of the city	for the employer was a nonresident (use	hile a	nonresident. Part-ye wages and days wor	ar residents v ked while a no	vorking both in and outside onresident for computations.)
while a nonresident must use the wage allo Nonresidents working all of their work time  11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)  12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city  13. Actual number of days or hours worked (Line 11 less line 12)  14. Enter actual number of days or hours worked in city  15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	ents who worked both ocation to determine v	n in and outsid wages earned	de of the city in city while skip this No	for the employer was a nonresident (use	hile a	nonresident. Part-ye wages and days wor a section for that em	ar residents v ked while a no	vorking both in and outside onresident for computations.) If their wages are taxable.
while a nonresident must use the wage allo Nonresidents working all of their work time 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident) EXCLUDIBLE WAGES	ents who worked both cation to determine we for an employer in th	n in and outsid wages earned	de of the city in city while skip this No	for the employer we a nonresident (use	while a e only vocation	nonresident. Part-ye wages and days wor a section for that em	ar residents v ked while a no ployer as all o	vorking both in and outside onresident for computations.) If their wages are taxable.
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while a nonresident must use the wage allo Nonresidents working all of their work time  11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)  12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city  13. Actual number of days or hours worked (Line 11 less line 12)  14. Enter actual number of days or hours worked in city  15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)  16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)  EXCLUDIBLE WAGES  17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)  18. Enter reason excludible wages  19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by EAST LANSING	ents who worked both cation to determine we for an employer in th	n in and outsic wages earned e city should	de of the city in city while skip this No	for the employer ve a nonresident (use nresident Wage Alli	rhile a e only vocation	nonresident. Part-ye wages and days won a section for that em	ar residents v ked while a no ployer as all o	working both in and outside onresident for computations.) If their wages are taxable.
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<ul> <li>while a nonresident must use the wage allo Nonresidents working all of their work time</li> <li>11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)</li> <li>12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city</li> <li>13. Actual number of days or hours worked (Line 11 less line 12)</li> <li>14. Enter actual number of days or hours worked in city</li> <li>15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)</li> <li>16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)</li> <li>EXCLUDIBLE WAGES</li> <li>17. Enter nonresident excludible wages (Total of lines 8 &amp; 9 less line 16)</li> <li>18. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by EAST LANSING</li> <li>20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)</li> <li>21. Total taxable wages (Line 8 plus line 9 less line 20)</li> <li>22. Total wages (Add lines 8 and 9 for all emple amount reported on Form CF-1040, page 1</li> </ul>	ents who worked both cation to determine we for an employer in the management of the	n in and outsic wages earned e city should (or source)	de of the city in city while skip this No	r for the employer ve a nonresident (use nresident Wage All	chile a se only vocation	nonresident. Part-ye wages and days won section for that em  % source) 2 51 4 8 5	ar residents v ked while a no ployer as all o	working both in and outside onresident for computations.) If their wages are taxable.
<ul> <li>while a nonresident must use the wage allo Nonresidents working all of their work time</li> <li>11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)</li> <li>12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city</li> <li>13. Actual number of days or hours worked (Line 11 less line 12)</li> <li>14. Enter actual number of days or hours worked in city (Line 14 divided by line 13; default is 100%)</li> <li>16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)</li> <li>EXCLUDIBLE WAGES</li> <li>17. Enter nonresident excludible wages (Total of lines 8 &amp; 9 less line 16)</li> <li>18. Enter resident excludible wages reported on lines 17 and/or 18 are not taxable by EAST LANSING</li> <li>20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)</li> <li>21. Total taxable wages (Line 8 plus line 9 less line 20)</li> <li>22. Total wages (Add lines 8 and 9 for all emplements of the property of the plus line 9 less line 20)</li> </ul>	Employer  Employer and other sources, line 1, column A; Part-C, line 1, column A)	n in and outsic wages earned e city should  (or source)  2130 s; must equal year residents	de of the city in city while skip this No	r for the employer ve a nonresident (use nresident Wage All	chile a se only vocation	nonresident. Part-ye wages and days won section for that em  % source) 2 51485  AST LANSING	ar residents v ked while a no ployer as all o	working both in and outside onresident for computations.) If their wages are taxable.

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Your Sign	ature					Date	Spou	ıse's Sigr	nature (If filing join	nt return, b	oth must sign.)	Date		97412 Phone No	98 . (Include a	rea code)
PAID PRE	PARE	R USE ON	LY If	prepared by a p	erson other t	han taxpay	er, this cer	tification	is based on all info	ormation of	which the prepar	er has any kno	wledge.			
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	(First 10 Characters) JANGIR Your Social Security Numl	ber 8217	88434
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	5361
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	536
9.	Deductions From Federal Adjusted Gross Income	9.	
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	
	b. Enter the amount of the child deduction	10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	0.5.5
11.	Deduction amount	11.	255
12.	a. Add Lines 9, 10b, and 11 b. Subtract Line 12a from Line 8	12a. 12b.	255 281
13.	Part-year Residents and Nonresidents Taxable Percentage	120.	0.00
14.	N.C. Taxable Income	14.	281
15.	N.C. Income Tax	15.	13
16.	Tax Credits	16.	15
17.	Subtract Line 16 from Line 15	17.	12
18.	Consumer Use Tax	18.	12
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	12
20a. 20b.	Your tax withheld Spouse's tax withheld	20a. 20b.	18
20b.			18
20b. <u>Other</u>	Spouse's tax withheld  Tax Payments	20b.	18
20b. <b>Other</b> 21a.	Spouse's tax withheld  Tax Payments  2023 estimated tax	20b. 21a.	18
20b. Other 21a. 21b.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension	20b.	18
20b.  Other  21a. 21b. 21c.	Spouse's tax withheld  Tax Payments  2023 estimated tax	20b. 21a. 21b.	18
20b. Other 21a. 21b.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	18
20b.  Other  21a. 21b. 21c. 21d.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments	20b. 21a. 21b. 21c. 21d.	
20b.  Other  21a. 21b. 21c. 21d. 22.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation	21a. 21b. 21c. 21d. 22.	
20b.  Other  21a. 21b. 21c. 21d. 22. 23.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22	21a. 21b. 21c. 21d. 22. 23.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds	21a. 21b. 21c. 21d. 22. 23. 24.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Spouse's tax withheld  Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  int of Refund to Apply to:	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.  Amou	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment unt of Refund to Apply to:	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	18 18 18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.  Amou	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  and of Refund to Apply to:  Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.  Amou	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  and of Refund to Apply to:  Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	18
20b.  Other  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.  Amou  29. 30. 31.	Tax Payments  2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  and of Refund to Apply to:  Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	18

### D-400TC (50)

## 2023 Individual Income Tax Credits

DOR Use Only

8-16-23

2. 3. North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name	e (First 10 Characters)	JANGIR		Your S	ocial Security Number	821788434	ŀ
01	53615	07B	1	10A	0	13	0
02	2130	08A	0	10B	0	14	0
04	1335	08B	0	11A	0	15	0
06	69	09A	0	11B	0	19	0
07A	53	09B	0	12	0		

#### Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

 Total income from all sources while a resident of N.C. modified by N.C. adjustments to federal gross income

federal gross income	1.	53615
Portion of Line 1 that was taxed by another state or country	2.	2130
Divide Line 2 by Line 1	3.	0.0397
Total North Carolina income tax (From Form D-400, Line 15)	4.	1335

- Total North Carolina income tax (From Form D-400, Line 15)
   Multiply Line 4 by Line 3
   Amount of net tax paid to the other state or country on the income shown on Line 2
   6.
- 7a. Credit for Income Tax Paid to Another State or Country
   7b. Number of states or countries for which a credit is claimed
   7b. 1

#### Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2023 is the first year the credit is taken. **Note:** For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

8a.	An income-producing historic structure (Article 3D)	8a.	0
8b.	Enter installment amount of credit	8b.	0
9a.	A nonincome-producing historic structure (Article 3D)	9a.	0
9b.	Enter installment amount of credit	9b.	0
10a.	An income-producing historic mill facility (Article 3H)	10a.	0
10b.	Enter amount of credit	10b.	0
11a.	A nonincome-producing historic mill facility (Article 3H)	11a.	0
11b.	Enter installment amount of credit	11b.	0
12.	An income-producing historic structure (Article 3L)	12.	0
13.	A nonincome-producing historic structure (Article 3L)	13.	0
	(If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.)		



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Part 3.	Computation o	<u>f Total Tax</u>	Credits to be	Taken for	Tax Year 2023

	·		
14.	Tax credits carried over from previous year	14.	0
15.	Reserved for Future Use	15.	0
16.	Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15	16.	53
17.	North Carolina income tax (From Form D-400, Line 15)	17.	1335
18.	Enter the lesser of Line 16 or Line 17	18.	53
19.	Business incentive and energy tax credits	19.	0
	(Attach Form NC-478 and any required supporting schedules to the front of Form D-400.)		
20.	Total Tax Credits to be Taken for Tax Year 2023	20.	53

#### 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 M.I. Last Name 2. Filer's Full Social Security No. (Example: 123-45-6789) NISHA **JANGIR** 78 821 <del>—</del> If a Joint Return, Spouse's First Name M.I. Last Name 3. Spouse's Full Social Security No. (Example: 123-45-6789) GOPESH SHARMA Home Address (Number, Street, or P.O. Box) 90 **—** 8990 683 **—** 3530 IVY COMMONS, APT. 202 ZIP Code 4. School District Code (5 digits) City or Town State RALEIGH NC 27606 10000 5. STATE CAMPAIGN FUND 6. FARMERS, FISHERMEN, OR SEAFARERS Check if you (and/or your spouse, if Filer filing a joint return) want \$3 of your taxes Check this box if 2/3 of your income is from farming, to go to this fund. This will not increase fishing, or seafaring. Spouse your tax or reduce your refund. 2023 FILING STATUS. Check one. 2023 RESIDENCY STATUS. Check all that apply. Single Resident a. \* If you check box "c." complete \* If you check box "b" or line 3 and enter spouse's full name "c," you must complete below: Married filing jointly Nonresident \* b. and include Schedule NR. Married filing separately\* Part-Year Resident \* 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.) 10800 00 a. Number of exemptions (see instructions)..... \$5,400 9a b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 00 \$3,100 9b. c. Number of qualified disabled veterans ..... 00 \$400 9c d. Number of Certificates of Stillbirth from MDHHS (see instructions) ..... 00 \$5,400 9d Claimed as dependent, see line 9 NOTE above ..... 00 9e f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 ..... 9f. 10800 00 53615 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)...... 00 10. Additions from Schedule 1, line 9. Include Schedule 1 00 11. 53615 00 Total. Add lines 10 and 11..... 12. 51485 00 Subtractions from Schedule 1, line 31. Include Schedule 1 13. 2130 loo Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" ............ 14. 429 00 Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... 15.

Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" ......

17. **Tax.** Multiply line 16 by 4.05% (0.0405) ......

16.

17.

1701

00

NON	-REFUNDABLE CREDITS	AMOUNT	CREDIT				
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	00	18b.	00			
19.	Michigan Historic Preservation Tax Credit (see instructions). 19a.	00	19b.	00			
20.	Income Tax. 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.	69 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-Til Program</i> , line 5	, ,	22.	00			
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state pur Worksheet 1 (see instructions)		23.	0 00			
24.	Total Tax Liability. Add lines 20 through 23	24.		69 00			
REF	JNDABLE CREDITS AND PAYMENTS						
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2		25.	00			
26.	Farmland Preservation Tax Credit. 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	00	27b.	00			
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form	3581	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. Include Schedule W (	(do not submit W-2s)	30.	91 00			
31.	Estimated tax, extension payments and 2022 credit forward		31.	00			
32.	<b>2023 AMENDED RETURNS ONLY.</b> Taxpayers completing an original and Amended returns must <b>include Schedule AMD (see instructions)</b> .	2023 return should skip to line 33.					
	32a. If you had a refund and/or credit forward on the original return, che negative number on line 32c.	eck box 32a and enter this amount as a					
	32b. If you paid with the original return, check box 32b and enter the an any additional tax paid after filing, as a positive number on line 32c		32c.	00			
33	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 3	30, 31 and 32c 33.		91 00			

REFU	JND OR TAX DUE									
34.	If line 33 is less than line 24, subtra	ct line 33 from line	24. If applicable 00		YOU OWE 34.				00	
35.	Overpayment. If line 33 is greater to	han line 24, subtra	act line 24 from	line 33	35.			2	22 00	
36.	Credit Forward. Amount of line 35	to be credited to y	our 2024 estima	ated tax for y	our 2024 tax return .	. 36.			00	
37.	Subtract line 36 from line 35				<b>REFUND</b> 37.			2	22 00	
	ECT DEPOSIT	a. Routing Tra	ansit Number	sit Number b. Account Nu			c. Type of Account			
	it your refund directly to your financial tion! See instructions and complete a, b	27247966	3	10475	15	1.	Checking	2. S	avings	
	eased Taxpayer. If Filer and/or Spouser DATE OF DEATH ONLY. Example:			dates below.	Preparer Certific this return is based or					
Filer		Spouse		-	Preparer's PTIN, FEI	N or SSN				
	ayer Certification. I declare under tachments is true and complete to the bes		at the information i	n this return	Preparer's Name (pri	• • •	SAGAR	GUPTA	TA	
Filer's	s Signature		Date		Preparer's Signature SYAM PRIY	A RAM	SAGAR	GUPTA	TA	
Spous	se's Signature		Date		Preparer's Business					

Filer's Full Social Security Number

Refund, credit, or zero returns. Mail your return to:

X By checking this box, I authorize Treasury to discuss my return with my preparer.

Michigan Department of Treasury, Lansing, MI 48956

E BRUNSWICK NJ 08816

GLOBAL TAXES LLC 245 ROONEY CT

678-965-9522

821 —

78

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Include with Form MI-1040. Type or	print	in blue or black ink.			Attachmen	ıt 01
Filer's First Name	M.I.	Last Name	Filer's Full Soc	ial Security No.	(Example: 123-45-6789)	
NISHA		JANGIR	821	<del></del>	<del></del>	
Additions to Income (all entries	mus	t be positive numbers)				
1. Gross interest and dividends fr	om o	bligations issued by states				Τ
(other than Michigan) or their p	olitic	al subdivisions		1.		00
		by income, including self-employment to				
federal return, and allocated sha	are of	tax paid by an electing flow-through er	itity (see instructions)	2.		00
3. Gains from Michigan column o	f MI-1	040D and MI-4797		3.		00
4. Losses attributable to other sta	ates (	see instructions)		4.		00
5. Net loss from federal column of	f you	Michigan MI-1040D or MI-4797		5.		00
		neral expense. Enter amount from line				
Michigan Report of Oil, Gas, an	d Noi	nferrous Metallic Minerals Extraction - I	ncome and Expenses	6.		00
7. Federal Net Operating Loss de	educti	on included in AGI		7.		00
9 Other (see instructions) Descri	ibo:			8.		00
o. Other (see manuchoris). Descr	ine			0.		100
9. Total additions. Add lines 1 t	hrou	gh 8. Enter here and on MI-1040, lin	e 11	9.	0	00
Subtractions from Income (all	entri	es must be positive numbers)				
		s and other U.S. obligations included	in MI-1040, line 10.			
		000		10.		00
		, from military retirement benefits due				
U.S. Armed Forces or Michigar	n Nati	onal Guard, or taxable railroad retirem	ent benefits	11.		00
12. Gains from federal column of N	Лichi	an MI-1040D and MI-4797		12.		00
					54.405	$\Box$
13. Income attributable to another	state	Explain type and source: <u>SCHEDU</u>	LE NR	13.	51485	00
14. Taxable Social Security benefit	ts or r	nilitary pay (not retirement) included o	on MI-1040, line 10	14.		00
The random decide deciding benefit		initially pay (net real enterty included t				1
15. Income earned while a resider	it of a	Renaissance Zone (see instructions)		15.		00
		efunds received in 2023 and included of				
		und received from an electing flow-thr	-	16.		00
· ·	_	m, MI 529 Advisor Plan, and Michigar	•	17		00
Life Experience i regram				'''		100
18. Michigan Education Trust				18.		00
19. Oil, gas, and nonferrous metal	lic mi	nerals income. Enter amount from line	7 of Form 5889,			
		nferrous Metallic Minerals Extraction - Ii	-	19.		00
		empted under a State/Tribal tax agree				
•		Bulletin 1988-47		20.		00
		gram. Enter amount from line 3 of Fo		21.		00
	, - · · ·	<u> </u>				T
22. MRTMA/marihuana expense s	ubtra	ction		22.		00
OO Missellenses LL C (		mustisms). Becauth		23.		00
23. Miscellaneous subtractions (se	e ins	ruciions). <b>Descripe!</b>		۷. ا		IUU

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)					
NISHA		JANGIR	821 — 78 — 8434					

#### **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**.

befo	efore continuing.													
24.		FI	LER				S	SPO	USE					
	A.	B.	C.	D.		E.	F.		G.	H.				
	Year of Birth (19xx)	Age as of 12-31-2023	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-2023		Check if spouse received benefits from SSA exempt employment	Check if spo retired as 01-01-2013 born after 1	of and			
	1989 34													
	(if married) was	an Standard Dec s born during the 7. Do not comp	25.			00								
	26. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse													
			e period January 1 · 31, 2023. <b>Do not</b>					26.			00			
			nount from line 16				-	27.			00			
			deduction for taxp eturn or \$27,424 o											
			ts (see instructions					28.			00			
			unremarried survivin born before 1946 wl											
29.	<b>Subtotal.</b> Add	lines 10 through	28					29.		51485	00			
		n NOL Deductions Deduction. Inc		30.			00							
31.	Total Subtract	tions. Add lines	29 and 30. Enter I	nere and on MI	-104	40, line 13		31.		51485	00			

## 2023 MICHIGAN Nonresident and Part-Year Resident Schedule

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

	de with Form MI-1040. Read a				this for	т. Т <u>.</u>	ype or pri	int in blue or bla	ick ir	ık. <i>F</i>	Attachmen	t 02	
1. File	er's First Name	M.I.	Last Na	me				2. Filer's Full Soci	urity No. (Example	: 123-45-6789	))		
ΝI	SHA		JAN(	GIR				821 — 78 — 8434					
	oint Return, Spouse's First Name	M.I.	Last Na					3. Spouse's Full Social Security No. (Example: 123-45-6789)					
GO	PESH		SHAI	RMA				683 <del>-</del>	- !	90 <del>-</del>	8990		
4.	2023 RESIDENCY STATUS: Check all that apply.			*Dates of <b>Michig</b>	an resid	ency	in 2023		1M-DI	D-YYYY, Examp		23)	
	a. X Nonresident			FROM:			- FILER	2023			— 202	23	
	b. Part-Year Resident of Enter dates of Michiga			2023* TO:			_	<del></del>			<del></del>		
ncor	me Allocation			A. Total Inc	come		В. М	ichigan Incom	e	C. Other Sta	er State(s) Income		
5.	Wages, salaries, other payments	s (tips,	etc.)	53	3615	00		2130	00		51485	00	
6.	Interest and dividends					00			00			00	
7.	Business and farm income (inclu U.S. Schedules C and F)					00			00			00	
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-479 or U.S. Form 4797					00			00			00	
9.	Income reported on U.S. Schedu U.S. Schedule E and supporting	,				00			00			00	
10.	Pensions, IRA distributions, annuand Social Security (see Form 48					00			00			00	
11.	Other (see instructions)					00			00			00	
12.	Total income. Add lines 5 through	h 11		53	3615	00		2130	00		51485	00	
13.	Enter the total adjustments from Describe:		040			00			00			00	
14.	Subtract line 13 from line 12. The column A should equal MI-1040, li amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	ne 10. 1, line	Enter 13 or, if	53	3615	00		2130	00		51485	00	
Exen	nption Allowance (If one spo	use is	a full-ye	ear resident, and t	he othe	r is r	not, see i	instructions.)					
15.	Enter amount from MI-1040, line	9f							15		10800	00	
16.	Enter Michigan source income fr	om line	e 14, colu	umn B 16	б. <u> </u>			2130 00					
17.	Enter total income from line 14, o	column	Α	17	7		5	3615 00	Г				
18.	Divide line 16 by line 17 (if line 1	6 is gre	eater tha	n line 17, enter 100%	<b>%</b> )				18.		3.97	%	
19.	If both spouses are part-year or inhere and on MI-1040, line 15. If here and on MI-1040, line 15	one sp	ouse is a	a full-year resident, o	complete	Wor	ksheet 6	and enter	19.		429	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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
NISHA		JANGIR	821 <b>—</b> 78 <b>—</b> 8434
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
GOPESH		SHARMA	683 — 90 — 8990

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

	1	В	С	D		E		
Enter '	'X" for: <b>Spouse</b>	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		38-6005984	MICHIGAN STATE U	2130	00	91	00	
					00		00	
					00		00	
					00		00	
					00		00	
Enter	Table	1 Subtotal from additional Sche			00			
4.	SUB	TOTAL. Enter total of Table 1, c	4.	91	00			

# TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	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 tax with	
			0	00	00
			0	00	00
			0	00	00
			0	00	00
				00	00
Enter Table	2 Subtotal from additional Scheo	dule W forms (if applicable)			00
5. <b>SUB</b>	TOTAL. Enter total of Table 2, co	5.	oc		
6. <b>TOT</b>	AL. Add lines 4 and 5. Enter here	0 6	3.	91 00	

**2023 CF-4220** 23MI-**ELA** -1040-0

# **EAST LANSING**

# 2023 INDIVIDUAL CITY INCOME TAX BARCODE DATASHEET

This datasheet is the cover sheet of your return. If the software generates this form please send this with your individual income tax return and all required attachments. Please do not staple your return.



Taxpayer's SSN	Taxpayer's first name		Imitial	Last name					
821-78-8434	NISHA			JANGIR					
Spouse's SSN	If joint return spouse's first name		Initial	Last name					
683-90-8990	GOPESH			SHARMA					
Present home address (Number and street)  Apt. no.									
3530 IVY COMMONS 202									
Address line 2 (P.O. Box address for mailing	use only)					·			
City, town or post office				State	Zip code				
RALEIGH				NC	27606				
Foreign country name	F	oreign province/c	ounty		Foreign postal code				



MAIL TO ADDRESS:

CITY OF EAST LANSING

PO BOX 526 EATON RAPIDS, MI 48827-0526 Revised 10/15/2020

CF	-104	0, PAGI	E 2	Ta	axpayer's name		Taxpayer's SSN					3MI- <b>E</b>	LA	-104	0-2
				N	NISHA JANGIR			821-	78-8434						
EX	EMF	PTIONS			Date of birth (mm/dd	/уууу)	Regular	65 or over	Blind	Deaf [	Disabled				
SC	HED	ULE	1a. \	⁄ou	01/26/1	989	X					1e. Ente	r the nun		
			1b. S	Spouse	01/22/1	988	X						1a and		2
1d.	List D	ependents	1c.	Che	eck box if you can be claimed	d as a dependent on	another pers	on's tax return							
#	ı	First Name			Last Name	Social Sec	curity Number	Re	lationship	Date	of Birth		r numbei ndent ch		
1.													d on line		
2.					•										
3.													r number	of other	
4.												line '		sted on	
5.															
6.												1h. Total	exempt		
7.														d also on	2
8.												page	1, line 2	!1a)	
ΕX	CLL	IDED W			TAX WITHHELD S				esident wa	iges gene					
W-2	Col.			LUMN B URITY NUME	COLUMN ( BER EMPLOYER'S ID N		COLUMN XCLUDED W		FAILUF	_		LUMN E WITHHELD			
#	Tor			V-2, box a)	(Form W-2, bo	l l	h Excluded V		ATTAC FORMS TO			V-2, box 19)		m W-2, bo	
1.	Т	821-	78-	8434	38-6005984	1		0	WILL D			21	EAST	LANS	ING
2.	Т	821-	78-	8434	56-6000756	5		51485	PROCES			0			
3.									RETURN. INFORM	-					
4.									STATE						
5.									PRINTE	I.					
6.									TA PREPAR						
7.									SOFTWA						
8.									NOT ACC						
9		`			rt-yr residents on Sch TC)			51485	<< Enter on po			21	<< Er	iter on pg 1	, In 24a
DE	DUC	CTIONS	SC	HEDULE	(See instructions;	deductions a	llocated o	on the san	ne basis as	s related i	ncome)		DEDUCT	IONS	
1.	IRA d	eduction (A	ttach	copy of Sched	dule 1 of federal return & evi	idence of payment)						1			
				-	alified plans (Attach copy of		ral return)				2				
		-			ch copy of CF-2106 and deta										
					, Military ONLY) (Attach co							•			
					HILD SUPPORT. Attach co	py of Schedule 1 of	federal return	ו)							
_				•	h Schedule RZ OF 1040)	4 " 40)					-				
					line 6, enter total here and o	, , ,	I (I (D)								
_					here taxpayer (T), addresses (Include city, state							1 1/	20.4		
	ARK	return is t	he sa	me as listed o	on last year's return, print "Sa	ame." If no return file	d last year, lis	st reason. Cont	inue listing this t	ax year's resid				TO	_
1,	S, B				on page 1 of this return is in		on, enter cur	rent residence	(domicile) addre	SS.		MONTH	DAT	MONTH	DAY
_	-	NOT TE	equ	irea t	o file in 202										
$\vdash$															
$\vdash$															
TH	IBD	PARTY	DF	SIGNEE								I	1		
					scuss this return with the Inco	ome Tax Office?		Yes, complete	the following	XN	0				
Des	gnee's								Phone		Pei	sonal identifica	ation		
nam	0								No.			nber (PIN)			
					declare that I have exami										
	co				a resident claiming a cred other than taxpayer, the	•		•	•	•			ided pay	yment to t	hat
SIG	N TA					Date (MM/DD/YY)		yer's occupation	Tation of Willor		phone number		If dec	eased, date	of death
HEF							POS	ST DOCT	ORAL FE	(517	7)974-	1298			
		OUSE'S SIGN	ATUR	E		Date (MM/DD/YY)	Spouse	e's occupation		Daytime	phone number	er	If dec	eased, date	of death
							HON	ME MAKEI	R						
	So	me cities are	usin	g new commu	ınication methods. If your Cit	ty participates and yo	ou would like	email notification	ons regarding im	portant change	s and Inco	ne Tax related	informat	ion please	provide
	you	ur email add	ress.	No City will e	mail you asking for your soc	ial security number.	Email								
Z.					THAN TAXPAYER	•			Date (MM/DD/		PTIN, EIN or		3171	965	
ARE }	j S	YAM PI	RIY	A RAM	SAGAR GUPTA				02/22/	/24	Preparer's pl	(07	8)96	5-952	22
PREP.	ō				ed), ADDRESS AND ZIP CODE BRUNSWICK NJ	GLOBAL TA 08816	XES LI	LC .			sof	CTP tware nber	1555		

			ayer's SSN	│ 2023 F∆ST I ∆			ANSING	
NISHA JANGIR	1050 00U5DI		1-78-8					Au 1 101
WAGES AND EXCLUDIBLE W All W-2 forms must be attached			-	GE 1, LINE 1,	COL	-UMN B 1555	REV 02/08	Attachment 2-1  B/24 PRO  Revised 06/15/2017
Use this form to provide details for all Forms W- employee for which you did not receive a W-2; reported on Form W-2; disability pensions show shown on Form 1099-R from excess salary defeuse this form to calculate excludible (nontaxable employer are also reported on Form CF-1040, p	2 and all other wage ind ips reported on federal in on Form 1099-R if the rrals and/or excess con	come reported Form 4137; tax e taxpayer has tributions (plus	on federal Fo able dependent not reached t earnings); w	ent care benefits; emp the minimum retireme rages from Form 8919	oloyer-p nt age ), line 6	e 7), or 1040EZ (line 1 provided adoption beneset by the employer; co ; and other wage items	efits; scholarshi prrective distrib not included ir	es received as a household p and fellowship grants not utions from a retirement plan n a Form W-2.
WAGES, ETC.	Employer (or source) 1		1	Employer (or source) 2			Em	nployer (or source) 3
Employer's ID number (W-2, box b) or source's ID Number if available	38-6005984		56-6000756					
Employer's name (Form W-2, box c) or source's name	MICHIGAN STATE UNIVERSITY		NC STATE UNIVERSITY					
3. SSN from Form W-2, box a	821-78-8434			821-78-8434				
4. Enter T for taxpayer or S for spouse		T			T			
5. Dates of employment during tax year	From 01/01/2023	To 01/16	/2023	From 01/17/2023		0 12/31/2023	From	То
Mark (X) box If you work at multiple locations in and out of EAST LANSING	L							
Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street	426 AUDITORIUM RD ROOM 110			CAMPUS BOX 7233				
number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	EAST LANSING MI 48824			RALEIGH NC 276957233				
Wages, tips, other compensation     (Form W-2, Box 1); report statutory     employee wages as zero		21	30			51485		
Wages not included in Form W-2, box 1     (See instructions)								
10. Code for wage type reported on line 9							<u> </u>	
NONRESIDENT WAGE ALLOCATION	Employer	(or source)	1		≏r (∩r	source) 2	I Fm	nployer (or source) 3
For use by penresidente or part year reside	nto who worked both	,		. ,	,	,		, ,
while a nonresident must use the wage allo	cation to determine v	in and outsic	le of the city	for the employer we a nonresident (use	vhile a	nonresident. Part-ye wages and days wor	ear residents v ked while a n	working both in and outside onresident for computations.)
For use by nonresidents or part-year reside while a nonresident must use the wage allk Nonresidents working all of their work time 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours included in line 11, only if work performed	cation to determine v	in and outsic	le of the city	for the employer we a nonresident (use	vhile a	nonresident. Part-ye wages and days wor	ear residents v ked while a n	working both in and outside onresident for computations.)
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