# 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 02/06/24 PRO

| Filer's Name(s) (First, Middle Initial, Last) and | Filer's Full Social Security Number                                       | Spouse's Full Social Security Number   |
|---|---|--|
| Home Address (Street, City, State, ZIP Code)      | 675-96-0399   | 540-93-3816  |
| KUMAR RAJU  | WRITE PAYMENT   | ¢  |
| DEEPA PERIASAMY                                   | AMOUNT HERE   | <b>\$</b> 56 .00   |
| 1965 AXTELL DR APT 4                              | MAIL TO:  | Make check payable to "State of Michigan."   |
| TROY MI 48084                                     | MAIL 10. Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | Write the last four digits of filer's Social Security number and "2023 MI-1040-V" on the check. Do not fold or staple. |

| <b>2023 MICHIGAN Ind</b><br>Return is due April 15, 2024   |                    |                            |                 | 'n Wil       | -10        | 40         |        |                    |          | ended Return<br>ide Schedule AMD)             |        |
|--|--------------------|----------------------------|-----------------|--------------|------------|------------|--------|--------------------|----------|---|--------|
| 1. Filer's First Name  | M.I.               | Last Name                  | · · · · ·       |              |            | 2. Filer's | s Full | Social Se          | curity I | No. (Example: 123-45-67                       | 89)    |
| KUMAR  |                    | RAJU                       |                 |              |            | _          | 7 -    |                    | 0.6      | 0200  |        |
| If a Joint Return, Spouse's First Name   | M.I.               | Last Name                  |                 |              |            | ٥ ا        | 75     |                    | 96       | <del></del> 0399                              |        |
| DEEPA  |                    | PERIASAMY                  |                 |              |            | 3. Spou    | se's F | ull Social         | Securi   | ity No. (Example: 123-45                      | -6789) |
| Home Address (Number, Street, or P.O. I  |                    |                            |                 |              |            | ] 5        | 40     |                    | 93       | <del></del> 3816                              |        |
| 1965 AXTELL DR, AI   | PT. 4              | To: .                      | Tain o          |              |            |            |        |                    |          |   |        |
| City or Town   |                    | State                      | ZIP Code        | 4            |            | 4. Scho    |        | trict Code         | (5 aigi  | its)  |        |
| TROY 5. STATE CAMPAIGN FUND  |                    | MI                         | 48084           |              |            | <br>       |        | 3140               |          | FARERS  |        |
| Check if you (and/or your spou<br>filing a joint return) want \$3 of<br>to go to this fund. This will not i<br>your tax or reduce your refund. | our taxes          | a. Filer b. Spouse         |                 |              | <b>Т</b> с |            | box i  | if 2/3 of y        |          | ncome is from farming                         | ,      |
| 7. 2023 FILING STATUS. Check   | one.               |                            |                 | 8. <b>20</b> | 23 R       | ESIDEN     | CY S   | TATUS.             | Check    | call that apply.                              |        |
| a. Single  | * If y             | ou check box "c," comp     | lete            | а.           | F          | Resident   |        |                    |          |   |        |
| . 🗖  |                    | 3 and enter spouse's ful   | ll name         |              | <b>-</b> . |            |        |                    |          | * If you check box "b" "c," you must complete |        |
| b. X Married filing jointly  | belo               | W:                         |                 | b            | \          | lonreside  | ent *  |                    |          | and include Schedule                          |        |
| c. Married filing separately*  |                    |                            |                 | c. X         | F          | art-Year   | Resi   | dent *             |          | NR.   |        |
| <ul><li>a. Number of exemptions (se</li><li>b. Number of individuals who<br/>blind, hemiplegic, parapleg</li></ul>                             | qualify for        | one of the following spe   | cial exemptio   | ns: deaf,    | 9a.<br>9b. | 2          | x<br>x | \$5,400<br>\$3,100 | Ī        | 1080  | 00     |
| c. Number of qualified disable   | ed veterai         | ns                         |                 |              | 9c.        |            | x      | \$400              | 9c.      |   | 00     |
| d. Number of Certificates of S   | tillbirth fr       | om MDHHS (see instruc      | ctions)         |              | 9d.        |            | x      | \$5,400            | 9d.      |   | 00     |
| e. Claimed as dependent, see   | e line 9 N         | OTE above                  |                 |              | 9e.        |            |        |                    | 9e.      |   | 00     |
| f. Add lines 9a, 9b, 9c, 9d an   | d 9e. En           | er here and on line 15 .   |                 |              |            |            |        | г                  | 9f.      | 1080  | 0 00   |
| 10. Adjusted Gross Income from   | your U.            | S. Form 1040 (see instru   | uctions)        |              |            |            |        | 10.                |          | 8559  | 0 00   |
| 11. Additions from Schedule 1, lin   | e 9. <b>Incl</b> u | ide Schedule 1             |                 |              |            |            |        | 11.                |          |   | 00     |
| 12. <b>Total.</b> Add lines 10 and 11  |                    |                            |                 |              |            |            |        | 12.                |          | 8559  | 0 00   |
| 13. Subtractions from Schedule 1   | , line 31.         | Include Schedule 1         |                 |              |            |            |        | 13.                |          | 6799  | 6 00   |
| 14. Income subject to tax. Subtr   | act line 1         | 3 from line 12. If line 13 | 3 is greater th | an line 12   | 2, en      | ter "0"    |        | 14.                |          | 1759  | 4 00   |
| 15. <b>Exemption allowance.</b> Enter  | amount f           | rom line 9f or Schedule    | NR line 19      |              |            |            |        | 15.                |          | 222   | م ا م  |

16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" ......

17. **Tax.** Multiply line 16 by 4.05% (0.0405) ......

16.

17.

15374 00

| REFUNDABLE CREDITS   | AMOUNT   | _  | CREDIT   |  |
|--|--|--|--|--|
| Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)                                   | 00   | 18b.   |  | 00   |
| Michigan Historic Preservation Tax Credit (see instructions). 19a.   | 00   | 19b.   |  | 00   |
|  |  | 20.  | 623  | 00   |
| Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b>   |  | 21.  |  | 00   |
|  | , ,  | 22.  |  | 00   |
| USE TAX. Use tax due on Internet, mail order or other out-of-state pure  | chases from  | 23.  | 0  | 00   |
| Total Tax Liability. Add lines 20 through 23   | 24.  |  | 623  | 00   |
| JNDABLE CREDITS AND PAYMENTS   |  | _  |  |  |
| Property Tay Credit Include MI 4040CP or MI 4040CP 2   |  | 25   |  | 00   |
| Property Tax Credit. Include MI-1040CR or MI-1040CR-2  |  | 25.  |  | 00   |
| Farmland Preservation Tax Credit. Include MI-1040CR-5  |  | 26.  |  | 00   |
|  | FEDERAL  |  | MICHIGAN   |  |
| Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b   | 00   | 27b.   |  | 00   |
| Michigan Historic Preservation Tax Credit (refundable). Include Form 3   | 3581   | 28.  |  | 00   |
| Credit for allocated share of tax paid by an electing flow-through entity  | (see instructions)   | 29.  |  | 00   |
| Michigan tax withheld from Schedule W, line 6. Include Schedule W (o   | do not submit W-2s)  | 30.  | 567  | 00   |
| Estimated tax, extension payments and 2022 credit forward  |  | 31.  |  | 00   |
| <b>2023 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2 Amended returns must <b>include Schedule AMD (see instructions)</b> . | 2023 return should skip to line 33.  |  |  |  |
| 32a. If you had a refund and/or credit forward on the original return, check negative number on line 32c.                                  | ck box 32a and enter this amount as a  |  |  |  |
|  |  | 32c.   |  | 00   |
| Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 3  | 0, 31 and 32c 33.  |  | 567  | 00   |
|  | Michigan Historic Preservation Tax Credit (see instructions). 19a.  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" | Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions) | Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions) | Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions) |

**REFUND OR TAX DUE** 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. ..... YOU OWE 56 00 00 00 Include interest and penalty 34. 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33 ...... 00 Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return .. 36 00 00 DIRECT DEPOSIT a. Routing Transit Number b. Account Number c. Type of Account Deposit your refund directly to your financial institution! See instructions and complete a, b Savings Checking 2. Preparer Certification. I declare under penalty of perjury that 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) this return is based on all information of which I have any knowledge. Preparer's PTIN, FEIN or SSN Filer Spouse P02082703 Preparer's Name (print or type) 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. SYAM PRIYA RAM SAGAR GUPTA TA Filer's Signature Date Preparer's Signature <u>SYAM PRIYA RAM SAGAR GUPTA</u> Spouse's Signature Date Preparer's Business Name, Address and Telephone Number GLOBAL TAXES LLC 245 ROONEY CT By checking this box, I authorize Treasury to discuss my return with my preparer. E BRUNSWICK NJ 08816

Filer's Full Social Security Number

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

Michigan Department of Treasury, Lansing, MI 48956

678-965-9522

675 -

96

- 0399

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

| Inclu | ide with Form MI-1040. Type or          | print   | in blue or black ink.   |                                       |          |                 | Attachmen           | t 01       |
|-------|---|---------|---|---------------------------------------|----------|-----------------|---------------------|------------|
| Filer | 's First Name                           | M.I.    | Last Name   | Filer's Full So                       | cial Sec | curity No. (Exa | ample: 123-45-6789) |            |
| KU    | MAR                                     |         | RAJU  | 675                                   | _        | 96 -            | <b>—</b> 0399       |            |
| Add   | litions to Income (all entries          | mus     | t be positive numbers)  |                                       |          |                 |                     |            |
|       | Gross interest and dividends fr         |         | •   |                                       |          |                 |                     |            |
|       |   |         | al subdivisions   |                                       | . 1.     |                 |                     | 00         |
| 2.    |   |         | by income, including self-employmer   |                                       |          |                 |                     |            |
|       | federal return, and allocated sha       | are of  | tax paid by an electing flow-through  | entity (see instructions              | ) 2.     |                 |                     | 00         |
| 3.    | Gains from Michigan column o            | f MI-   | 1040D and MI-4797   |                                       | . 3.     |                 |                     | 00         |
| 4.    | Losses attributable to other sta        | ates (s | see instructions)   |                                       | . 4.     |                 |                     | 00         |
|       |   |         |   |                                       |          |                 |                     |            |
|       |   | -       | r Michigan MI-1040D or MI-4797  |                                       | . 5.     |                 |                     | 00         |
| 6.    |   |         | neral expense. Enter amount from lin<br>nferrous Metallic Minerals Extraction |                                       | s 6.     |                 |                     | 00         |
| 7     | Federal Net Operating Loss de           | educti  | on included in AGI  |                                       | . 7.     |                 |                     | 00         |
|       |   |         |   |                                       | . ,.     |                 |                     |            |
| 8.    | Other (see instructions). Descr         | ibe: _  |   |                                       | 8.       |                 |                     | 00         |
| 9.    | Total additions. Add lines 1 t          | hrou    | gh 8. Enter here and on MI-1040,  | line 11                               | . 9.     |                 | 0                   | 00         |
| Sub   | tractions from Income (all              | entri   | es must be positive numbers)  |                                       |          |                 |                     |            |
|       | -                                       |         | s and other U.S. obligations include  | ed in MI-1040, line 10.               |          |                 |                     |            |
|       |   |         | 000   |                                       | . 10.    |                 |                     | 00         |
| 11.   |   |         | , from military retirement benefits d   |                                       |          |                 |                     |            |
|       | U.S. Armed Forces or Michigar           | n Nati  | onal Guard, or taxable railroad retir   | ement benefits                        | . 11.    |                 |                     | 00         |
| 12.   | Gains from federal column of N          | Michig  | gan MI-1040D and MI-4797  |                                       | . 12.    |                 |                     | 00         |
| 12    | Income attributable to another          | ctata   | . Explain type and source: <u>SCHE</u>  | DIII E ND                             | 13.      |                 | 67996               | ا          |
| 10.   | moome attributable to another           | Sidio   | . Explain type and source. Bene.  | DOLLE INIC                            | _ 10.    |                 | 0,755               | 100        |
| 14.   | Taxable Social Security benefit         | ts or ı | military pay (not retirement) include   | d on MI-1040, line 10 .               | . 14.    |                 |                     | 00         |
| 15.   | Income earned while a resider           | nt of a | Renaissance Zone (see instruction   | าร)                                   | . 15.    |                 |                     | 00         |
|       |   |         | refunds received in 2023 and include  |                                       |          |                 |                     |            |
|       |   |         | und received from an electing flow-   |                                       | . 16.    |                 |                     | 00         |
| 17.   | · ·                                     | _       | m, MI 529 Advisor Plan, and Michig  | •                                     | . 17.    |                 |                     |            |
|       | Life Experience Program                 |         |   |                                       | . 17.    |                 |                     | <u> 00</u> |
| 18.   | Michigan Education Trust                |         |   |                                       | . 18.    |                 |                     | 00         |
| 19.   |   |         | nerals income. Enter amount from li   |                                       |          |                 |                     |            |
|       | - · · · · · · · · · · · · · · · · · · · |         | nferrous Metallic Minerals Extraction   | · · · · · · · · · · · · · · · · · · · | s 19.    |                 |                     | 00         |
| 20.   |   |         | empted under a State/Tribal tax agr<br>Bulletin 1988-47                       |                                       | . 20.    |                 |                     | 00         |
| 21.   | •                                       |         | ogram. Enter amount from line 3 of  |                                       | 0.       |                 |                     | ٦          |
|       |   |         | ogram. Include Form 5792  |                                       | . 21.    |                 |                     | 00         |
| 22    | MRTMA/marihuana expense s               | ubtra   | ction   |                                       | . 22.    |                 |                     | 00         |
|       | 2                                       |         |   |                                       |          |                 |                     |            |
| 23    | Miscellaneous subtractions (se          | e ins   | tructions) Describe:  |                                       | 23.      | 1               |                     | 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) |
|--------------------|------|-----------|---|
| KUMAR              |      | RAJU      | 675 — 96 — 0399   |

#### **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**.

| ретс | re continuing.                    |                                       |  |  |      |                         |                            |     |   |  |           |
|------|-----------------------------------|---------------------------------------|--|--|------|-------------------------|----------------------------|-----|---|--|-----------|
| 24.  |                                   | FI                                    | LER  |  |      |                         |                            | SPO | USE   |  |           |
|      | A.                                | B.                                    | C.   | D.   |      | E.                      | F.                         |     | G.  | H.   |           |
|      | Year of Birth<br>(19xx)           | Age<br>as of<br>12-31-2023            | Check if filer<br>received benefits<br>from SSA exempt<br>employment                       | Check if filer<br>retired as of<br>01-01-2013 and<br>born after 1952 |      | Year of Birth<br>(19xx) | Age<br>as of<br>12-31-2023 | 3   | Check if spouse<br>received benefits<br>from SSA exempt<br>employment | Check if spo<br>retired as<br>01-01-2013<br>born after 1 | of<br>and |
|      | 1975                              | 48                                    |  |  |      | 1981                    | 42                         |     |   |  |           |
| 25.  | (if married) wa                   | s born during the                     | duction. Complete<br>e period January 1<br>lete lines 26, 27 o                             | , 1946 through   | De   | cember 31, 19           | 52, and                    | 25. |   | •  | 00        |
| 26.  | (if married) wa                   | s born during the                     | duction. Completone period January 1  31, 2023. <b>Do not</b>                              | , 1953 through   | Jai  | nuary 1, 1957,          | and reached                |     |   |  | 00        |
| 27.  |                                   |                                       | nount from line 16   |  |      |                         |                            | 27. |   |  | 00        |
| 28.  | limited to \$13,7 deduction for r | 712 on a single r<br>etirement benefi | deduction for taxp<br>return or \$27,424 of<br>ts (see instruction<br>unremarried survivir | on a joint returr<br>s)  | , ar | nd must be red          | uced by any                | 28. |   |  | 00        |
|      |                                   |                                       | born before 1946 w   |  |      |                         |                            |     |   |  |           |
|      |                                   | •                                     | ı 28   |  |      |                         |                            |     |   | 67996  | 00        |
| 30.  |                                   |                                       | on. Enter amount f<br>lude Form 5674 .   |  |      |                         |                            |     |   |  | 00        |
| 31.  | Total Subtrac                     | tions. Add lines                      | 29 and 30. Enter   | here and on MI   | -10· | 40, line 13             |                            | 31. |   | 67996  | 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 al   |                       |                    |                      | ting th        | his for        | m. T | ype or pri      |                      |             |                     | Attachmer      |      |
|---------|---|-----------------------|--------------------|----------------------|----------------|----------------|------|-----------------|----------------------|-------------|---------------------|----------------|------|
| 1. File | er's First Name   | M.I.                  | Last Na            | me                   |                |                |      |                 | 2. Filer's Full Soci | ial Sec     | curity No. (Example | e: 123-45-678  | 9)   |
| KU      | MAR   |                       | RAJ                | U                    |                |                |      |                 | 675 <b>—</b>         | _           | 96 <del>—</del>     | 0399           |      |
| If a Jo | oint Return, Spouse's First Name  | M.I.                  | Last Na            | me                   |                |                |      |                 | 3. Spouse's Full S   | Social      | Security No. (Exan  | nple: 123-45-6 | 789) |
| DE      | EPA   |                       | PER                | IASAMY               |                |                |      |                 | 540 <b>—</b>         | _           | 93 —                | 3816           |      |
| 4.      | 2023 RESIDENCY STATUS:<br>Check all that apply.   |                       |                    | *Dates of <b>M</b> i | ichig <u>a</u> | <b>n</b> resid | ency |                 | Enter dates as N     | MM-D        |                     |                | 23)  |
|         | a. Nonresident  |                       |                    |                      | F              |                |      | FILER           |                      |             | SPOUS               | 3E             |      |
|         |   |                       |                    | FRO                  | ом:            | 10             |      | <del>-</del> 01 | <del></del>          | 1           | 0 — 01              | <del></del>    | 23   |
|         | b. X Part-Year Resident of N<br>Enter dates of Michigar   |                       |                    | 2023*                | то:            | 12             | _    | - 31            | 2023                 | 1           | .2 — 31             | 20             | 23   |
| Incor   | me Allocation   |                       |                    | A. Tota              | al Inco        | ome            |      | B. Mi           | ichigan Incom        | ne          | C. Other St         | ate(s) Inco    | me   |
| 5.      | Wages, salaries, other payments   | (tips, e              | etc.)              |                      | 85!            | 590            | 00   |                 | 17594                | ₽  <br>  00 |                     | 67996          | 00   |
| 6.      | Interest and dividends  |                       |                    |                      |                |                | 00   |                 |                      | 00          |                     |                | 00   |
| 7.      | Business and farm income (included U.S. Schedules C and F)  | de                    |                    |                      |                |                | 00   |                 |                      | 00          |                     |                | 00   |
| 8.      |   |                       |                    |                      |                |                | 00   |                 |                      | 00          |                     |                | 00   |
| 9.      | Income reported on U.S. Schedul U.S. Schedule E and supporting s  | ٠,                    |                    |                      |                | 0              | 00   |                 | C                    | ) 00        |                     | 0              | 00   |
| 10.     | Pensions, IRA distributions, annuand Social Security (see Form 48   | ities                 |                    |                      |                |                | 00   |                 |                      | 00          |                     |                | 00   |
| 44      |   | -                     |                    |                      |                |                | 00   |                 |                      |             |                     |                |      |
| 11.     | Other (see instructions)  |                       |                    |                      |                |                |      |                 | 1.550.4              | 00          |                     | <u></u>        | 00   |
| 12.     | Total income. Add lines 5 through   | 11                    |                    |                      | 855            | 590            | 00   |                 | 17594                | <u> 100</u> |                     | 67996          | 00   |
| 13.     | Enter the total adjustments from UDescribe:   | J.S. 10               | 040                |                      |                |                | 00   |                 |                      | 00          |                     |                | 00   |
| 14.     | Subtract line 13 from line 12. The a column A should equal MI-1040, lin amount in column C on Schedule 1 a negative amount, enter as a posi Schedule 1, line 4. | ne 10. l<br>1, line 1 | Enter<br>13 or, if |                      | 85!            | 590            | 00   |                 | 17594                | ł 00        |                     | 67996          | 00   |
| Exen    | nption Allowance (If one spou   | ıse is                | a full-y           | ear resident, a      | and the        | e othe         | r is | not, see i      | nstructions.)        | _           |                     |                |      |
| 15.     | Enter amount from MI-1040, line   | 9f                    |                    |                      |                | . <u></u>      |      |                 |                      | 15          |                     | 10800          | 00   |
| 16.     | Enter Michigan source income from   | om line               | 14, col            | umn B                | . 16.          |                |      | 1               | 7594 00              |             |                     |                |      |
| 17.     | Enter total income from line 14, co   | olumn                 | A                  |                      | . 17.          |                |      | 8               | 5590 00              | _           |                     |                |      |
| 18.     | Divide line 16 by line 17 (if line 16   |                       |                    |                      |                | )              |      |                 |                      | 18.         |                     | 20.56          | %    |
| 19.     | If both spouses are part-year or n  | onresi                | dents, n           | nultiply line 15 b   | by the p       | percent        | age  | on line 18      | and enter            |             |                     |                |      |
|         | here and on MI-1040, line 15. If of here and on MI-1040, line 15  |                       |                    |                      |                |                |      |                 |                      | 19.         |                     | 2220           | 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                  | M.I. | Last Name | 2. Filer's Full Social Security No. (Example: 123-45-6789)  |
|--|------|-----------|---|
| KUMAR                                  |      | RAJU      | 675 — 96 — 0399   |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) |
| DEEPA                                  |      | PERIASAMY | 540 — 93 — 3816   |

#### TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

|          | A B C D E  |                                  |                  |       |                         |   |    |                                       |  |  |  |  |  |
|----------|--|----------------------------------|------------------|-------|-------------------------|---|----|---------------------------------------|--|--|--|--|--|
| <i>*</i> | •  | В                                | C                | D     |                         | =                                       |    |                                       |  |  |  |  |  |
|          | Enter "X" for: 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        |  | 98-0429806                       | TATA CONSULTANCY | 85590 | 00                      | 567                                     | 00 |                                       |  |  |  |  |  |
|          |  |                                  |                  |       | 00                      |   | 00 |                                       |  |  |  |  |  |
|          |  |                                  |                  |       | 00                      |   | 00 |                                       |  |  |  |  |  |
|          |  |                                  |                  |       | 00                      |   | 00 |                                       |  |  |  |  |  |
|          |  |                                  |                  |       | 00                      |   | 00 |                                       |  |  |  |  |  |
| Enter    | nter Table 1 Subtotal from additional Schedule W forms (if applicable) |                                  |                  |       |                         |   |    |                                       |  |  |  |  |  |
| 4.       | SUB  | TOTAL. Enter total of Table 1, c | 4.               | 567   | 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" for:<br>Filer or Spouse | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name                   | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld |
|                                   |  |                                | 0  | 0 00                         |
|                                   |  |                                | 0  | 00                           |
|                                   |  |                                | 0  | 00                           |
|                                   |  |                                | 0  | 00                           |
|                                   |  |                                | 0  | 00                           |
| Enter Table                       | 2 Subtotal from additional Sched                               | dule W forms (if applicable)   |  | 00                           |
| 5. <b>SUB</b>                     | TOTAL. Enter total of Table 2, co                              | olumn E                        | 5  | i. 00                        |
| 6. <b>TOTA</b>                    | <b>AL.</b> Add lines 4 and 5. Enter here                       | e and carry to MI-1040, line 3 | 0 6  | 567 00                       |

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