



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

	SHANK st Name and Initial		MAGDI Last Name			404971828 Your Social Security Number		81999 ate of Birth (MM/DD/YYYY)
If a Joint	Return, Spouse's First Name	and Initial	Spouse's Last Name			Spouse's Social Security Num	nber Spouse	's Date of Birth
	4TH ST SE B	ROWNSTONE	<u>APARTMENTS</u>	APT	#301	Check if Address is:	N	ew Foreign
City	NEAPOLIS	_				MN State	<u>554</u> ZIP Cod	14 le
2023	B Federal Filing	Status (plac	e an X in one	box):				
(1)	) Single (2) Married	S	) Married Filing Separat Spouse Name Spouse SSN			(4) Head of Household	(5) Qual	ifying Surviving Spouse
	e Elections Can \$5 to this fund, enter the co			idates for sta	te offices pay	campaign expenses. This will n	ot increase you	ır tax or reduce your refund.
Your Cod	le Spouse's Code	Political Party Code	•			Grassroots/Legalize Cannabis Libertarian		
Fron	1 Your Federal	Return (see	instructions)					
A. Wage	21117 es, salaries, tips, etc.	B. IRA, pension	0 s, and annuities	C. U	Jnemployme	Ont D.	7 . Federal taxab	827 le income
						o instructions)		21677
						e instructions)		21677
4	Itemized deductions (	from Schedule M15	SA) or your <b>standard</b>	deduction	(see instruc	tions)	. 4 🔳	13825
5	Exemptions (from Sch	edule M1DQC)					. 5 🔳	
6	State income tax refu	nd from line 1 of fed	deral Schedule 1				. 6 ■	
7	Subtractions from line	35 of Schedule M1	M and line 21 of Sch	edule M1N	1B (see insti	ructions)	7 ■	
8	Total subtractions. Ad	d lines 4 through 7					. 8	13825
9	Minnesota taxable in	come. Subtract line	8 from line 3. If zero	or less, lea	ıve blank.		. 9	7852
10	Tax from the table or	schedules in the For	rm M1 instructions .				10	420
11	Alternative minimum	tax (enclose Schedu	ıle M1MT)				11 🔳	
							12	420
13	Full-year residents: En Part-year residents an line 13, from line 28 or 13a	<b>d nonresidents:</b> From line 13a, and from	om Schedule M1NR, e	nter the an	nount from		13 —	420

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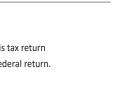


14	Other taxes, such as recapture amounts and the tax on lump-	-sum distributions (check appropriate boxes)	* 2 3 1 1 2 1 *
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳
15	Tax before credits. Add lines 13 and 14		15420
16	Amount from line 21 of Schedule M1C, Nonrefundable Credit	16 🔳	
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	17 420	
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe	18 🔳	
19	Add lines 17 and 18		.19420
20	Minnesota income tax withheld. Complete and enclose Sched Minnesota withholding from Forms W-2, 1099, and W-2G and S		<b>20</b> ■ 678
24	Minnesota estimated tax and extension payments made for 2		
21	winnesota estimated tax and extension payments made for z	2023	21
22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	<b>22</b> ■ <u>350</u>
23 24	Total payments. Add lines 20 through 22		1028
	For direct deposit, complete line 25		<b>24</b> ■608
25	Direct deposit of your refund (you must use an account not a Checking Savings $\frac{07500001}{\text{Routing Number}}$	nssociated with a foreign bank):  9 767551622 Account Number	
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract l		26 ■
27	Penalty amount from Schedule M15 (see instructions). Also su		_
	this amount from line 24 or add it to line 26 (enclose Schedule	e M15)	27 🔳
28	Penalty and interest (see instructions)		28 🔳
	OU PAY ESTIMATED TAX and want part of your refund credited	•	
29	Amount from line 24 you want sent to you		29
30	Amount from line 24 you want applied to your 2024 estimate	ed tax	30 🔳
Тахра	ayer(s): I declare that this return is correct and complete to the	best of my knowledge and belief.	
Your	Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)
	22444808	SHASHANKMAGDI8@GMAIL.COM	
	ime Phone	Email Address	D02002702
	AM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature	03112024 Date (MM/DD/YYYY)	P02082703 PTIN or VITA/TCE # (required
	89659522	syam@gtaxfile.com	
	arer's Daytime Phone	Preparer's Email Address	
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue t with the preparer or the third-party designee indica	

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 M1REF, Refundable Credits

SH.	ASHANK	MAGDI			71828
our	First Name and Initial	Last Name		Social S	ecurity Number
1	Child and Dependent Care Credit (encl	ose Schedule M1CD)		1	
2	Child and Working Family Credits (encl			2■	350
	Enter number of qualifying				
	Enter num	ber of qualifying older chi	ldren <b>2b</b>		
3	K-12 Education Credit (enclose Schedu	e M1ED)		3■	
	Ente	number of qualifying chil	dren <b>3a</b>		
4	Credit for Parents of Stillborn Children	(enclose Schedule M1PSC)	)	4■	
5	Refundable credit for taxes paid to Wis	consin (enclose Schedule I	M1RCR)	5■	
6	Credit for Historic Structure Rehabilita Enter National Pa	tion <i>(enclose certificate)</i> ark Service (NPS) project n		6■	
7	Enterprise Zone Credit (enclose DEED o	ertificate)		7■	
8	Angel Investment Credit			8■	
9	Pass-Through Entity Tax Credit (see ins Enter the Minnesota Tax ID Number an If you claimed more than three Pass-Th	d amount associated with	each Pass-Through Entity (	Credit.	
	MN Tax ID Number:	Credit Amount:			
	MN Tax ID Number:	Credit Amount:			
	MN Tax ID Number:	Credit Amount:			
10	Claim of right (see instructions)			10 ■	
11	Add lines 1 through 10. Enter the resul	t hara and an line 22 of Ea	orm M1	11	350

You must include this schedule with your Form M1.





## 2023 Schedule M1W, Minnesota Income Tax Withheld

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

SHASHANK	tat a l		MAGDI				404971828 Your Social Security Number	
our First Name and Ini	ittai	Last Name				Your Social	Security Number	
f a Joint Return, Spouse	's First Name and Initial	Spouse's La	st Name	Spouse's So	Spouse's Social Security Number			
complete this sched amounts to the nea W-2G; keep them w	deral Form W-2, 1099 dule to determine lind rest whole dollar. You rith your tax records. s and Minnesota tax w	e 20 of Form N u must include All instruction	<ol> <li>List only the form this schedule when a are included on the</li> </ol>	ms that rep n you file yo nis schedule	ort Minnesota incom our return. <b>DO NOT</b> s	ne tax withhe send in your	eld. Round dollar Forms W-2, 1099, or	
complete line 5 o							_	
A	B—Box 13	C—Box 15	dieit Minores	D—Box 16		E—Box 17		
If the Form W-2 is fo	or: If Retirement Plan box is checked,	Employer's s Tax ID Numb	seven-digit Minnesota		State wages, tips, etc.		Minnesota tax withheld (round to nearest whole dollar)	
<ul><li>you, enter 1</li><li>spouse, enter 2</li></ul>		lax ID Nullik	Jei	(rouna t	o nearest whole dollar)	(rouna to	neurest whole dollary	
a1 <u>1</u>	b1	c1 MN	8029894	d1	21117	e1	678	
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 addit	tional Forms W-2 (fron	n line 5 on pag	e 2)					
Total Minnesota	tax withheld on all Fo	orms W-2 (add	amounts in line 1, co	lumn E)		1 🔳	678	
Minnesota tay wi	ithheld on Forms 1099	) W-2G and 10	M2-S. If you have mo	re than fou	r forms complete line	6 on the had	k	
A	itilileid oli i olilis 1093	B	142-3. II you have me	C	i ioiiiis, complete iiile	D D	Χ.	
	-2G, or 1042-S is for:	_	n-digit Minnesota Tax ID		amount (see the table on	_	sota tax withheld	
<ul><li>you, enter 1</li><li>spouse, enter 2</li></ul>	20, 01 1042 3 13 101.	•	unknown, contact the pa		k for amounts to include)		to nearest whole dollar)	
a1		b1 MN		c1		d1		
a2		b2 MN		c2		d2		
				<u>-</u>		·		
a3								
a4		D4 IVIN		c4		d4		
Subtotal for addit	tional 1099, W-2G, and	d 1042-S <i>(from</i>	line 6 on page 2)					
Total Minnesota	tax withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2, o	column D)	2 🔳		
	tax withheld by partn							
	age 2)					3 🔳		
	innesota tax withheld ere and on line 20 of F					4 ■	678	

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.





#### 2023 Schedule M1CWFC, Minnesota Child and Working Family Credits

To claim this credit, you must be a full- or part-year resident of Minnesota. If you are a full-year nonresident, you are not eligible for this credit. Do not complete Schedule M1CWFC if you have a 2-year or 10-year IRS ban or are otherwise restricted from claiming the federal EIC.

SHZ Your	ASHANK First Name and Initial	MAGDI Last Name		404971828 Your Social Security Number	
			Round amounts to the nea	rest whole dollar	
1	Enter the amount from line	1 of Form M1	1 =	21677	
2	Enter your total earned inco	me (see instructions; if less than zero, enter zero)	2 ■	21117	
3	If line 2 is greater than \$8,75	60, enter \$8,750. Otherwise enter the amount from line 2.	3 ■	8750	
4	Multiply line 3 by 4% (.04)		4 ■	350	
5	<ul><li> One qualifying older chil</li><li> Two qualifying older chil</li></ul>		5 ■		
6			6 ■	350	
7	Number of qualifying childre	en (see instructions)	7 🖩		
8	Multiply line 7 by \$1,750		8 🔳		
9	Add lines 6 and 8		9 ■	350	
10	Enter the greater of line 1 or	2	10 ■	21677	
11 12	If line 10 is less than line 11,	ng jointly or \$29,500 for any other filing status			
13	If you had an amount on line	e 5 but not on line 8, enter 9%(.09). Otherwise enter 12%(	(0.12) 13 ■		
14	Multiply line 12 by line 13		14 🔳		
15		If less than zero, enter 0. If you are a full year resident, of Schedule M1REF	15 ■	350	
16	<ul> <li>\$13,825 or more, multipl Enter the result here and</li> <li>Less than \$13,825, see in</li> </ul>	Alinnesota gross income is:	16 ■		

Include this schedule with your Form M1. Enter the number of qualifying children on line 2a and the number of qualifying older children on line 2b of Schedule M1REF.

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