

New Mexico Taxation and Revenue Department
**INDIVIDUAL INCOME TAX DECLARATION FOR
ELECTRONIC FILING AND TRANSMITTAL**

First Name, Middle Initial, and Last Name TEJASWINI TADI	Social Security Number (SSN) 161-65-4582	<input checked="" type="checkbox"/> Residency Status
Spouse First Name, Middle Initial, and Last Name	Social Security Number (SSN)	<input type="checkbox"/> Residency Status
Mailing Address, City, State, and Zip Code 23190 HALSTED ROAD, APT. 204 FARMINGTON MI 48335		
TAX YEAR (CCYY): <u>2023</u>		
FILING STATUS (Check One)		
<input checked="" type="checkbox"/> (1.) Single	<input type="checkbox"/> (4.) Head of household (Enter name of person who qualifies you as head of household if that person is not counted as a qualified exemption on your federal return.) _____	
<input type="checkbox"/> (2.) Married filing jointly	<input type="checkbox"/> (5.) Qualifying widow(er)	
<input type="checkbox"/> (3.) Married filing separately (Enter spouse's name and social security number.)		

PART I: TAX RETURN INFORMATION (Whole Dollar Amounts Only)

1. Federal Adjusted Gross Income (as reported on PIT-1)	1.	70,711
2. Net New Mexico Income Tax (as reported on PIT-1).....	2.	2,468
3. Total Payments and Credits (as reported on PIT-1)	3.	2,829
4. Tax Due (as reported on PIT-1).....	4.	
5. Overpayment (as reported on PIT-1)	5.	361

PART II: DECLARATION OF TAXPAYER

I declare the amounts described in Part I above agree with the amounts shown on the corresponding lines of my New Mexico personal income tax return, and that I have examined the contents of my electronic return and accompanying schedules and statements. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including accompanying schedules and statements, be electronically transmitted to the New Mexico Taxation and Revenue Department.

PLEASE
SIGN
HERE

Your signature

Date

Spouse's signature (If joint return, BOTH MUST sign.)

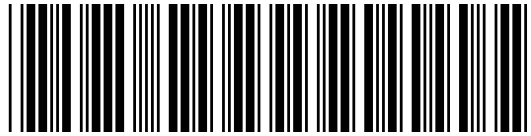
PART III: DECLARATION OF PREPARER/TRANSMITTER (If Applicable)**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the New Mexico Taxation and Revenue Department have been provided to the taxpayer.

Preparer's/Transmitter's signature SYAM PRIYA RAM SAGAR GUPTA		Date 03/25/2024
Check if self-employed <input type="checkbox"/>	Preparer's PTIN P02082703	Preparer's NMBTIN (if applicable)
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		
Address (number, street, city, and state) 245 ROONEY CT E BRUNSWICK NJ		ZIP code 08816

When required to submit a copy of this form to the Department, mail the form and attachments to:
New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418

2023 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN



For the year January 1 - December 31, 2023
or fiscal year beginning F.1 ending F.2
If amending use Form 2023 PIT-X.

FOR DEPARTMENT USE ONLY

Get your refund faster, file online using Taxpayer Access Point TAP <https://tap.state.nm.us>.

1555 02 2

1a Print your name (first, middle, last)
TEJASWINI TADI

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.

SOCIAL SECURITY NUMBER **161-65-4582**

Blind Age 65 or over Residency status **N**

1f Taxpayer's date of birth **08/23/1993**

2f Spouse's date of birth

3a If the address is new or changed, mark this box.

3b Mailing Address (Number and street)
23190 HALSTED ROAD APT 204

3c City **FARMINGTON** State **MI** Postal/ZIP Code **48335**

3d If foreign address, enter country Foreign province and/or state

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter **below** the name and social security number of that person. You must also attach Form RPD-41083.

If taxpayer or spouse died before this return is filed, enter date of death.

4c Taxpayer's date of death

4d Spouse's date of death

4a Name

4b SSN

Residency status:
For taxpayer and spouse (1e and 2e), enter:
R if Resident
N if Non-Resident
F if First-Year Resident
P if Part-Year Resident

5. **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

6a **EXTENSION OF TIME TO FILE:** If you have a federal or state extension, mark box 6a and enter the extension date in box 6b.

6b

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.
(You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)

7. FILING STATUS. Mark only one box.

(1) Single

(2) Married filing jointly

(3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)

(4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified dependent on your federal return.)

(4a) _____

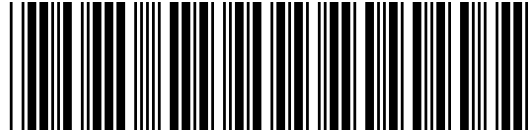
(5) Surviving Spouse with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11).....	9	70,711
10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions.....	+	10
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). Attach PIT-ADJ	+	11
12. Federal standard or itemized deduction amount (from federal Form 1040, line 12).....	-	12
12a. If you itemized , mark the box.....		12a <input type="checkbox"/>
13. Deduction for certain dependents. See the worksheet in the instructions.....	-	13
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.....	-	14
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 27). Attach PIT-ADJ	-	15
16. Medical care expense deduction. See PIT-1 instructions.....	-	16
You must complete both lines 16 and 16a or the deduction will be denied.		
16a. Unreimbursed and uncompensated medical care expenses.....		16a
17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16.....	=	17
Cannot be less than zero		
18. New Mexico tax on amount on line 17 or from PIT-B, line 14.....		18
18a. From Tax Rate Table = R . From PIT-B, line 14 = B		18a B
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.....	+	19
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions.....	-	20
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR	-	21
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.....	=	22

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is **April 30, 2024**. All others must file by **April 15, 2024**. See PIT-1 instructions for details.

Continue on the next page.

2023 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN



YOUR SOCIAL SECURITY NUMBER

161-65-4582

Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to: New Mexico Taxation and Revenue Department, P. O. Box 25122, Santa Fe, New Mexico 87504-5122

23. The amount on line 22 from page 1.....	23	2,468
24. Total claimed on rebate and credit schedule (PIT-RC, line 26). Attach PIT-RC	24	
25. Working families tax credit. (You must complete lines 25, 25a, and 25b* or the deduction will be denied.).....	+	25
25a. The amount of federal earned income credit (EIC) reported on your 2023 federal income tax return or calculated under NM Expansion.....		
25b. *NM Expansion Only: Check this box if you did not qualify for the EIC on your federal return.. 25b		
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR	+	26
27. New Mexico income tax withheld. Attach annual statements of income and withholding	+	27
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	+	28
29. New Mexico income tax withheld from or paid by a pass-through entity. Attach 1099-Misc or RPD-41359	+	29
30. 2023 estimated income tax payments. See PIT-1 instructions.....	+	30
31. Other Payments.....	+	31
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.....	=	32
33. TAX DUE. If line 22 is greater than line 32, enter the difference here.....		33
34. Penalty on underpayment of estimated tax. See PIT-1 instructions	+	34
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272		35
36. Penalty. See PIT-1 instructions.	+	36
37. Interest. See PIT-1 instructions.	+	37
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.....	=	38
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.....		39
40. Refund voluntary contributions (PIT-D, line 18). Attach PIT-D	-	40
41. Amount from line 39 you want applied to your 2024 Estimated Tax	-	41
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.....	=	42

Refund Express!! *Have it directly deposited! See instructions and complete all questions in this block.*

RE. 1 Routing Number 111000025 RE. 2 Account Number 586035251720 RE.3 Account Type: Checking Savings

Re. 4: Will this refund go to or through an account outside of the United States? Important: If "yes," you can not use this refund method. See instructions. Yes No

HSD. 1 Check this box if you would like to see if you and the members of your household qualify for medical insurance through the Human Services Department (HSD) or Health Insurance Exchange (NMHIE). Important: Checking this box gives the Taxation and Revenue Department permission to share information provided on the **PIT-1** and **PIT-S** with HSD and NMHIE. See instructions for additional information.

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Your signature	Date
Driver's License, State ID No. or enter "NONE" or "DECLINED" State	Expiration Date
NONE	
Spouse's signature	Date
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" State	Expiration Date

(If filing jointly, BOTH must sign even if only one had income.)
 Taxpayer's phone number (409) 434-2193
 Taxpayer's email address TEJASWINITADI@GMAIL.COM

Paid preparer's use only:

SYAM PRIYA RAM SAGAR GUPTA 03/25/2024
 Signature of preparer Date

GLOBAL TAXES LLC
 P.1 Firm's name (or yours, if self-employed)

P.2 NMBTIN

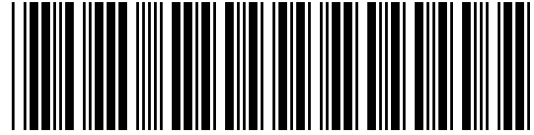
P.3 Preparer's PTIN P02082703

P.4 FEIN

P.5 Preparer's phone number (678) 965-9522

P.6 Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.

2023 PIT-B
NEW MEXICO ALLOCATION AND APPORTIONMENT
OF INCOME SCHEDULE



Print your name (first, middle, last)
 TEJASWINI TADI

YOUR SOCIAL SECURITY NUMBER
 161-65-4582

Taxpayers who allocate and apportion income from both inside and outside the State of New Mexico must complete this schedule. Please refer to the instructions when completing this schedule. Include the Schedule PIT-B with your personal income tax return, Form PIT-1.

For first-year and part-year resident taxpayers, enter the period of residency. A. From _____ B. through _____

If your spouse's residency period is different, enter the period of residency for your spouse. If additional periods of residency apply, write them in the space below this line. C. From _____ D. through _____

If the taxpayer or spouse is a military servicemember's spouse qualifying for relief under the Military Spouse Residency Relief Act, is not a resident of New Mexico, and is allocating income from services performed in New Mexico to their state of residence, mark the appropriate box.
 Taxpayer E. Spouse F.

NOTE: Resident taxpayers including persons physically present in New Mexico 185 days or more, must allocate all income and deductions on lines 1, 2, 3, and 7 in full to New Mexico.

SECTION 1: ALLOCATION OF NONBUSINESS INCOME

	Column 1 Total Federal Income	Column 2 New Mexico Income
1. Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B instructions..... 1a. If you used Form PIT-110 to calculate line 1, Column 2, mark this box..... 1a <input type="checkbox"/>	69,630	69,630
2. Nonbusiness interest and dividends. Include difference from Schedule PIT-ADJ, line 1 minus line 6.....	1,081	0
3. Pensions, annuities, social security, and lump-sum distributions.....		
4. Rents and royalties.....		
5. Gains or losses from the sale or exchange of property.....		
6. Income or losses from pass-through entities.....		
7. All other income not included in lines 1 through 6 and line 8.....		

SECTION 2: APPORTIONMENT OF BUSINESS AND FARM INCOME (For line 8. If none, go to line 9.)

8. Business and farm income. To determine the amount for Column 2, complete worksheet PIT-B, page 2. See the instructions.....		
9. ADD lines 1 through 8 and enter the amount here.....	70,711	69,630
10. Federal adjustments to income. In Column 1, enter the figure from federal Schedule 1, line 22. For Column 2, see the PIT-B instructions.....		
11. Total income. Line 9 minus line 10. Column 1 must be equal to or greater than Federal Adjusted Gross Income (Form PIT-1, line 9) If non-resident military personnel, see the PIT-B instructions.	70,711	69,630
12. DIVIDE the amount on line 11, Column 2 by the amount on line 11, Column 1, showing 4 decimal places. (Cannot be less than zero. If greater than 1, enter 100.0000.).....		98.4712 %
13. Using the tax rate tables, find the tax applicable to PIT-1, line 17. If an amount for tax on lump-sum distributions is shown on PIT-1, line 19, add it to the tax and enter the result here.....		2,506
14. MULTIPLY line 12 by line 13. Enter the amount here and on PIT-1, line 18, and then in the box on PIT-1, line 18a, mark B to indicate the tax came from PIT-B.....		2,468

Instructions for Form MI-1040-V

2023 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 34.

Your payment and MI-1040-V are due April 15, 2024. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your Individual Income Tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2023 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.



Detach here and mail with your payment. Do not fold or staple the application.

Michigan Department of Treasury (Rev. 02-23)

2023 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 02/16/24 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) TEJASWINI TADI 23190 HALSTED ROAD APT 204 FARMINGTON MI 48335	Filer's Full Social Security Number 161-65-4582	Spouse's Full Social Security Number 177 .00
	WRITE PAYMENT AMOUNT HERE ⇨ \$	
	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Make check payable to “State of Michigan.” Write the last four digits of filer's Social Security number and “2023 MI-1040-V” on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555

84656873 02 2023 00000000 161654582 7

2023 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2024. Type or print in blue or black ink.

1. Filer's First Name TEJASWINI	M.I.	Last Name TADI	2. Filer's Full Social Security No. (Example: 123-45-6789) 161 — 65 — 4582	
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 23190 HALSTED ROAD, APT. 204			4. School District Code (5 digits) 63140	
City or Town FARMINGTON		State MI	ZIP Code 48335	
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.	
7. 2023 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			8. 2023 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.	

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	1	x \$5,400	9a.	5400	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x \$3,100	9b.		00
c. Number of qualified disabled veterans	9c.		x \$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x \$5,400	9d.		00
e. Claimed as dependent, see line 9 NOTE above	9e.	<input type="checkbox"/>		9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15	9f.			9f.	5400	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.			10.	70711	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.			11.		00
12. Total. Add lines 10 and 11.....	12.			12.	70711	00
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13.			13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.			14.	70711	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.			15.	5400	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.			16.	65311	00
17. Tax. Multiply line 16 by 4.05% (0.0405)	17.			17.	2645	00

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

161 — 65 — 4582

NON-REFUNDABLE CREDITS

		AMOUNT			CREDIT		
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	2468	00	18b.	2468	00
19.	Michigan Historic Preservation Tax Credit (see instructions).....	19a.		00	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.				177	00
21.	Voluntary Contributions from Form 4642, line 6. Include Form 4642	21.					00
22.	Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> , line 5	22.					00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)	23.				0	00
24.	Total Tax Liability. Add lines 20 through 23	24.				177	00

REFUNDABLE 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 Schedule W (do not submit W-2s)	30.					00
31.	Estimated tax, extension payments and 2022 credit forward	31.					00
32.	2023 AMENDED RETURNS ONLY. Taxpayers completing an original 2023 return should skip to line 33. Amended returns must include Schedule AMD (see instructions).						
32a.	<input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.						
32b.	<input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.						
32c.		32c.					00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.					00

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

161 — 65 — 4582

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.

Include interest 00 and penalty 00 **YOU OWE**

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33

36. **Credit Forward.** Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return ...

37. Subtract line 36 from line 35..... **REFUND**

34.				177	00
35.					00
36.					00
37.					00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

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)

Filer	— —	Spouse	— —
-------	-----	--------	-----

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
 P02082703

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.

Preparer's Name (print or type)
 SYAM PRIYA RAM SAGAR GUPTA

Filer's Signature	Date
-------------------	------

Preparer's Signature
 SYAM PRIYA RAM SAGAR GUPTA

Spouse's Signature	Date
--------------------	------

Preparer's Business Name, Address and Telephone Number

By checking this box, I authorize Treasury to discuss my return with my preparer.

GLOBAL TAXES LLC
 245 ROONEY CT
 E BRUNSWICK NJ 08816
 678-965-9522

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

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

Name as Shown on Return <u>TEJASWINI TADI</u>	Social Security Number <u>161-65-4582</u>
--	--

- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ NM
Jurisdiction name New Mexico

1	Income earned in another state or locality subject to Michigan tax	1	<u>69,630.</u>
2	Enter the amount from Form MI-1040, line 14.	2	<u>70,711.</u>
3	Divide line 1 by line 2	3	<u>0.9847</u>
4	Enter the amount from Form MI-1040, line 17.	4	<u>2,645.</u>
5	Multiply line 4 by line 3	5	<u>2,605.</u>
6	Enter the amount of tax imposed by another state or locality	6	<u>2,468.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>2,468.</u>