

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SANJEEV KUMAR	Social security number 280-97-6448
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	73,085.
2	Total tax	2	8,337.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,385.
4	Amount you want refunded to you	4	48.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	6	4	4	8
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SANJEEV Last name KUMAR Your social security number 280 97 6448

Home address (number and street). If you have a P.O. box, see instructions. 125 B BRIDGEWAY DRIVE Apt. no. Presidential Election Campaign

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 73,085.

Table with columns for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, taxable interest, ordinary dividends, taxable amount. Total taxable income: 59,235.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,337.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,337.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,337.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	8,337.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	8,385.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	8,385.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	8,385.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	48.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	48.
	b	Routing number 2 7 4 9 7 6 0 6 7	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number 2 4 9 2 2 9 0		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation RESEARCHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (765) 775-3535 Email address SANJEEV.B23@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/16/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522 Firm's EIN 84-3171965

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 SANJEEV KUMAR

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 280-97-6448

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 3,850.
9	Employer contributions made to your HSAs for 2023	9 375.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 375.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 3,475.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

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 SANJEEV		M.I.	Last Name KUMAR		2. Filer's Full Social Security No. (Example: 123-45-6789) 280 — 97 — 6448	
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) 125 B BRIDGEWAY DRIVE					4. School District Code (5 digits) 10000	
City or Town NASHVILLE			State TN	ZIP Code 37211		
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.				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse						
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; width: 200px; height: 20px; margin-left: 20px;"></div>				8. 2023 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input checked="" 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.				73085		00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11	12.				73085		00
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13.				70885		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.				2200		00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.				163		00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.				2037		00
17. Tax. Multiply line 16 by 4.05% (0.0405)	17.				82		00

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

NON-REFUNDABLE CREDITS

	AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00	18b.	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.	82 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.		24.	82 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.	94	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.	00	
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.		33.	94	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

280 — 97 — 6448

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**

34.			00
35.		12	00
36.			00
37.		12	00

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**

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
274976067	2492290	1. <input checked="" 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	<input type="text"/> <input type="text"/>	Spouse	<input type="text"/> <input type="text"/>
-------	-------------------------------------------	--------	-------------------------------------------

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.

Filer's Signature	Date
Spouse's Signature	Date

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

Preparer's Signature
 SYAM PRIYA RAM SAGAR GUPTA

Preparer's Business Name, Address and Telephone Number
 GLOBAL TAXES LLC
 245 ROONEY CT
 E BRUNSWICK NJ 08816
 678-965-9522

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

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

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 SANJEEV	M.I.	Last Name KUMAR	Filer's Full Social Security No. (Example: 123-45-6789) 280 — 97 — 6448
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Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. 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)	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)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. Schedule B 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.	70885	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, Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to Revenue Administrative Bulletin 1988-47.....	20.		00
21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, Michigan First-Time Home Buyer Savings Program. 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 SANJEEV	M.I.	Last Name KUMAR	Filer's Full Social Security No. (Example: 123-45-6789) 280 — 97 — 6448
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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.	FILER				SPOUSE			
	A. Year of Birth (19xx)	B. Age as of 12-31-2023	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2023	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
	1982	41	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

25. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 26, 27 or 28.	25.		00
26. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1957, and reached age 67 on or before December 31, 2023. Do not complete lines 25, 27 or 28.	26.		00
27. Retirement benefits. Enter amount from line 16, 17, 18 or 19 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884	27.		00
28. Dividend/interest/capital gains deduction for taxpayers 78 years and older . This deduction is limited to \$13,712 on a single return or \$27,424 on a joint return, and must be reduced by any deduction for retirement benefits (see instructions).....	28.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

29. Subtotal. Add lines 10 through 28	29.	70885	00
30. 2023 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	30.		00
31. Total Subtractions. Add lines 29 and 30. Enter here and on MI-1040, line 13.....	31.	70885	00

2023 MICHIGAN Nonresident and Part-Year Resident Schedule

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

Include with Form MI-1040. Read all instructions before completing this form. Type or print in blue or black ink. **Attachment 02**

1. Filer's First Name SANJEEV	M.I.	Last Name KUMAR	2. Filer's Full Social Security No. (Example: 123-45-6789) 280 — 97 — 6448
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2023 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2023*

*Dates of Michigan residency in 2023 (Enter dates as MM-DD-YYYY, Example: 04-15-2023)

	FILER		SPOUSE	
FROM:	—	— 2023	—	— 2023
TO:	—	— 2023	—	— 2023

Income Allocation

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.)	73085	00	2200	00	70885	00
6. Interest and dividends		00		00		00
7. Business and farm income (include U.S. Schedules C and F).....		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. Schedule E (include U.S. Schedule E and supporting statements)....		00		00		00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)		00		00		00
11. Other (see instructions)		00		00		00
12. Total income. Add lines 5 through 11.....	73085	00	2200	00	70885	00
13. Enter the total adjustments from U.S. 1040 Describe:	0	00	0	00	0	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	73085	00	2200	00	70885	00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....	15. 5400 00
16. Enter Michigan source income from line 14, column B	16. 2200 00
17. Enter total income from line 14, column A.....	17. 73085 00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18. 3.01 %
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.....	19. 163 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.

Attachment 13

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 SANJEEV	M.I.	Last Name KUMAR	2. Filer's Full Social Security No. (Example: 123-45-6789) 280 — 97 — 6448
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		B	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		38-6005984	MICHIGAN STATE U	2200	00	94	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	94 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	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 Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	94 00

EAST LANSING

2023 INDIVIDUAL CITY INCOME TAX BARCODE DATASHEET

This datasheet is the cover sheet of your return. If the software generates this form please send this with your individual income tax return and all required attachments. Please do not staple your return.



Taxpayer's SSN 280-97-6448		Taxpayer's first name SANJEEV		Initial	Last name KUMAR
Spouse's SSN		If joint return spouse's first name		Initial	Last name
Present home address (Number and street) 125 B BRIDGEWAY DRIVE					Apt. no.
Address line 2 (P.O. Box address for mailing use only)					
City, town or post office NASHVILLE				State TN	Zip code 37211
Foreign country name		Foreign province/county		Foreign postal code	



MAIL TO ADDRESS:

CITY OF EAST LANSING

PO BOX 526

EATON RAPIDS, MI 48827-0526

Revised 10/15/2020

INDIVIDUAL RETURN DUE APRIL 30, 2024

Taxpayer's SSN 280-97-6448		Taxpayer's first name SANJEEV		Initial	Last name KUMAR	RESIDENCE STATUS	
Spouse's SSN		If joint return spouse's first name		Initial	Last name	<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of the signature area Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2023		Present home address (Number and street) 125 B BRIDGEWAY DRIVE			Apt. no.		
		Address line 2 (P.O. Box address for mailing use only)				FILING STATUS	
		City, town or post office NASHVILLE		State TN	Zip code 37211		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.
		Foreign country name		Foreign province/county		Foreign postal code	
		Spouse's full name if married filing separately					

		ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Column B	Column C	
		INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Federal Return Data	Exclusions/Adjustments	Taxable Income	
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		73085	0	73085	
	2. Taxable interest	2					
	3. Ordinary dividends	3					
	4. Taxable refunds, credits or offsets of state and local income taxes	4				NOT TAXABLE	
	5. Alimony received	5					
	6. Business income or (loss) (Attach copy of federal Schedule C)	6					
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7					
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8					
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9					
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10					
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11					
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12		NOT APPLICABLE			
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13					
	14. Unemployment compensation	14				NOT TAXABLE	
	15. Social security benefits	15				NOT TAXABLE	
	16. Other income (Attach statement listing type and amount)	16					
	17. Total additions (Add lines 2 through 16)	17					
	18. Total income (Add lines 1 through 16)	18			73085	0	73085
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19					
	20. Total income after deductions (Subtract line 19 from line 18)	20					73085
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	1	21b		600	
	22. Total income subject to tax (Subtract line 21b from line 20)	22				72485	
	23. Tax at 0050 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a		23b			362
	24. Payments and credits 24a. EAST LANSING tax withheld 22 24b. Other tax payments (est, extension, or fwd, partnership & tax option corp) 24c. Credit for tax paid to another city	24a	22	24b	24c	24d	22
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest 25b. Penalty	25a		25b	25c	25c	
	TAX DUE 26. PAYABLE TO: CITY OF EAST LANSING, OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e						PAY WITH RETURN 26
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)						27
	28. Amount of overpayment donated 28a. Donation 1 28b. Donation 2 28c. Donation 3 28d. Total donations	28a		28b		28c	
	29. Amount of overpayment credited forward to 2024 2024	Amount of credit to 2024 >>					29
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31c, d & e)	Refund amount >>					30
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	<input type="checkbox"/>	31b	<input type="checkbox"/>	31c	31d	
	31e Account Type:		31e1. Checking		31e2. Savings		

Taxpayer's name: SANJEEV KUMAR; Taxpayer's SSN: 280-97-6448

EXEMPTIONS SCHEDULE. Includes fields for date of birth (04/22/1982), exemption categories (Regular, 65 or over, Blind, Deaf, Disabled), and dependent information.

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE. Table with columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE, COLUMN E TAX WITHHELD, COLUMN F LOCALITY NAME.

DEDUCTIONS SCHEDULE. Table with columns: Line number, Description of deduction, and Amount. Includes IRA deduction, self-employed SEP, employee business expenses, etc.

ADDRESS SCHEDULE. Table with columns: MARK T, S, B; List all residence addresses; FROM MONTH, DAY; TO MONTH, DAY.

THIRD PARTY DESIGNEE. Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following [X] No

SIGNATURE SECTION. Includes fields for TAXPAYER'S SIGNATURE, SPOUSE'S SIGNATURE, Date (MM/DD/YY), Taxpayer's occupation (RESEARCHER), and Daytime phone number (765) 775-3535.

PREPARER'S SIGNATURE. Includes fields for SIGNATURE OF PREPARER OTHER THAN TAXPAYER (SYAM PRIYA RAM SAGAR GUPTA), Date (04/16/24), PTIN, EIN or SSN (84-3171965), and FIRM'S NAME (GLOBAL TAXES LLC).

CF-1040ES

EAST LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2024

2024 EST 01Q

Taxpayer Name: SANJEEV KUMAR

Social Security No: 280-97-6448

Due on or Before: 04/30/2024, for tax year 2024*

Payment: \$ 58

- Payment Method:
• Make payment by check or money order payable to " EAST LANSING ." Write your social security number, daytime phone number, and "2024 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the EAST LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:

CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

V DETACH HERE V

CF-1040ES
REV 02/16/24 PRO

EAST LANSING
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 01Q
Revised: 09/30/2017

Mail To: CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

NACTP # 1555
EFIN # 222496

ESTIMATED PAYMENT VOUCHER 1

Due Date: 04/30/2024

Table with taxpayer information, address, SSN, and payment details. Includes a 2D barcode for payment verification.

ELA280976448042024EST010000005800

CF-1040ES

EAST LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE June 30, 2024

2024 EST 02Q

Taxpayer Name: SANJEEV KUMAR

Social Security No: 280-97-6448

Due on or Before: 06/30/2024, for tax year 2024*

Payment: \$ 58

- Payment Method:
• Make payment by check or money order payable to " EAST LANSING ." Write your social security number, daytime phone number, and "2024 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the EAST LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:

CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

V DETACH HERE V

CF-1040ES
REV 02/16/24 PRO

EAST LANSING
SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 02Q
Revised: 09/30/2017

Mail To: CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

NACTP # 1555
EFIN # 222496

ESTIMATED PAYMENT VOUCHER 2 Due Date: 06/30/2024

Form with fields for Taxpayer's first name, SSN, joint payment info, phone number, home address, city/state/zip, and tax amount. Includes a 2D barcode.

ELA280976448042024EST02Q0000005800

CF-1040ES

EAST LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE September 30, 2024

2024 EST 03Q

Taxpayer Name:

Social Security No:

Due on or Before: 09/30/2024, for tax year 2024*

Payment:

- Payment Method:
- Make payment by check or money order payable to " EAST LANSING ." Write your social security number, daytime phone number, and "2024 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the EAST LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:

CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

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CF-1040ES

REV 02/16/24 PRO

EAST LANSING
THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 03Q

Revised: 09/30/2017

Mail To: CITY OF EAST LANSING

PO BOX 526


EATON RAPIDS, MI 48827-0526

NACTP #

EFIN #

ESTIMATED PAYMENT VOUCHER 3

Due Date: 09/30/2024

Taxpayer's first name, initial, last name SANJEEV KUMAR		Taxpayer's SSN 280-97-6448	
If joint estimated payment, spouse's first name, initial, last name		If joint payment, spouse's SSN	
Phone number 765-775-3535			
Present home address (Number and street) Apt. no. 125 B BRIDGEWAY DRIVE		Payment voucher 2D barcode 	
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office NASHVILLE	State TN		
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order	Round to nearest dollar 58.00

ELA280976448042024EST03Q0000005800

CF-1040ES

EAST LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE January 31, 2025

2024 EST 04Q

Taxpayer Name: SANJEEV KUMAR

Social Security No: 280-97-6448

Due on or Before: 01/31/2025, for tax year 2024*

Payment: \$ 58

- Payment Method:
• Make payment by check or money order payable to " EAST LANSING ." Write your social security number, daytime phone number, and "2024 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the EAST LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:

CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

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CF-1040ES
REV 02/16/24 PRO

EAST LANSING
FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 04Q
Revised: 09/30/2017

Mail To: CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

NACTP # 1555
EFIN # 222496

ESTIMATED PAYMENT VOUCHER 4 Due Date: 01/31/2025

Form with fields for Taxpayer's first name, SSN, joint payment info, phone number, home address, city/state/zip, and tax amount. Includes a 2D barcode.

ELA280976448042024EST040000005800

CF-1040PV

EAST LANSING
INCOME TAX RETURN PAYMENT VOUCHER

2023 RET RPV

You may pay your balance online at https://michigan.insourcetax.com

Taxpayer Name: SANJEEV KUMAR

Social Security No: 280-97-6448

Due on or Before: 4/30/2024, due date of 2023 return*

Payment: \$ 340

Payment Method: Make payment by check or money order payable to "City of EAST LANSING ." Include your social security number, daytime phone number, and "2023 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of EAST LANSING . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment:

CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid:
Check Number:
Date Mailed:

You may pay your balance online at https://michigan.insourcetax.com {see appendix L}

Revised: 11/05/2023

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040PV

EAST LANSING
INCOME TAX RETURN PAYMENT VOUCHER

2023 RET RPV

REV 02/16/24 PRO

Revised: 08/11/2015

Mail To: CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

NACTP # 1555
EFIN #

Table with 4 columns: Taxpayer's first name, initial, last name; Taxpayer's SSN; If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Contact phone number; Present home address; Address line 2; City, town or post office; State; Zip code; Foreign country name; Amount of tax, interest and penalty; Round to nearest dollar.

ELA280976448042023RETRPV0000034000

Taxpayer's name SANJEEV KUMAR	Taxpayer's SSN 280-97-6448	2023 EAST LANSING	
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B Attachment 2-1

All W-2 forms must be attached to page 1 of the return 1555 REV 02/16/24 PRO Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available	38-6005984	62-0476822	
2. Employer's name (Form W-2, box c) or source's name	MICHIGAN STATE UNIVERSITY	THE VANDERBILT UNIVERSITY	
3. SSN from Form W-2, box a	280-97-6448	280-97-6448	
4. Enter T for taxpayer or S for spouse	<input checked="" type="checkbox"/> T	<input checked="" type="checkbox"/> T	<input type="checkbox"/>
5. Dates of employment during tax year	From 01/01/2023 To 01/31/2023	From 01/01/2023 To 01/31/2023	From <input type="checkbox"/> To <input type="checkbox"/>
6. Mark (X) box if you work at multiple locations in and out of EAST LANSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	426 AUDITORIUM RD ROOM 110 EAST LANSING MI 48824	2301 VANDERBILT PL PMB 407718 NASHVILLE TN 37240	
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	2200	70885	
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
-----------------------------	------------------------	------------------------	------------------------

For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.

11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
------------------	------------------------	------------------------	------------------------

17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by EAST LANSING			
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)	2200	70885	
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)		73085	
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			73085

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.