2023 MICHIGAN Indiv Return is due April 15, 2024.					m MI-10	40				ended Return ude Schedule AMD)
1. Filer's First Name	M.I.	Last Name				2. Filer'	s Full So	ocial Sec	curity	No. (Example: 123-45-6789)
DURGESH		KUCHI					0.1		- 1	0000
If a Joint Return, Spouse's First Name	M.I.	Last Name				1 4	21 -		71	<u> </u>
						3. Spou	ise's Full	Social 3	Secur	rity No. (Example: 123-45-6789)
Home Address (Number, Street, or P.O. Bo	x)	•				1				
6201 WINDHAVEN PKWY	Z						-			
City or Town			State	ZIP Code		4. Scho	ol Distric	ct Code	(5 dig	its)
PLANO			TX	75093	3		100	000		
<ul> <li>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if a. Filling a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. </li> <li>7. 2023 FILING STATUS. Check one. <ul> <li>a. X Single</li> <li>* If you check box "c," line 3 and enter spous below:</li> </ul> </li> </ul>					8. <b>2023 R</b> a F	shing, or s	seafarin CY STA	ng.		k all that apply. * If you check box "b" or "c," you must complete and <b>include Schedule</b> <b>NR.</b>
c. Married filing separately*						Part-Year				
9. EXEMPTIONS. NOTE: If some	eone els	se can claim you	i as a de	pendent, che	eck box 9e, en <b>F</b>	iter 0 on l	line 9a a <b>1</b>	and en	ter \$´	1,500 on line 9e (see instr.).
a. Number of exemptions (see	instruct	ions)			9a.	1	x \$	5,400	9a.	5400 00
<ul> <li>b. Number of individuals who qu blind, hemiplegic, paraplegic</li> </ul>							× \$	3,100	9b.	00
c Number of qualified disabled	votoro	20			00			¢400	00	00

	c. Number of qualified disabled veterans	00
	d. Number of Certificates of Stillbirth from MDHHS (see instructions)	00
	e. Claimed as dependent, see line 9 NOTE above	00
	f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15	00
10.	Adjusted Gross Income from your U.S. Form 1040 (see instructions)       10.       21750	00
11.	Additions from Schedule 1, line 9. Include Schedule 1	00
12.	Total. Add lines 10 and 11         12.         21750	00
13.	Subtractions from Schedule 1, line 31. Include Schedule 1	00
14.	Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	00
15.	Exemption allowance. Enter amount from line 9f or Schedule NR, line 19	00
16.	Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	00
17.	Tax. Multiply line 16 by 4.05% (0.0405)         17.         0	00

#### Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included. REV 02/16/24 PRO

Filer's Full Social Security Number

421 — 71

71 — 0202

NON	REFUNDABLE CREDITS	AMOUNT	r	CREDIT	
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	00	18b.		00
19.	Michigan Historic Preservation Tax Credit (see instructions). 19a.	00	19b.		00
20.	<b>Income Tax.</b> 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.	0	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-Tim Program</i> , line 5		22.		00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state purch Worksheet 1 (see instructions)		23.	0	00
24.	Total Tax Liability. Add lines 20 through 23			0	00
REFL	JNDABLE CREDITS AND PAYMENTS		r		
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	00	27b.		00
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form 3	581	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 (d	lo not submit W-2s)	30.	122	00
31.	Estimated tax, extension payments and 2022 credit forward		31.		00
32.	2023 AMENDED RETURNS ONLY. Taxpayers completing an original 20 Amended returns must include Schedule AMD (see instructions).	023 return should skip to line 33.			
	32a. If you had a refund and/or credit forward on the original return, chec negative number on line 32c.	k box 32a and enter this amount as a			
	32b. If you paid with the original return, check box 32b and enter the amo any additional tax paid after filing, as a positive number on line 32c.		32c.		00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30	), 31 and 32c 33.		122	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

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-0202

#### **REFUND OR TAX DUE**

34.	If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	00
35.	<b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33	122 00
36.	Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return	36. 00
37.	Subtract line 36 from line 35	122 00

	CT DEPOSIT	a. Routing Transi	t Number	b.	Account Number	c. Type of Account			
	your refund directly to your financial n! See instructions and complete a, b	111000614		76199	2509	1. X Checking 2. Savings			
	sed Taxpayer. If Filer and/or Spous DATE OF DEATH ONLY. Example:			dates below.		<b>On.</b> I declare under penalty of perjury that nformation of which I have any knowledge.			
<b>F</b> ile <b>a</b>					Preparer's PTIN, FEIN or S	SSN			
Filer		Spouse -			P02082703				
Taxpa	yer Certification. I declare under	penalty of periury that the	e information ir	this return	Preparer's Name (print or type)				
	chments is true and complete to the bes				SYAM PRIYA 1	RAM SAGAR GUPTA			
Filer's S	ignature		Date		Preparer's Signature				
					SYAM PRIYA 1	RAM SAGAR GUPTA			
Spouse	s Signature		Date		Preparer's Business Name, Address and Telephone Number				
					GLOBAL TAXES LLC				
			•		245 ROONEY	СТ			
E E	y checking this box, I authorize Tre	easury to discuss my r	return with m	y preparer.	E BRUNSWICK	NJ 08816			
					678-965-952	2			

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

# 2023 MICHIGAN Schedule 1 Additions and Subtractions

Include with Form MI-1040. Type or print in blue or black ink.

#### Attachment 01

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
DURGESH		KUCHI	421 — 71 — 0202

Additions to Income (all entries must be positive numbers)		
<ol> <li>Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions</li> </ol>	1.	00
<ol><li>Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions)</li></ol>	2.	00
3. Gains from Michigan column of MI-1040D and MI-4797	3.	00
4. Losses attributable to other states (see instructions)	4.	00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.	00
6. Oil, gas, and nonferrous metallic mineral expense. Enter amount from line 20 of Form 5889, Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses	6	00
7. Federal Net Operating Loss deduction included in AGI	7.	00
8. Other (see instructions). Describe:	8.	00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0 00

### Subtractions from Income (all entries must be positive numbers)

	tractions from income (all entries must be positive numbers)			
10.	Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000	10.		00
11.	Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12.	Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13.	Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	21750	00
14.	Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10	14.		00
15.	Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16.	Michigan state and local income tax refunds received in 2023 and included on MI-1040, line 10 including your allocated share of refund received from an electing flow-through entity	16.		00
17.	Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.	17.		00
18.	Michigan Education Trust	18.		00
19.	Oil, gas, and nonferrous metallic minerals income. Enter amount from line 7 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i>	19.		00
20.	Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21.	First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . Include Form 5792.	21.		00
22.	MRTMA/marihuana expense subtraction.	22.		00
23.	Miscellaneous subtractions (see instructions). Describe:	23.		00

## 2023 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
DURGESH		KUCHI	421 — 71 — 0202

## **Deduction Based on Year of Birth**

Complete 24A through 24H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 25, 26, 27, or 28. Check box(es) 24C and/or 24G only if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). See instructions before continuing.

24.		FI	LER				SP	OUSE					
	Α.	В.			F.	G.	Н.						
	Year of Birth (19xx)	Age as of 12-31-2023	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	as of		ed benefits retired as of SA exempt 01-01-2013 a				
	1999	24											
25.	(if married) was	an Standard Dea s born during the 7. Do not comp				00							
26.	(if married) was	s born during the	duction. Complete e period January 1 <sup>.</sup> 31, 2023. <b>Do not</b>	, 1953 through	Jai	nuary 1, 1957,	and reached			00			
27.			nount from line 16 0 <b>rm 4884</b>				-			00			
28.	Dividend/intere limited to \$13,7 deduction for r				00								
			unremarried survivin born before 1946 wl										

29. Subtotal. Add lines 10 through 28	29.	21750	00
30. 2023 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net</i> Operating Loss Deduction. Include Form 5674.	30.		00
31. Total Subtractions. Add lines 29 and 30. Enter here and on MI-1040, line 13	31.	21750	00

# 2023 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

	de with Form MI-1040. Read all				mpleting	this for	n. T	ype or pr	int in blue or b	ack i	nk.	Attachmen	it 02
1. File	er's First Name	M.I.	Last Na	me					2. Filer's Full Soc	ial Sec	urity No. (Examp	le: 123-45-678	Э)
DU	RGESH		KUCI	HI					421 -	_	71 —	0202	
	pint Return, Spouse's First Name	Last Na						3. Spouse's Full	Social	Security No. (Exa	mple: 123-45-6	789)	
									_	_			
4.	2023 RESIDENCY STATUS: Check all that apply.			*Dates	of <b>Michig</b>	j <b>an</b> resid	ency	<u>in 2023</u>	(Enter dates as	MM-D	<u>D-YYYY, Exam</u> <b>SPOU</b>		23)
	a. X Nonresident				FROM:		_	_	— 2023		_	- 202	23
	b. Part-Year Resident of Mi Enter dates of Michigan			2023*	TO:		_	_	<u> </u>			202	23
Incoi	me Allocation			Α.	Total In	come		В. М	ichigan Incon	ıe	C. Other St	tate(s) Inco	me
5.	Wages, salaries, other payments (t	tips, e	etc.)		22	L750	00		(	) 00		21750	00
6.	Interest and dividends						00			00			00
7.	Business and farm income (include U.S. <i>Schedules C</i> and <i>F</i> )						00			00			00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797						00			00			00
9.	Income reported on U.S. <i>Schedule</i> U.S. <i>Schedule</i> U.S. <i>Schedule</i> E and supporting st						00			00			00
10.	Pensions, IRA distributions, annuiti and Social Security (see Form 488						00			00			00
11.	Other (see instructions)						00			00			00
12.	Total income. Add lines 5 through 1	11			22	L750	00		(	) 00		21750	00
13.	Enter the total adjustments from U. Describe:	.S. 10	940				00			00			00
14.	Subtract line 13 from line 12. The an column A should equal MI-1040, line amount in column C on Schedule 1, a negative amount, enter as a positive Schedule 1, line 4.	e 10. E line 1	nter 3 or, if		21	L750	00		(	) 00		21750	00
Exen	nption Allowance(If one spous	se is a	a full-ye	ear resid	ent, and t	he othe	r is	not, see	instructions.)	Г			
15.	Enter amount from MI-1040, line 91	f				<u></u>	<u></u>	<u></u>	<u></u>	15.		5400	00

15.							
16.	Enter Michigan source income from line 14, column B 16.	0 00					
17.	Enter total income from line 14, column A 17.	21750 00					
18.	Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)						
19.	If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15						

18.	0	%
19.	0	00

# 2023 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**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)	
DURGESH		KUCHI	421 — 71 — 0202	
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

A		В	C	D	E
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld
x		20-4268567	HORIZON SOFTECH,	18000 <sub>0</sub>	0 122 00
				0	0 00
				0	0 00
				0	0 00
				0	0 00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)					00
4. SUBTOTAL. Enter total of Table 1, column E 4.					. 122 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" Filer or Spo		Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld	
			00		00
			00		00
			00		00
			00		00
			00		00
Enter Ta	able 2 Subtotal from additional Sche		00		
5. <b>S</b>	UBTOTAL. Enter total of Table 2, c		00		
6. <b>T</b>	OTAL. Add lines 4 and 5. Enter her	122	00		

Attachment 13