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

Subm	ission Identification Number (SID)		-		
Taxpaye	er's name	Social securit	ty numb	per	
ANA	NDARAJ SELVARAJU	782-90-	-571	5	
Spouse	's name	Spouse's soc	ial secu	urity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you a	re au	thorizing	g.)
Enter	whole dollars only on lines 1 through 5.				,
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1		7,866.
2	Total tax		2		7 , 193.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		9,648.
4	Amount you want refunded to you		4		2,455.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende				
to send for any Agent in payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for row delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the first of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation ress days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lal identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tr U.S. Treasury andicated in the traition to debit the authorizate the authorizate puests must be the processing of a payment. I furt	ransmise raceing the control of the	ssion, (b) designated paration so this according to the thin accor	the reason of Financial oftware for count. This (cancel) a ster than 2 payment of ge that the
	onic Funds Withdrawal Consent.	_			7
	ayer's PIN: check one box only	0	5 7	7 1 5	
×	I authorize GLOBAL TAXES LLC to enter or generat	ř Ent	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	ao	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Yours	signature ▶ Date ▶				
Snous	se's PIN: check one box only				-
Г	I authorize to enter or generat	e my PIN			as my
	ERO firm name		ter five	digits, but	_
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2	7 1
	= IIIV III Elitor your olk digit Elitt tollowed by your into digit our oblocted till.	Don't ent			
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers or	omitting this retu	ırn in a	accordanc) I am now e with the
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20		See se	parate in:	structions.
Your first name	and m	iddle initial	Last n	ame						Your so	ocial secu	rity number
ANANDAR <i>A</i>	Λ.Τ.		SEL	VARAJU						782	90 5	5715
		s first name and middle initial	Last n									ecurity number
												-
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.		Preside	ential Elec	tion Campaign
3410 SUF	REY	HEIGHTS DR						301			here if you	
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP o					ointly, want \$3
EAGAN					M	N	551	L22		-	this fund low will no	d. Checking a
Foreign country	/ name			Foreign province/state/				gn postal o	ode		x or refund	0
											You	Spouse
Filing Status	X	Single				☐ Head of h	ousel	nold (HOI	H)			
•		Married filing jointly (even if only o	ne had	income)				`	,			
Check only one box.		Married filing separately (MFS)		•		☐ Qualifying	survi	ving spo	use (QSS)		
0.10 20/11	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che						ild's nam	ie if the
	-	, ialifying person is a child but not you		ndont.								
			. ,									
Digital		ny time during 2023, did you: (a) reco			-		-				_	s 🗵 No
Assets		nange, or otherwise dispose of a digi					el) ? (S	ee mstru	CLION	S.)	Yes	; <u>~</u> NO
Standard	_	neone can claim: You as a de	•			•						
Deduction	Ш;	Spouse itemizes on a separate retur	n or yo	ou were a dual-status	aller	1						
Age/Blindness	You	: Uwere born before January 2, 1	959	Are blind Spo	ouse	: Uwas bor	rn bef	ore Janu	ary 2	, 1959	☐ Is b	blind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if qual	ifies for (se	ee instructions):
If more		First name Last name		number		to you	•	Child	tax cre	edit	Credit for o	other dependents
than four												
dependents,												
see instructions and check	`											
here											<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .						1a		79,036.
Attach Form(s)	b	Household employee wages not re	eported	d on Form(s) W-2 .						. 1b	,	
W-2 here. Also	С	Tip income not reported on line 1a	a (see ir	nstructions)						10	;	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	1		
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441, line 26						1e	,	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						1f	:	
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 1g	<u> </u>	
W-2, see	h	Other earned income (see instruction	ions)				η.			1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>li</u>						
	Z	Add lines 1a through 1h		· · · · · · i						1z	<u>:</u>	79,036.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b	,	
if required.	<u>3a</u>	Qualified dividends	3a		b C	Ordinary divide	nds .			3b	,	
Standard	4a	IRA distributions	4a			axable amoun				4b	<u> </u>	
Deduction for—	5a		5a			axable amoun				5b		
Single or Married filing	6a	,	6a			axable amoun	t		٠ _	6b)	
separately,	С	If you elect to use the lump-sum e		·	`	,				_		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							. L	J 7		11 15
jointly or Qualifying	8	Additional income from Schedule	-							8		<u>-11,170.</u>
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	com	e				9		67,866.
\$27,700 • Head of	10	Adjustments to income from Sche								10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•							11		67,866.
If you checked	12	Standard deduction or itemized								12		13,850.
any box under Standard	13	Qualified business income deducti	ion froi	m Form 8995 or Form	899	95-A				13		10.050
Deduction, see instructions.	14	Add lines 12 and 13								14		13,850.
	15	Subtract line 14 from line 11. If zer	o or le	ss enter-()- This is v	Our '	taxable incom	16			15	s	54.016.

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌	16	7,193.
Credits	17	Amount from Schedule 2, lin					17	
	18	Add lines 16 and 17					18	7,193.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19	
	20	Amount from Schedule 3, lin	ie 8				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			22	7,193.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is	your total tax				24	7,193.
Payments	25	Federal income tax withheld						
,	а	Form(s) W-2				25a 9	,648.	
	b	Form(s) 1099				25b		
	С	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					250	9,648.
If you have a	26	2023 estimated tax payment	ts 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	m Schedule 8812			28		
	29	American opportunity credit	from Form 8863	3, line 8		29		
	30	Reserved for future use .						
	31	Amount from Schedule 3, lin						
	32	Add lines 27, 28, 29, and 31	32					
	33	Add lines 25d, 26, and 32. T					33	9,648.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	34	2,455.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, chec	ck here	. 🗌 35a	2,455.
Direct deposit?	b	Routing number 0 9 1				_	Savings	
See instructions.	d	Account number 8 0 9	2 2 6 4	1 3 7				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.				
You Owe		For details on how to pay, g					37	
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party		you want to allow another	•				manlata halaw	. 🔀 No
Designee		structions signee's		Phone			omplete below onal identification	
		me		no.			er (PIN)	
Sign		der penalties of perjury, I declare the						
Here	bel	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informatio	n of which prepa	arer has any knowledge.
	Yo	ur signature		Date	Your occupation		ent you an Identity	
						ידי	(see inst.)	PIN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return.	noth must sign	Date	IT EMPLOYE Spouse's occupati		, ,	ent vour spouse an
Keep a copy for your records.	Ор	Spouse's signature. If a joint return, both must sign.		Bate	opouse s occupan		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
	Ph	one no. (612) 434-161	9	Email address	ANANDSELVA2	710@GMAIL.CO	 M	
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/30/2024	P02082703	Self-employed
Preparer	Fin	m's name GLOBAL TAX	XES LLC					(678) 965-9522
Use Only	Fin		Y CT E BRU	NSWICK N	J 08816		Firm's EIN	·
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO		Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

ANANDARAJ SELVARAJU

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

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 782-90-5715

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-11,170.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- (
_	1040, line 1a or 1d	8s (2	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
_	Tatal atherina and Add Break October 199	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-11,170.
	1070.1070°011.011070°1811.11160		10	/ U •

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
_	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
_	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

	NDARAJ SELVARAJU						782	-90-571	5		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you a	are an i	individual, re	port farm		
Α	Did you make any payments in 2023 that would require you	to file F	orm(s) 1	099? S	See ins	structions .		<u>\</u> Y	es 🛛 N		
В	If "Yes," did you or will you file required Form(s) 1099?								0		
1a	Physical address of each property (street, city, state, ZIF										
Α	H NO.221, K.K.P.STREET, A.S.PETTAI, NAM			TT.NA	DII	TN 63700	1				
В	ii No.2217 N.N.I.OINDEI7 II.O.IEIIMI7NII	111111111	- /	11 111/21		111 03700.					
C											
1b	(from list below) above, report the number of fair	above, report the number of fair rental a					l Personal Use Days		QJV	QJV	
Α	personal use days. Check the Q			Α		320		0			
В	if you meet the requirements to f qualified joint venture. See instru	nie as a ictions		В							
С				С							
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ital	5 Land 6 Roya			Self-Rental Other (desc					
						Properti	ies:				
Incor				Α	1.0	В			С		
3	Rents received	3		6	10.						
4 Evno	Royalties received	4									
⊏xpe 5	nses: Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		7	20.						
8	Commissions	8		/	20.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1 7	45.						
12	Mortgage interest paid to banks, etc. (see instructions)	12			10.						
13	Other interest	13									
14	Repairs	14		3.4	12.						
15	Supplies	15			55.						
16	Taxes	16		-,-	•••						
17	Utilities	17		1,7	48.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		11,7	80.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must										
00	file Form 6198	21		-11,1	/ U .						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (11,17		(61.0)()	
23a	Total of all amounts reported on line 3 for all rental prope				23a		610	J •			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
C	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d	4 4	700				
e	Total of all amounts reported on line 20 for all properties				23e	11	780				
24	Income. Add positive amounts shown on line 21. Do not		•				_	24	11 170		
25	Losses. Add royalty losses from line 21 and rental real estate						_	25 (11,170	•)	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no										
	Schedule 1 (Form 1040), line 5. Otherwise, include this at							26	-11.17	0	





2023 Form M1, Individual Income Tax Do not use staples on anything you submit.

	NDARAJ st Name and Initial	SELVA		782905715	10271	
tour Firs	st Name and miliai	Last Name		Your Social Security Number	four Date of	Birth (MM/DD/YYYY)
If a Joint	Return, Spouse's First Name and Initial	Spouse's La	st Name	Spouse's Social Security Number	Spouse's Date	e of Birth
	<u>) SURREY HEIGHTS D</u> Home Address	R APT #30)1	Check if Address is:	New	Foreign
EAGA City	AN			MN State	55122 ZIP Code	
202 3	Federal Filing Status	(place an X i	n one box):			
X (1)) Single (2) Married Filing Jointly		ng Separately	(4) Head of Household	(5) Qualifying	Surviving Spouse
	E Elections Campaign	Fund	heln candidates for state offices n	ay campaign expenses. This will not in	ocrease vour tay (or reduce your refund
Your Cod	Political Pa		Republican	Grassroots/Legalize Cannabis 14	Legal Marijuana	
Fron	n Your Federal Return	(see instructi	ions)			
A. Wage	79036 es, salaries, tips, etc. B. IRA,	pensions, and annuitie	es C. Unemployn	nent D. Fed	54016 deral taxable inco	
1	Federal adjusted gross income (fr	om line 11 of feder	al Form 1040 and 1040-SR) .		1 =	67866
2	Additions to income from line 10 d	of Schedule M1M aı	nd line 9 of Schedule M1MB ((see instructions)	2 🔳	
3	Add lines 1 and 2				3	67866
4	Itemized deductions (from Sched	ule M1SA) or your s	tandard deduction (see instr	ructions)	4 🔳	13825
5	Exemptions (from Schedule M1DC	QC)			5 🔳	
6	State income tax refund from line	1 of federal Schedu	lle 1		6 ■	
7	Subtractions from line 35 of School	lule M1M and line 2	21 of Schedule M1MB (see in	structions)	7 🔳	
8	Total subtractions. Add lines 4 thr	ough 7			8	13825
9	Minnesota taxable income. Subtr	act line 8 from line	3. If zero or less, leave blank.		9	54041
10	Tax from the table or schedules in	the Form M1 instru	uctions		10	3239
11	Alternative minimum tax (enclose	Schedule M1MT) .			11 🔳	
1 13	Add lines 10 and 11				12	3239
	Part-year residents and nonreside line 13, from line 28 on line 13a, a	nts: From Schedule	M1NR, enter the amount fro line 13b (enclose Schedule M	m line 32 on	13	3239

2023 M1, page 2



14	Other taxes, such as recapture amounts and the tax on lump-sur	m distributions (check appropriate boxes)	^ 2 3	1121,
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	3239
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits (e	enclose Schedule M1C)	16 ■	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank) Nongame Wildlife Fund contribution (see instructions)			
	This will reduce your refund or increase the amount you owe		18 ■	
19	Add lines 17 and 18		19	3239
20	Minnesota income tax withheld. Complete and enclose Schedule	e M1W to report		
	Minnesota withholding from Forms W-2, 1099, and W-2G and Scho	edules KPI, KS, and KF	20 ■	4646
21	Minnesota estimated tax and extension payments made for 202	3	21 ■	
22	Amount from line 11 of Schedule M1REF, Refundable Credits (se	e instructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	4646
24	REFUND . If line 23 is more than line 19, subtract line 19 from lin For direct deposit, complete line 25	e 23 (see instructions).	24 ■	1407
25				
25	Direct deposit of your refund (you must use an account not assorting Checking Savings 091000019 Routing Number	8092264137 Account Number		
	· ·			
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract line Penalty amount from Schedule M15 (see instructions). Also subt		26 ■	
	this amount from line 24 or add it to line 26 (enclose Schedule M		27 ■	
	Penalty and interest (see instructions)		28 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited to		20 =	
29	Amount from line 24 you want sent to you		29	
30	Amount from line 24 you want applied to your 2024 estimated t	ax	30 ■	
Тахр	ayer(s): I declare that this return is correct and complete to the be	est of my knowledge and belief.		
Your	· Signature S	Spouse's Signature If Filing Jointly)	Date	e (MM/DD/YYYY)
61	24341619 <i>I</i>	ANANDSELVA2710@GMAIL.COM		
Dayt		mail Address		
		03302024		2082703
		Date MM/DD/YYYY)	PTIN	N or VITA/TCE # (required
	89659522 Parer's Daytime Phone	syam@gtaxfile.com Preparer'sEmailAddress		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue to with the preparer or the third-party designee indicates		

Include a copy of your 2023 federal return and schedules.

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

REV 03/05/24 PRO 1031







2023 Schedule M1W, Minnesota Income Tax Withheld

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

ANANDARAJ		SELVA	RAJU	782905715			
Your First Name and Initia	ıl	Last Name		Your Social Security Numbe			
If a Joint Return, Spouse's F	irst Name and Initial	Spouse's Las	st Name			Spouse's	Social Security Number
If you received a feder complete this schedul amounts to the neare: W-2G; keep them with 1 Minnesota wages an	e to determine line st whole dollar. You n your tax records. nd Minnesota tax w	e 20 of Form M u must include All instructions	 List only the form this schedule when are included on the 	ms that rep n you file yo nis schedule	ort Minnesota incomour return. DO NOT se.	ne tax withh send in you	eld. Round dollar Forms W-2, 1099, o
complete line 5 on t		C Pay 15		D—Вох	16	E. Beur	17
A If the Form W-2 is for:	B—Box 13 If Retirement Plan	C—Box 15	even-digit Minnesota		ages, tips, etc.	E—Box	ota tax withheld
you, enter 1spouse, enter 2	box is checked, mark an X below.	Tax ID Numb	_		to nearest whole dollar)		o nearest whole dollar)
a1 <u>1</u>	_{b1} X	c1 MN	3351572	d1	79036	e1	4646
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for addition	nal Forms W-2 (fron	n line 5 on page	2)				
Total Minnesota tax	x withheld on all Fo	orms W-2 (add a	amounts in line 1, co	lumn E)		1 =	4646
2 Minnesota tax withl	held on Forms 1099). W-2G. and 10	42-S. If you have mo	re than fou	r forms, complete line	6 on the ba	ck.
Α		В	, , , , , , , , , , , , , , , , , , , ,	С		D	
If the Form 1099, W-2Gyou, enter 1spouse, enter 2	i, or 1042-S is for:	· ·	n-digit Minnesota Tax ID Inknown, contact the pa		amount (see the table on k for amounts to include)		esota tax withheld d to nearest whole dollar)
a1		b1 MN		c1		d1	
a2		b2 MN		c2		d2	
a3		b3 MN		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for addition	nal 1099, W-2G, and	d 1042-S (from I	line 6 on page 2)				
Total Minnesota tax	x withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2■	
3 Total Minnesota tax	x withheld by partn	erships, S corp	orations, and fiduci	aries			
	•					3 ■	
4 Total. Add the Minr Enter the total here						4 ■	4646