2023 MICHIGAN Indiv Return is due April 15, 2024. T				n M	II-1(040				ended Return ude Schedule AMD)]
1. Filer's First Name	M.I.	Last Name				2. Filer'	s Ful	Social Se	curity	No. (Example: 123-45-6789	9)
SHRIPAD		DHOOPAGUNTA	7				17		ГЭ	1 - 0 -	
If a Joint Return, Spouse's First Name	M.I.	Last Name					47		53		
						3. Spot	ıse's	Full Social	Secur	rity No. (Example: 123-45-6	789
Home Address (Number, Street, or P.O. Box)		1000				8	36		33		
1901 KNIGHTS BRIDGE City or Town	RD	, APT 1203 State	ZIP Code			4 Scho	ol Die	strict Code	(5 dia	uite)	
FARMER'S BRANCH		TX	75243	2		4. Oone		2020	(o dig	nto)	
5. STATE CAMPAIGN FUND		IIV	1 /3213		FARM	IFRS FIS			R SF	AFARERS	
Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not incr your tax or reduce your refund.	r taxes	a. Filer b. Spouse			\neg		box	if 2/3 of y		ncome is from farming,	
7. 2023 FILING STATUS. Check one				8. 2	2023	RESIDEN	CYS	STATUS.	Chec	k all that apply.	
a. Single	* If y	ou check box "c," compl	lete	а. [Χ	Resident					
. 🗖	line 3	and enter spouse's full								* If you check box "b" or "c," you must complete	r
b. Married filing jointly	belov	V:		b. [Nonreside	ent *			and include Schedule	
c. X Married filing separately*	SR	ICHANDANA HI	INGE	с. [Part-Year	Res	ident *		NR.	
a. Number of exemptions (see in		•				1	х	\$5,400	9a.	5400	00
 b. Number of individuals who qua blind, hemiplegic, paraplegic, 					ıf, 9b.		x	\$3,100	9b.		00
c. Number of qualified disabled v	/eterar	ıs			9c.		x	\$400	9c.		00
d. Number of Certificates of Stillb	oirth fro	om MDHHS (see instruc	tions)		9d.		x	\$5,400	9d.		00
e. Claimed as dependent, see lir	ne 9 No	OTE above			9e.				9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9	e. Ent	er here and on line 15						Г	9f.	5400	00
10. Adjusted Gross Income from yo	our U.S	S. Form 1040 (see instru	uctions)					. 10.		87604	00
11. Additions from Schedule 1, line 9	. Inclu	de Schedule 1						. 11.			00
12. Total. Add lines 10 and 11								. 12.		87604	00
13. Subtractions from Schedule 1, lin	ne 31.	Include Schedule 1						. 13.			00
14. Income subject to tax. Subtract	line 1	3 from line 12. If line 13	is greater tha	an line	12, eı	nter "0"		. 14.		87604	00
15. Exemption allowance. Enter am	nount f	rom line 9f or Schedule	NR, line 19					. 15.		5400	00

16. **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.

NON-	REFUNDABLE CREDITS	AMOUNT	_	CREDIT
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a. 0	0 18b.	00
19.	Michigan Historic Preservation Tax Credit (see instructions). 1	9a. <u>0</u>	0 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.	3329 00
21.	Voluntary Contributions from Form 4642, line 6. Include Form 4	642	21.	00
22.	Penalty for nonqualified withdrawal from Form 5792, <i>Michigan Forgram,</i> line 5	, ,	22.	00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-sta Worksheet 1 (see instructions)	•	23.	0 00
24.	Total Tax Liability. Add lines 20 through 23	2	4.	3329 00
REFL	INDABLE 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	27a. 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 Schedu	le W (do not submit W-2s)	30.	3610 00
31.	Estimated tax, extension payments and 2022 credit forward		31.	00
32.	2023 AMENDED RETURNS ONLY. Taxpayers completing an ori Amended returns must include Schedule AMD (see instruction		33.	
	32a. If you had a refund and/or credit forward on the original retunegative number on line 32c.	ırn, check box 32a and enter this amount	as a	
	32b. If you paid with the original return, check box 32b and enter any additional tax paid after filing, as a positive number on I			00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28	3, 29, 30, 31 and 32c 3	3.	3610 00

2023 MI-1040, F	Page 3 of 3
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Filer's Signature

Spouse's Signature

REFUND OR TAX DUE 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. YOU OWE 00 00 00 Include interest and penalty 34 281 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33 100 Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return .. 36 00 281 DIRECT DEPOSIT a. Routing Transit Number b. Account Number c. Type of Account Deposit your refund directly to your financial institution! See instructions and complete a, b 1. X Checking 2. Savings 211391825 41201534 Preparer Certification. I declare under penalty of perjury that Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2022, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2023 (MM-DD-YYYY) this return is based on all information of which I have any knowledge. Preparer's PTIN, FEIN or SSN Filer Spouse P02082703 Preparer's Name (print or type) Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Full Social Security Number

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

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

SYAM PRIYA RAM SAGAR GUPTA

<u>SYAM PRIYA RAM SAGAR GUPTA</u>

Preparer's Business Name, Address and Telephone Number

Preparer's Signature

GLOBAL TAXES LLC 245 ROONEY CT

678-965-9522

847 -

53

- 1595

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

Date

Date

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)
SHRIPAD		DHOOPAGUNTA	847 — 53 — 1595
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

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

TODAY TO THE PORT OF THE PORT							
Α	В	С	D		E		
Enter "X"		Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld		
Х	83-1484034	STRYKER EMPLOYME	87604	00	3610	00	
				00		00	
				00		00	
				00		00	
				00		00	
Enter Ta	ble 1 Subtotal from additional Sche			00			
4. S	UBTOTAL . Enter total of Table 1, c	4.	3610	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 income tax withheld		
			00	00		
			00	00		
			oc	00		
			oc	00		
			00	00		
Enter Table	Enter Table 2 Subtotal from additional Schedule W forms (if applicable)					
5. SUE	STOTAL. Enter total of Table 2, c	olumn E	5.	00		
6. TOT	AL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30) 6.	3610 00		

REV 02/16/24 PRO