



**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

SHASHANK MAGDI 404971828 06081999  
 Your First Name and Initial Last Name Your Social Security Number Your Date of 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 Date of Birth \_\_\_\_\_

800 4TH ST SE BROWNSTONE APARTMENTS APT #301 Check if Address is:  New  Foreign  
 Current Home Address

MINNEAPOLIS MN 55414  
 City State ZIP Code

**2023 Federal Filing Status (place an X in one box):**

(1) Single  (2) Married Filing Jointly  (3) Married Filing Separately  (4) Head of Household  (5) Qualifying Surviving Spouse

Spouse Name \_\_\_\_\_  
 Spouse SSN \_\_\_\_\_

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Republican . . . . . 11 Grassroots/Legalize Cannabis 14 Legal Marijuana Now . . . . . 17  
 Democratic/Farmer-Labor . . . 12 Libertarian . . . . . 16 General Campaign Fund . . . . . 99

Your Code \_\_\_\_\_ Spouse's Code \_\_\_\_\_

**From Your Federal Return (see instructions)**

<u>21117</u>	<u>0</u>	<u>0</u>	<u>7827</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
<b>1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . . 1 ■ <u>21677</u></b>			
<b>2 Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . . 2 ■ _____</b>			
<b>3 Add lines 1 and 2. . . . . 3 <u>21677</u></b>			
<b>4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . . 4 ■ <u>13825</u></b>			
<b>5 Exemptions (from Schedule M1DQC) . . . . . 5 ■ _____</b>			
<b>6 State income tax refund from line 1 of federal Schedule 1 . . . . . 6 ■ _____</b>			
<b>7 Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . . 7 ■ _____</b>			
<b>8 Total subtractions. Add lines 4 through 7. . . . . 8 <u>13825</u></b>			
<b>9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . . 9 <u>7852</u></b>			
<b>10 Tax from the table or schedules in the Form M1 instructions . . . . . 10 <u>420</u></b>			
<b>11 Alternative minimum tax (enclose Schedule M1MT) . . . . . 11 ■ _____</b>			
<b>12 Add lines 10 and 11 . . . . . 12 <u>420</u></b>			
<b>13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b.</b>			
<b>Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on</b>			
<b>line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) . . . . . 13 <u>420</u></b>			
<b>13a ■</b>	<u>0</u>	<b>13b ■</b>	<u>0</u>





# 2023 Schedule M1REF, Refundable Credits

SHASHANK  
Your First Name and Initial

MAGDI  
Last Name

404971828  
Social Security Number

- 1 Child and Dependent Care Credit (*enclose Schedule M1CD*) ..... 1 ■ \_\_\_\_\_  
     Enter number of qualifying persons **1a** \_\_\_\_\_
- 2 Child and Working Family Credits (*enclose Schedule M1CWFC*) ..... 2 ■ \_\_\_\_\_ 350  
     Enter number of qualifying children for the Child Tax Credit **2a** \_\_\_\_\_  
     Enter number of qualifying older children **2b** \_\_\_\_\_
- 3 K-12 Education Credit (*enclose Schedule M1ED*) ..... 3 ■ \_\_\_\_\_  
     Enter number of qualifying children **3a** \_\_\_\_\_
- 4 Credit for Parents of Stillborn Children (*enclose Schedule M1PSC*) ..... 4 ■ \_\_\_\_\_
- 5 Refundable credit for taxes paid to Wisconsin (*enclose Schedule M1RCR*) ..... 5 ■ \_\_\_\_\_
- 6 Credit for Historic Structure Rehabilitation (*enclose certificate*) ..... 6 ■ \_\_\_\_\_  
     Enter National Park Service (NPS) project number **6a** \_\_\_\_\_
- 7 Enterprise Zone Credit (*enclose DEED certificate*) ..... 7 ■ \_\_\_\_\_
- 8 Angel Investment Credit ..... 8 ■ \_\_\_\_\_
- 9 Pass-Through Entity Tax Credit (*see instructions*) ..... 9 ■ \_\_\_\_\_  
     Enter the Minnesota Tax ID Number and amount associated with each Pass-Through Entity Credit.  
     If you claimed more than three Pass-Through Entity Tax Credits, attach a statement to this form .  
  
     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 result here and on line 22 of Form 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  
Your First Name and Initial

MAGDI  
Last Name

404971828  
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>8029894</u>	d1 <u>21117</u>	e1 <u>678</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) ..... 1 ■ 678**

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 20 of Form M1 ..... **4 ■ 678**

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



