2023 Form M1, Individual Income Tax

DEPARTMENT OF REVENUE

231111

Do not use staples on anything you submit.

SEETHARAM REDDY	RAMIREDDY
Your First Name and Initial	**Last Name**

210738569	05301999
Your Social Security Number	**Your Date of Birth (MM/DD/YYYY)**

If a Joint Return, Spouse's First Name and Initial | **Spouse's Last Name** | **Spouse's Social Security Number** | **Spouse's Date of Birth**

515 14TH AVE SE APT #B497-A
Current Home Address

Check if Address is: ☐ New ☐ Foreign

MINNEAPOLIS
City

MN
State

55414
ZIP Code

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

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

Spouse Name _____

Spouse SSN _____

State Elections Campaign Fund

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

Political Party Code Numbers:

Republican 11   Grassroots/Legalize Cannabis 14   Legal Marijuana Now 17

Democratic/Farmer-Labor . . . 12   Libertarian 16   General Campaign Fund 99

_____ _____
Your Code Spouse's Code

From Your Federal Return *(see instructions)*

27688	0	0	13838
A. Wages, salaries, tips, etc.	**B. IRA, pensions, and annuities**	**C. Unemployment**	**D. Federal taxable income**

1	**Federal adjusted gross income** *(from line 11 of federal Form 1040 and 1040-SR)*	1 ■ 27688
2	*Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)*	2 ■
3	*Add lines 1 and 2*.	3 27688
4	**Itemized deductions** *(from Schedule M1SA)* or your **standard deduction** *(see instructions)*	4 ■ 13825
5	*Exemptions (from Schedule M1DQC)*	5 ■
6	*State income tax refund from line 1 of federal Schedule 1*	6 ■
7	*Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)*	7 ■
8	*Total subtractions. Add lines 4 through 7*.	8 13825
9	**Minnesota taxable income**. *Subtract line 8 from line 3. If zero or less, leave blank.*	9 13863
10	**Tax** *from the table or schedules in the Form M1 instructions*	10 741
11	*Alternative minimum tax (enclose Schedule M1MT)*	11 ■
12	*Add lines 10 and 11*	12 741
13	**Full-year residents:** *Enter the amount from line 12 on line 13. Skip lines 13a and 13b.*	
	Part-year residents and nonresidents: *From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)*	13 741

13a ■ _____0_____   13b ■ _____0_____

`*231121*`

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions *(check appropriate boxes)*

☐ (a) Schedule M1HOME   ☐ (b) Schedule M1529   ☐ (c) Schedule M1LS . . . . **14** ■ _____

15 Tax before credits. Add lines 13 and 14 . . . . **15** _____ 741

16 Amount from line 21 of Schedule M1C, *Nonrefundable Credits (enclose Schedule M1C)* . . . . **16** ■ _____

17 Subtract line 16 from line 15 *(if result is zero or less, leave blank)* . . . . **17** _____ 741

18 Nongame Wildlife Fund contribution *(see instructions)*
This will reduce your refund or increase the amount you owe . . . . **18** ■ _____

19 Add lines 17 and 18 . . . . **19** _____ 741

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF . . . . **20** ■ _____ 1393

21 Minnesota estimated tax and extension payments made for 2023 . . . . **21** ■ _____

22 Amount from line 11 of Schedule M1REF, *Refundable Credits (see instructions; enclose Schedule M1REF)* . . . . **22** ■ _____ 350

23 Total payments. Add lines 20 through 22 . . . . **23** _____ 1743

24 **REFUND**. If line 23 is more than line 19, subtract line 19 from line 23 *(see instructions)*.
For direct deposit, complete line 25 . . . . **24** ■ _____ 1002

25 Direct deposit of your refund *(you must use an account not associated with a foreign bank)*:
☒ Checking   ☐ Savings   075000019   768908276
                        Routing Number   Account Number

26 **AMOUNT YOU OWE**. If line 19 is more than line 23, subtract line 23 from line 19 *(see instructions)* . . . . **26** ■ _____

27 Penalty amount from Schedule M15 *(see instructions)*. Also subtract
this amount from line 24 or add it to line 26 *(enclose Schedule M15)* . . . . **27** ■ _____

28 Penalty and interest *(see instructions)* . . . . **28** ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.

29 Amount from line 24 you want sent to you . . . . **29** ■ _____

30 Amount from line 24 you want applied to your 2024 estimated tax . . . . **30** ■ _____

Taxpayer(s): *I declare that this return is correct and complete to the best of my knowledge and belief.*

Your Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)
6122056491	SEETHARAMREDDYRAMIREDDY@GMAIL.COM	
Daytime Phone	Email Address	
SYAM PRIYA RAM SAGAR GUPTA	04092024	P02082703
Paid Preparer's Signature	Date (MM/DD/YYYY)	PTIN or VITA/TCE # (required)
6789659522	syam@gtaxfile.com	
Preparer's Daytime Phone	Preparer's Email Address	

☐ I do not want my paid preparer to file my return electronically.

☐ I authorize the Minnesota Department of Revenue to discuss this tax return
with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2023 federal return and schedules.
Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

2023 Schedule M1REF, Refundable Credits

SEETHARAM REDDY   RAMIREDDY   210738569
Your First Name and Initial   **Last Name**   **Social Security Number**

1 Child and Dependent Care Credit *(enclose Schedule M1CD)* . . . . **1** ■ _____

                  Enter number of qualifying persons   **1a** _____

2 Child and Working Family Credits *(enclose Schedule M1CWFC)* . . . . **2** ■ _____ 350

       Enter number of qualifying children for the Child Tax Credit   **2a** _____

                   Enter number of qualifying older children   **2b** _____

3 K-12 Education Credit *(enclose Schedule M1ED)* . . . . **3** ■ _____

                 Enter number of qualifying children   **3a** _____

4 Credit for Parents of Stillborn Children *(enclose Schedule M1PSC)* . . . . **4** ■ _____

5 Refundable credit for taxes paid to Wisconsin *(enclose Schedule M1RCR)* . . . . **5** ■ _____

6 Credit for Historic Structure Rehabilitation *(enclose certificate)* . . . . **6** ■ _____

            Enter National Park Service (NPS) project number **6a** _____

7 Enterprise Zone Credit *(enclose DEED certificate)* . . . . **7** ■ _____

8 Angel Investment Credit . . . . **8** ■ _____

9 Pass-Through Entity Tax Credit *(see instructions)* . . . . **9** ■ _____

    Enter the Minnesota Tax ID Number and amount associated with each Pass-Through Entity Credit.

    If you claimed more than three Pass-Through Entity Tax Credits, attach a statement to this form .

    MN Tax ID Number: _____ Credit Amount: _____

    MN Tax ID Number: _____ Credit Amount: _____

    MN Tax ID Number: _____ Credit Amount: _____

10 Claim of right *(see instructions)* . . . . **10** ■ _____

11 Add lines 1 through 10. Enter the result here and on line 22 of Form M1 . . . . **11** _____ 350

You must include this schedule with your Form M1.

DEPARTMENT OF REVENUE

2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SEETHARAM REDDY	RAMIREDDY	210738569
Your First Name and Initial	**Last Name**	**Your Social Security Number**

If a Joint Return, Spouse's First Name and Initial	**Spouse's Last Name**	**Spouse's Social Security Number**

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

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

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. *(round to nearest whole dollar)*	E—Box 17 Minnesota tax withheld *(round to nearest whole dollar)*
a1 1	b1 ☒	c1 MN 4411470	d1 15803	e1 979
a2 1	b2 ☐	c2 MN 8029894	d2 11885	e2 414
a3	b3 ☐	c3 MN	d3	e3
a4	b4 ☐	c4 MN	d4	e4
a5	b5 ☐	c5 MN	d5	e5

Subtotal for additional Forms W-2 *(from line 5 on page 2)* . . . . _____

Total Minnesota tax withheld on all Forms W-2 *(add amounts in line 1, column E)* . . . . **1** ◼ _____ 1393

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

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

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

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

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

4 **Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 . . . . **4** ◼ _____ 1393

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

REV 03/05/24 PRO   1031

2023 Schedule M1CWFC, Minnesota Child and Working Family Credits

To claim this credit, you must be a full- or part-year resident of Minnesota. If you are a full-year nonresident, you are not eligible for this credit.

Do not complete Schedule M1CWFC if you have a 2-year or 10-year IRS ban or are otherwise restricted from claiming the federal EIC.

SEETHARAM REDDY | RAMIREDDY | 210738569
Your First Name and Initial | **Last Name** | **Your Social Security Number**

Round amounts to the nearest whole dollar.

1	Enter the amount from line 1 of Form M1. . . . . **1** ■	27688
2	Enter your total earned income *(see instructions; if less than zero, enter zero)*. . . . . **2** ■	27688
3	If line 2 is greater than $8,750, enter $8,750. Otherwise enter the amount from line 2. . . . . **3** ■	8750
4	Multiply line 3 by 4% (.04). . . . . **4** ■	350
5	Credit for Qualifying Older Children: If you have:. . . . . **5** ■	

- One qualifying older child, enter $925
- Two qualifying older children, enter $2,100
- Three or more qualifying older children, enter $2,500

6	Add lines 4 and 5 . . . . **6** ■	350
7	Number of qualifying children *(see instructions)* . . . . **7** ■	
8	Multiply line 7 by $1,750. . . . . **8** ■	
9	Add lines 6 and 8 . . . . **9** ■	350
10	Enter the greater of line 1 or 2 . . . . **10** ■	27688
11	Enter $35,000 if married filing jointly or $29,500 for any other filing status . . . . **11** ■	29500
12	If line 10 is less than line 11, see instructions. Otherwise, subtract line 11 from line 10 . . . . **12** ■	
13	If you had an amount on line 5 but not on line 8, enter 9%(.09). Otherwise enter 12%(0.12) . . . . **13** ■	
14	Multiply line 12 by line 13. . . . . **14** ■	
15	Subtract line 14 from line 9. If less than zero, enter 0. If you are a full year resident, enter this amount on line 2 of Schedule M1REF. . . . . **15** ■	350
16	Part year residents: If your Minnesota gross income is:. . . . . **16** ■	

- $13,825 or more, multiply line 15 by line 30 of Schedule M1NR.
  Enter the result here and on line 2 of Schedule M1REF
- Less than $13,825, see instructions

Enter the result from step 5 of the Worksheet for line 16:_____

Include this schedule with your Form M1. Enter the number of qualifying children on line 2a and the number of qualifying older children on line 2b of Schedule M1REF.