2023 MICHIGAN Indiv Return is due April 15, 2024.				n MI-10	40		nended Return	
1. Filer's First Name	M.I.	Last Name			2. Filer's Full	Social Securit	y No. (Example: 123-45-6789)	
MEGHANA		THUBATI			0.00	0		
If a Joint Return, Spouse's First Name	M.I.	Last Name			060	<u> </u>	4 — 8549	
					3. Spouse's F	ull Social Sec	urity No. (Example: 123-45-6789)	
Home Address (Number, Street, or P.O. Bo	x)				1			
6201 WINDHAVEN PKWY	Ζ, Α	PT. 2223				_	—	
City or Town		State	ZIP Code		4. School Dist	trict Code (5 d	ligits)	
PLANO		TX	75093	3	10	000		
Check if you (and/or your spouse filing a joint return) want \$3 of you to go to this fund. This will not ind your tax or reduce your refund.	ur taxes	a. Filer			neck this box i hing, or seafa		income is from farming,	
7. 2023 FILING STATUS. Check on a. X Single	* If y	ou check box "c," comple		8. 2023 RESIDENCY STATUS. Check all that apply. a. Resident				
b. Married filing jointly	belo	3 and enter spouse's full w:	name	b. 🗶 N	onresident *		* If you check box "b" or "c," you must complete and include Schedule	
c. Married filing separately*				c. 🗌 P	art-Year Resid	dent *	NR.	
9. EXEMPTIONS. NOTE: If some	one els	e can claim you as a dep	pendent, che	eck box 9e, en	ter 0 on line 9a	a and enter	\$1,500 on line 9e (see instr.).	
a. Number of exemptions (see i	nstructi	ons)		9a.	1 x	\$5,400 9a	a. 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 y x \$3,100 yb. 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. 9e. 9e. 9e. 00 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) 10. 15000 00 11. Additions from Schedule 1, line 9. Include Schedule 1 11. 00 00 12. Total. Add lines 10 and 11 12. 15000 00 13. Subtractions from Schedule 1, line 31. Include Schedule 1 13. 12000 00 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 3000 00 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19. 15. 1080 00 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00 17. Tax. Multiply line 16 by 4.05% (0.040		a.	Number of exemptions (see instructions)	9а.	<u>⊥</u>	х	\$5,400	9а.	5400	100
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. 9e. 9e. 00 f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 9e. 9f. 5400 00 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) 10. 15000 00 11. Additions from Schedule 1, line 9. Include Schedule 1 11. 00 12. Total. Add lines 10 and 11 12. 15000 00 13. Subtractions from Schedule 1, line 31. Include Schedule 1 13. 12000 00 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 3000 00 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19 15. 1080 00 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00		b.				x	\$3,100	9b.		00
e. Claimed as dependent, see line 9 NOTE above		c.	Number of qualified disabled veterans	9c.		x	\$400	9c.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 9f 5400 00 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) 10. 15000 00 11. Additions from Schedule 1, line 9. Include Schedule 1 11. 00 12. Total. Add lines 10 and 11 12. 15000 00 13. Subtractions from Schedule 1, line 31. Include Schedule 1 13. 12000 00 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 3000 00 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19. 15. 1080 00 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00		d.	Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.		x	\$5,400	9d.		00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) 10. 15000 00 11. Additions from Schedule 1, line 9. Include Schedule 1 11. 00 12. Total. Add lines 10 and 11 12. 15000 00 13. Subtractions from Schedule 1, line 31. Include Schedule 1 13. 12000 00 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 3000 00 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19 15. 1080 00 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00		e.	Claimed as dependent, see line 9 NOTE above	9e.				9e.		00
11. Additions from Schedule 1, line 9. Include Schedule 1 11. 00 12. Total. Add lines 10 and 11 12. 15000 00 13. Subtractions from Schedule 1, line 31. Include Schedule 1 13. 12000 00 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 3000 00 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19. 15. 1080 00 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00		f.	Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15				F	9f.	5400	00
12. Total. Add lines 10 and 11 12. 15000 00 13. Subtractions from Schedule 1, line 31. Include Schedule 1 13. 12000 00 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 3000 00 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19 15. 1080 00 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00	10.	Ad	djusted Gross Income from your U.S. Form 1040 (see instructions)				10.		15000	00
13. Subtractions from Schedule 1, line 31. Include Schedule 1 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19 15. 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16.	11.	Ac	dditions from Schedule 1, line 9. Include Schedule 1				11.			00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14. 3000 00 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19 15. 1080 00 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00	12.	То	otal. Add lines 10 and 11				12.		15000	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19 15. 1080 00 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00	13.	Sı	ubtractions from Schedule 1, line 31. Include Schedule 1				13.		12000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16. 1920 00	14.	In	come subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 13	2, er	nter "0"		14.		3000	00
	15.	E>	xemption allowance. Enter amount from line 9f or Schedule NR, line 19				15.		1080	00
17. Tax. Multiply line 16 by 4.05% (0.0405) 17. 78 00	16.	Та	axable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter	er "O'	"		16.		1920	00
	17.	Та	ax. Multiply line 16 by 4.05% (0.0405)				17.		78	8 00

Filer's Full Social Security Number

060 —

04 — 8549

	REFUNDABLE CREDITS AMOUNT		CREDIT
18.			
10.	Include a copy of the return (see instructions)	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.	78 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</i> <i>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.		78 00
REFL	JNDABLE CREDITS AND PAYMENTS		r
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2	. 25.	00
26.	Farmland Preservation Tax Credit. Include MI-1040CR-5	. 26.	00
	FEDERAL		MICHIGAN
27.	Earned Income Tax Credit. Multiply line 27a by 30% (0.30) 00 and enter result on line 27b 27a.	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.	122 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) .	8.	
	32a. If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as negative number on line 32c.	а	
	32b. If you paid with the original return, check box 32b and enter the amount paid with the original return, plu any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	s 32c.	00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c 33.		122 00

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

+1555 2023 05 02 27 4

Filer's Full Social Security Number

060 — 04 —

— 8549

REFUND OR TAX DUE

34.	If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.		00
35.	Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	44	00
36.	Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return	36.	00
37.	Subtract line 36 from line 35	44	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 and c.	111000614		76311	2122	1. X Checking 2. Savings				
Deceased Taxpayer. If Filer and/or Spou ENTER DATE OF DEATH ONLY. Example		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 S	SSN				
Filer — —	Spouse -			P02082703					
Taxpayer Certification. I declare under	nenalty of periury that the	e information in	this return	Preparer's Name (print or	type)				
and attachments is true and complete to the be			i uno return	SYAM PRIYA 1	RAM SAGAR GUPTA				
Filer's Signature		Date		Preparer's Signature					
				SYAM PRIYA	RAM SAGAR GUPTA				
Spouse's Signature		Date		Preparer's Business Name, Address and Telephone Number					
				GLOBAL TAXE	S LLC				
		•		245 ROONEY	СТ				
By checking this box, I authorize Tr	easury to discuss my r	eturn with m	y preparer.	E BRUNSWICK	NJ 08816				
				678-965-952	2				

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

2023 MICHIGAN Schedule 1 Additions and Subtractions

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

Attachme	nt	01
----------	----	----

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
MEGHANA		THUBATI	060 — 04 — 8549

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..... 00 1. 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) 00 2. 3. Gains from Michigan column of MI-1040D and MI-4797 00 3. 00 4. Losses attributable to other states (see instructions)..... 4. 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 00 5. 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 0 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11..... 9. 00

Subtractions from Income (all entries must be positive numbers)

040	tractions nom income (ai entries must be positive numbers)			
10.	Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000	10.		00
11.	Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12.	Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13.	Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	12000	00
14.	Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10	14.		00
15.	Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16.	Michigan state and local income tax refunds received in 2023 and included on MI-1040, line 10 including your allocated share of refund received from an electing flow-through entity	16.		00
17.	Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.	17.		00
18.	Michigan Education Trust	18.		00
19.	Oil, gas, and nonferrous metallic minerals income. Enter amount from line 7 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i>	19.		00
20.	Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21.	First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . Include Form 5792.	21.		00
22.	MRTMA/marihuana expense subtraction.	22.		00
23.	Miscellaneous subtractions (see instructions). Describe:	23.		00

2023 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
MEGHANA		THUBATI	060 — 04 — 8549

Deduction Based on Year of Birth

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

24.		FI	LER				SP	OUSE		
	Α.	В.	C.	D.		E.	F.	G.	Н.	
	Year of Birth (19xx)	Age as of 12-31-2023	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-2023	Check if spouse received benefits from SSA exempt employment	Check if spo retired as 01-01-2013 born after 1	of and
	1999	24								
-	Tier 2 Michiga (if married) wa reached age 6			00						
	(if married) wa	s born during the	duction. Complete e period January 1 [.] 31, 2023. Do not	, 1953 through	Jai	nuary 1, 1957,	and reached			00
			nount from line 16 0 rm 4884							00
	Pension Schedule. Include Form 4884 27 3. 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
			unremarried survivin born before 1946 wl							

29. Subtotal. Add lines 10 through 28	. 29.	12000	00
30. 2023 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan No</i> Operating Loss Deduction. Include Form 5674.	et . 30.		00
31. Total Subtractions. Add lines 29 and 30. Enter here and on MI-1040, line 13	. 31.	12000	00

2023 MICHIGAN Nonresident and Part-Year Resident Schedule

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

	7117 NT 7	1	1				print in blue or black ink. Attachment 0 2. Filer's Full Social Security No. (Example: 123-45-6789)						
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~								060 —	- (n4 <u>—</u>	8549	,
II a Ju	GHANA int Return, Spouse's First Name	M.I.	THUBATI Last Name										
	int Return, Spouse's First Name	101.1.							3. Spouse's Full Sc	icial S	Security No. (Exa	mple: 123-45-6	789)
										-			
4.	2023 RESIDENCY STATUS: Check all that apply.			*Dates of N	lichigar	n resid	ency	in 2023	(Enter dates as M	M-DI	D-YYYY, Exam SPOU		23)
	a. X Nonresident			FR	ом:		_	_	- 2023			- 202	23
	b. Part-Year Resident of Michigan. Enter dates of Michigan residency			3*	то:			_	- 2023			<u> </u>	23
Incor	ne Allocation			A. Tot	al Inco	me		B. M	ichigan Income)	C. Other St	tate(s) Inco	me
5.	Wages, salaries, other payments	(tips,	etc.)		150	000	00		3000	00		12000	00
6.	Interest and dividends						00			00			00
7.	Business and farm income (inclu U.S. <i>Schedules C</i> and <i>F</i>)						00			00			00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797						00			00			00
9.	Income reported on U.S. Schedu U.S. Schedule E and supporting	•					00			00			00
10.	Pensions, IRA distributions, annu and Social Security (see Form 48						00			00			00
11.	Other (see instructions)						00			00			00
12.	Total income. Add lines 5 through	n 11			150	000	00		3000	00		12000	00
13.	Enter the total adjustments from Describe:	U.S. 1	040				00			00			00
14.	Subtract line 13 from line 12. The column A should equal MI-1040, line amount in column C on Schedule a negative amount, enter as a pos	ne 10. 1, line	Enter 13 or, if				00						
	Schedule 1, line 4.				150	000	00		3000	00		12000	00
Exem	ption Allowance (If one spo	use is	a full-year	resident,	and the	e othe	r is	not, see	instructions.)	Г			Γ-
15.	Enter amount from MI-1040, line	9f					<u></u>		1:	5.		5400	00
16.	Enter Michigan source income fr	om line	e 14, columr	ו B	16.				3000 00				
17.	Enter total income from line 14, o	olumn	A		17.			-	L5000 00				

18.	Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)	18.	
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.	

1080

20

%

00

2023 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

INSTRUCTIONS: If you had Michigan income tax withheld in 2023, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)		
MEGHANA		THUBATI	060 — 04 — 8549		
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)		

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

A		В	С	D	E
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld
X		20-4268567	HORIZON SOFTECH,	15000 ₀	0 122 00
				0	0 00
				0	0 00
				0	0 00
				0	0 00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)					00
4. SUBTOTAL. Enter total of Table 1, column E 4.					. 122 00

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

A	В	С	D	E	
Enter "X" for Filer or Spou		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 Tal	ble 2 Subtotal from additional Sche		00		
5. S l	5. SUBTOTAL. Enter total of Table 2, column E				00
6. TC	DTAL. Add lines 4 and 5. Enter her	122	00		

Attachment 13

REV 02/16/24 PRO