

### **Income Tax Return Payment**

#### Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

**Note:** Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

#### Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

#### **Pay Electronically**

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Credit or Debit Card** from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type
   ACH Credit into the Search box.

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Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.

1031



■ ■ ■ OF REVENUE		
Income Tax Return Payment	Preparer Tax Identification Number:	P02082703
KARTHIK GOUD RESU	Social Security Number (required):	881206861
8675 MARIGOLD CIR Apt #218 EDEN PRAIRIE MN 55344	Spouse's Social Security Number:	001200001
	Tax-Year End:	123123
Make check payable to:		
Minnesota Revenue		
P.O. Box 64054, St. Paul, MN 55164-0054	Amount of Check:	297 00





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

	THIK GOUD st Name and Initial	RESU Last Name	8812068 Your Social Sec		08181 Your Date of	992 Birth (MM/DD/YYYY)
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social	Security Number	Spouse's Dat	te of Birth
	MARIGOLD CIR A Home Address	PT #218	Check if Addres	ss is:	New	Foreign
			MN State		55344 ZIP Code	
	Federal Filing Status	(place an X in one	box):			
× (1)	) Single (2) Married Filing Jointly	(3) Married Filing Separat Spouse Name Spouse SSN		ousehold	(5) Qualifying	g Surviving Spouse
	Elections Campaign I \$5 to this fund, enter the code for the part		dates for state offices pay campaign expens	es. This will not inc	rease your tax	or reduce your refund.
Your Cod	Political Pa	rty Code Numbers: Republica		ze Cannabis 14 L	egal Marijuan	a Now 17
From	n Your Federal Return	(see instructions)				
A. Wage	147895 es, salaries, tips, etc. B. IRA,	pensions, and annuities	C. Unemployment	D. Fede	11304 ral taxable inc	
1	Federal adjusted gross income (fr	om line 11 of federal Form 1	040 and 1040-SR)		1 ■	126898
2	Additions to income from line 10 c	of Schedule M1M and line 9 o	of Schedule M1MB (see instructions)	:	2 🔳	
3	Add lines 1 and 2			:	3	126898
4	Itemized deductions (from Schedu	ule M1SA) or your <b>standard</b> o	deduction (see instructions)		4 🔳	13825
5	Exemptions (from Schedule M1DC	c)		!	5 🔳	
6	State income tax refund from line	1 of federal Schedule 1			6 ■	
7	Subtractions from line 35 of Schea	ule M1M and line 21 of Sche	edule M1MB (see instructions)		7 ■	
8	Total subtractions. Add lines 4 thre	ough 7			8	13825
9	Minnesota taxable income. Subtr	act line 8 from line 3. If zero	or less, leave blank		9	113073
10	Tax from the table or schedules in	the Form M1 instructions .		10	0	7403
1	Alternative minimum tax (enclose	Schedule M1MT)		1	1 ■	
				1	2	7403
13		nts: From Schedule M1NR, e	· ·	1	3	7403

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14	Other taxes, such as recapture amounts and the tax on lump-sum	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	7403
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits (et	16 ■		
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank) Nongame Wildlife Fund contribution (see instructions)		7403	
	This will reduce your refund or increase the amount you owe $\dots$		18 ■	
19	Add lines 17 and 18		.19	7403
20	Minnesota income tax withheld. Complete and enclose Schedule			
	Minnesota withholding from Forms W-2, 1099, and W-2G and Sche	dules KPI, KS, and KF	20 ■	7106
21	Minnesota estimated tax and extension payments made for 2023	F	21 ■	
22	Amount from line 11 of Schedule M1REF, Refundable Credits (see	instructions; enclose Schedule M1REF)	22 ■	
23 24	Total payments. Add lines 20 through 22	23 (see instructions).		7106
25	Direct deposit of your refund (you must use an account not associated associa	ciated with a foreign bank):  Account Number		
26 27	<b>AMOUNT YOU OWE</b> . If line 19 is more than line 23, subtract line Penalty amount from Schedule M15 (see instructions). Also subtr this amount from line 24 or add it to line 26 (enclose Schedule M.	act		
	Penalty and interest (see instructions)		28 ■	
29	Amount from line 24 you want sent to you		29 ■	
30	Amount from line 24 you want applied to your 2024 estimated ta	х	30 ■	
Тахра	ayer(s): I declare that this return is correct and complete to the bes	t of my knowledge and belief.		
Your	Signature S <sub>F</sub>	pouse's Signature (If Filing Jointly)		e MM/DD/YYYY)
		ESUKARTHIK@GMAIL.COM		- , , ,
Dayti		nail Address		
		3192024		2082703
	Preparer's Signature D	MM/DD/YYYY)	PTII	N or VITA/TCE # (required
	89659522 arer's Daytime Phone Pr	reparer's Email Address		
cp	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue t		

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

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## 2023 Schedule M1W, Minnesota Income Tax Withheld

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

KARTHIK GOUD		RESU	RESU			881206861	
Your First Name and	d Initial	Last Name				Your Socia	l Security Number
If a Joint Return, Spo	use's First Name and Initial	Spouse's La	st Name			Spouse's S	ocial Security Number
If you received a complete this scl	federal Form W-2, 109 hedule to determine lir	99, W-2G, 1042- ne 20 of Form N	S, or Minnesota Sc 11. List only the for	ms that rep	ort Minnesota incom	innesota inc ne tax withho	ome tax withheld, eld. Round dollar
W-2G; keep then 1 Minnesota wa	nearest whole dollar. Your with your tax records ages and Minnesota tax of 5 on the back.	s. All instruction	s are included on t	his schedul	e.	-	
A	B—Box 13	C—Box 15		D—Box	16	E—Box 1	7
If the Form W-2  • you, enter	1 box is checked,		pployer's seven-digit Minnesota State wages, tips, etc. (round to nearest whole dollar)		-	Minnesota tax withheld (round to nearest whole dollar)	
• spouse, en	ter 2 mark an X below. b1 X	c1 MN	3538202	d1	24396	e1	1249
a2 <u>1</u>	<sub>b2</sub> X	c2 MN	9128874	d2	27933	e2	1607
a3 <u>1</u>	b3	c3 MN	3299621	d3	74602	e3	4250
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for a	dditional Forms W-2 (frc	om line 5 on pag	e 2)				
Total Minneso	ota tax withheld on all F	Forms W-2 (add	amounts in line 1, co	lumn E)		1■	7106
2 Minnesota tax	k withheld on Forms 109	99, W-2G, and 10	042-S. If you have mo	ore than fou	r forms, complete line	6 on the bac	k.
Α		В		C		D	
<ul><li>you, enter 1</li><li>spouse, enter</li></ul>		-	n-digit Minnesota Tax ID unknown, contact the pa		amount (see the table on k for amounts to include)		sota tax withheld I 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 a	dditional 1099, W-2G, a	nd 1042-S <i>(from</i>	line 6 on page 2)				
Total Minneso	ota tax withheld on all 1	1099, W-2G, and	<b>1042-S</b> (add amoun	ts in line 2,	column D)	2■	
	ota tax withheld by part					ર ■	
	e Minnesota tax withhel						_
Entar the tota	I have and on line 20 of	Form M1				4	7106