

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 <b>BHANU PRATAP</b>	Last name <b>DUGGINENI</b>	Your social security number <b>756   37   8337</b>
If joint return, spouse's first name and middle initial <b>SREENIDHI</b>	Last name <b>PAMULAPATI</b>	Spouse's social security number <b>161   88   9191</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>13788 KAYLEMORE TRAIL</b>		Apt. no. _____
City, town, or post office. If you have a foreign address, also complete spaces below. <b>ROSEMOUNT</b>		State <b>MN</b>
Foreign country name _____		ZIP code <b>55068</b>
Foreign province/state/county _____		Foreign postal code _____

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
 Check only one box.  
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**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)? (See instructions.)  Yes  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

Dependents (see instructions):	(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
If more than four dependents, see instructions and check here <input type="checkbox"/>					Credit for other dependents
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Income	Description	Amount
<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions)	131,833.
<b>b</b>	Household employee wages not reported on Form(s) W-2	
<b>c</b>	Tip income not reported on line 1a (see instructions)	
<b>d</b>	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
<b>e</b>	Taxable dependent care benefits from Form 2441, line 26	
<b>f</b>	Employer-provided adoption benefits from Form 8839, line 29	
<b>g</b>	Wages from Form 8919, line 6	
<b>h</b>	Other earned income (see instructions)	0.
<b>i</b>	Nontaxable combat pay election (see instructions) <b>1i</b>	
<b>z</b>	Add lines 1a through 1h	131,833.
<b>2a</b>	Tax-exempt interest	
<b>2b</b>	Taxable interest	
<b>3a</b>	Qualified dividends	
<b>3b</b>	Ordinary dividends	
<b>4a</b>	IRA distributions	
<b>4b</b>	Taxable amount	
<b>5a</b>	Pensions and annuities	
<b>5b</b>	Taxable amount	
<b>6a</b>	Social security benefits	
<b>6b</b>	Taxable amount	
<b>c</b>	If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	
<b>8</b>	Additional income from Schedule 1, line 10	-18,981.
<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	112,852.
<b>10</b>	Adjustments to income from Schedule 1, line 26	
<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	112,852.
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	27,700.
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	
<b>14</b>	Add lines 12 and 13	27,700.
<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	85,152.

Attach Sch. B if required.

**Standard Deduction for—**  
 • Single or Married filing separately, \$13,850  
 • Married filing jointly or Qualifying surviving spouse, \$27,700  
 • Head of household, \$20,800  
 • If you checked any box under Standard Deduction, see instructions.

Table with columns for line numbers, descriptions, and amounts. Lines 16-24 cover Tax and Credits, totaling 9,781.

Table for Payments (lines 25-33). Includes federal income tax withheld (9,233) and total payments (9,233).

Table for Refund (lines 34-36). Includes overpaid amount and amount applied to 2024 tax.

Table for Amount You Owe (lines 37-38). Shows amount owed (548) and estimated tax penalty.

Third Party Designee section with fields for name, phone number, and PIN.

Sign Here section with signature lines for taxpayer and preparer, including occupation and date.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **01**

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

BHANU PRATAP DUGGINENI & SREENIDHI PAMULAPATI

Your social security number

756-37-8337

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-18,981.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	-18,981.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		<b>26</b>

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

BHANU PRATAP DUGGINENI & SREENIDHI PAMULAPATI

756-37-8337

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No
- B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 312, PRAGATHI ELEGANCE HYDERABAD TELANGANA IN 500085

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe) \_\_\_\_\_

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 652.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 2,895.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 3,481.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 3,798.		
<b>15</b> Supplies . . . . .	<b>15</b> 2,830.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 3,612.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b> 3,017.		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 19,633.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> -18,981.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 18,981. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 652.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b> 3,017.		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 19,633.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b> ( 18,981. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b> -18,981.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-18,981.

Schedule E (Form 1040) 2023

# Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.  
 Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
 BHANU PRATAP DUGGINENI

Social security number of HSA beneficiary.  
 If both spouses have HSAs, see instructions.  
 756-37-8337

**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 type="checkbox"/> Self-only <input checked="" 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. <b>Do not</b> 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 <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	7,750.
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	7,750.
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	7,750.
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	
8	Add lines 6 and 7 . . . . .	8	7,750.
9	Employer contributions made to your HSAs for 2023 . . . . .	9	1,800.
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	1,800.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	5,950.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> 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.

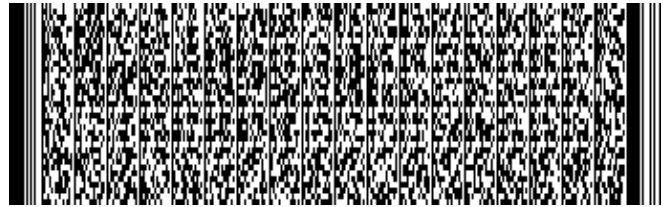
14a	Total distributions you received in 2023 from all HSAs (see instructions) . . . . .	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the 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	<b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (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	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21	



2400411515



# Georgia Form 500 (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

**2023** (Approved software version)

## Page 1

Fiscal Year  
Beginning

STATE MN  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

H000044712600

YOUR FIRST NAME  
1. BHANU PRATAP

MI YOUR SOCIAL SECURITY NUMBER  
756-37-8337

LAST NAME (For Name Change See IT-511 Tax Booklet)  
DUGGINENI

SUFFIX

SPOUSE'S FIRST NAME  
SREENIDHI

MI SPOUSE'S SOCIAL SECURITY NUMBER  
161-88-9191

LAST NAME  
PAMULAPATI

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED  
2. 13788 KAYLEMORE TRAIL

CITY (Please insert a space if the city has multiple names)  
3. ROSEMOUNT

STATE ZIP CODE  
MN 55068

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 3

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Qualified Dependents\* 7b. Number of Unborn Dependents 7c. Total Number of Dependents

\*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

**All Pages (1-5) are required for processing**

REV 01/29/24 PRO



**YOUR SOCIAL SECURITY NUMBER**  
 756-37-8337

**7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).**

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	112852
<b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b>		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	
<b>(See IT-511 Tax Booklet)</b>		
b. Self: 65 or over?      Blind?      Total      x 1,300=.....	11b.	
Spouse: 65 or over?      Blind?		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	
<b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>		
a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.	
b. Less adjustments: (See IT-511 Tax Booklet) .....	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	





2400411535

**YOUR SOCIAL SECURITY NUMBER**  
756-37-8337

**Page 3**

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.		
14b. Enter the number from Line 7c. Multiply by \$3,000.....	14b.		
14c. Add Lines 14a. and 14b. Enter total .....	14c.		
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	39217	
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).....	15b.		
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	39217	
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....	16.	2020	
17. Low Income Credit	17a.	17b.	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....	18.		
19. Credits used from IND-CR Summary Worksheet .....	19.		
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.		
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.		0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	22.		2020

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
833317841											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3357638WU											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
45000											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
2225											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.  
**All Pages (1-5) are required for processing**



**YOUR SOCIAL SECURITY NUMBER**  
 756-37-8337

**Page 4**

<b>(INCOME STATEMENT D)</b>			<b>(INCOME STATEMENT E)</b>			<b>(INCOME STATEMENT F)</b>		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN		
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
23.	<b>Georgia Income Tax Withheld on Wages and 1099s</b> .....	23.						2225
	(Enter Tax Withheld Only and include W-2s and/or 1099s)							
24.	<b>Other Georgia Income Tax Withheld</b> .....	24.						
	(Must include G2-A, G2-FL, G2-LP and/or G2-RP)							
25.	Estimated Tax paid for 2023 and Form IT-560 .....	25.						
26.	Schedule 2B Refundable Tax Credits.....	26.						
	(Cannot be claimed unless filed electronically)							
27.	Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.						2225
28.	If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.						
29.	If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.						205
30.	<b>Amount to be credited to 2024 ESTIMATED TAX</b> .....	30.						0
31.	Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.						
32.	Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.						
33.	Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.						
34.	Georgia Land Conservation Program (No gift of less than \$1.00).....	34.						
35.	Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.						
36.	Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.						
37.	Saving the Cure Fund (No gift of less than \$1.00).....	37.						
38.	Realizing Educational Achievement Can Happen (REACH) Program .....	38.						
	(No gift of less than \$1.00)							



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**YOUR SOCIAL SECURITY NUMBER**  
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- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41.
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest ..... 43.
- 44. (If you owe) Add Lines 28, 31 through 43 ..... 44.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,  
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740399 ATLANTA, GA 30374-0399**

45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29  
**THIS IS YOUR REFUND**..... 45. **205**  
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740380 ATLANTA, GA 30374-0380**

**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

45a. Direct Deposit (U.S. Accounts Only) Type: Checking  Savings

Routing Number 081904808 Account Number 291021791291

**Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.**

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number  
217-550-2359

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA

Preparer's Phone Number  
678-965-9522

Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's FEIN

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703



2407411515

YOUR SOCIAL SECURITY NUMBER

756-37-8337

**DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X**

**SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.**

Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 131833	1. WAGES, SALARIES, TIPS, etc 86833	1. WAGES, SALARIES, TIPS, etc 45000
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) -18981	4. OTHER INCOME OR (LOSS) -18981	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 112852	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 67852	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 45000
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040 0	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 112852	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 67852	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 45000
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%)	9. 39.88	9. %
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a.	10a. 7100
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a.	11a. 7400
11b. Enter the number on Line 7c from Form 500 or Form 500X multiply by \$3,000 ..	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b .....	12.	12. 14500
13. *Multiply Line 12 by Ratio on Line 9 and enter result.....	13.	13. 5783
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14.	14. 39217



**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

BHANU PRATAP \_\_\_\_\_ DUGGINENI \_\_\_\_\_ 756378337 \_\_\_\_\_ 06091994 \_\_\_\_\_  
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)  
 SREENIDHI \_\_\_\_\_ PAMULAPATI \_\_\_\_\_ 161889191 \_\_\_\_\_ 10101995 \_\_\_\_\_  
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth  
 13788 KAYLEMORE TRAIL \_\_\_\_\_ Check if Address is:  New  Foreign  
 Current Home Address  
 ROSEMOUNT \_\_\_\_\_ MN \_\_\_\_\_ 55068 \_\_\_\_\_  
 City State 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)**

131833 \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 85152 \_\_\_\_\_  
 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	112852
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	112852
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . .	4	27650
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	27650
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . .	9	85202
10	Tax from the table or schedules in the Form M1 instructions . . . . .	10	5160
11	Alternative minimum tax (enclose Schedule M1MT) . . . . .	11	
12	Add lines 10 and 11 . . . . .	12	5160
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	5160
	13a ■ _____ 0 13b ■ _____ 0		





# 2023 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

BHANU PRATAP  
Your First Name and Initial

DUGGINENI  
Your Last Name

756378337  
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (*enclose Schedule M1MA*) ..... **1** ■ 235
- 2 Credit for long-term care insurance premiums paid (*enclose Schedule M1LTI*) ..... **2** ■ \_\_\_\_\_
- 3 Credit for taxes paid to another state (*enclose Schedules M1CR and M1RCR*) ..... **3** ■ 1964
- 4 Credit for Past Military Service (*see instructions*) ..... **4** ■ \_\_\_\_\_
- 5 Employer Transit Pass Credit (*enclose Schedule ETP*) ..... **5** ■ \_\_\_\_\_
- 6 SEED Capital Investment Credit (*see instructions; enclose certification*) ..... **6** ■ \_\_\_\_\_
- 7 Education Savings Account Contribution Credit (*enclose Schedule M1529*) ..... **7** ■ \_\_\_\_\_
- 8 Credit for Attaining Master’s Degree in Teacher’s Licensure Field (*enclose Schedule M1CMD*) ..... **8** ■ \_\_\_\_\_
- 9 Student Loan Credit (*enclose Schedule M1SLC*) ..... **9** ■ \_\_\_\_\_
- 10 Beginning Farmer Management Credit ..... **10** ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
BF 23 - \_\_\_\_\_
- 11 Film Production Credit ..... **11** ■ \_\_\_\_\_  
Enter the credit certificate number: TAXC - \_\_\_\_\_
- 12 Tax Credit for Owners of Agricultural Assets ..... **12** ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
AO 23 - \_\_\_\_\_  
AO 23 - \_\_\_\_\_  
AO 23 - \_\_\_\_\_
- 13 Credit for Sales of Manufactured Home Parks to Cooperatives ..... **13** ■ \_\_\_\_\_
- 14 Short Line Railroad Infrastructure Modernization Credit ..... **14** ■ \_\_\_\_\_
- 15 Housing Tax Credit ..... **15** ■ \_\_\_\_\_  
Enter the credit certificate number:  
SHTC - \_\_\_\_\_ - \_\_\_\_\_
- 16 Credit for increasing research activities (*enclose Schedule KPI, KS, or KF*) ..... **16** ■ \_\_\_\_\_
- 17 Carryforward of prior-year Beginning Farmer Management Credits (*see instructions*) ..... **17** ■ \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_
- 18 Carryforward of prior-year Owners of Agricultural Assets Credits (*see instructions*) ..... **18** ■ \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_



19 Carryforward of prior-year Credit for Increasing Research Activities . . . . . 19 ■ \_\_\_\_\_  
List the years the credits were reported to you on Schedule KPI, KS, or KF:  
\_\_\_\_\_

20 Alternative Minimum Tax Credit (*enclose Schedule M1MTC*) . . . . . 20 ■ \_\_\_\_\_

21 Add lines 1 through 20. Enter total here and on line 16 of Form M1. . . . . 21 \_\_\_\_\_ 2199

**You must include this schedule with your Form M1.**







**2023 Schedule M1CR, Credit for Income Tax Paid to Another State**

BHANU PRATAP  
Your First Name and Initial

DUGGINENI  
Last Name

756378337  
Social Security Number

Georgia  
State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota

**You must complete a separate Schedule M1CR for each state or province to which you paid taxes. To report tax paid to Wisconsin, use Schedule M1RCR, Credit for Tax Paid to Wisconsin.**

To be eligible for this credit, all of these must apply:

- You were a full- or part-year Minnesota resident in 2023
- You paid 2023 state income tax to **both Minnesota and another state or Canadian province on the same income**
- You were a Minnesota resident when both states taxed the same income

Check this box if you are claiming a credit for taxes paid by a pass-through entity in another state (see instructions).

**Full-Year Residents and Part-Year Residents**

Round amounts to the nearest whole dollar.

1	Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state (see instructions) . . . . .	1	45000
2	Your adjusted gross income adjusted by U.S. bond interest and bonds of another state (determine from instructions). <b>Part-year residents: See instructions</b> . . . . .	2	112852
3	Divide line 1 by line 2. Enter the result as a decimal (carry to five decimal places; if line 1 is more than line 2, enter 1.00000) . . . . .	3	0.39875
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1. . . . .	4 a	5160
	b Add lines 1-2 and 4-9 of Schedule M1C. . . . .	4 b	235
	Subtract line 4b from line 4a. If the result is zero or less, <b>STOP HERE</b> . You do not qualify for this credit . . . . .	4	4925
5	Multiply line 4 by line 3 . . . . .	5	1964
6	From the other state's income tax return, enter the tax amount before you subtract any tax withheld or estimated tax payments (see instructions). If you paid taxes to a Canadian province or territory, see instructions . . . . .	6 ■	2020

**Full-Year Residents**

7	Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C . . . . .	7	1964
---	---	---	------

**Part-Year Residents**

8	From the other state's income tax return, enter the amount of income taxed by that state before subtracting itemized or standard deductions . . . . .	8	
9	Divide line 1 by line 8. Enter the result as a decimal (carry to five decimal places; if line 1 is more than line 8, enter 1.00000) . . . . .	9	.
10	Multiply line 6 by line 9 . . . . .	10	
11	Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C. . . . .	11	

**You must include this schedule with your Form M1.**



# 2023 Schedule M1MA, Marriage Credit

BHANU PRATAP  
Your First Name and Initial

DUGGINENI  
Your Last Name

756378337  
Your Social Security Number

SREENIDHI  
Spouse's First Name and Initial

PAMULAPATI  
Spouse's Last Name

161889191  
Spouse's Social Security Number

**Part 1**

**A — Taxpayer**                      **B — Spouse**

1	Wages, salaries, tips, and other employee compensation (see instructions) . . . . .	1	<u>86833</u>	<u>45000</u>
2	Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE). . . . .	2	_____	_____
3	Taxable income received from a retirement pension, profit-sharing, stock bonus, or annuity plan (see instructions) . . . . .	3	_____	_____
4	Taxable Social Security benefits (see instructions) . . . . .	4	_____	_____
5	Add lines 1 through 4 for each column . . . . .	5	<u>86833</u>	<u>45000</u>
6	Amount from line 5, Column A or B, whichever is less (If less than \$28,000, STOP HERE. You do not qualify) . . . . .	6	_____	<u>45000</u>
7	Joint taxable income from line 9 of Form M1. (If less than \$44,000, STOP HERE. You do not qualify) . . . . .	7	_____	<u>85202</u>
8	<b>If line 6 is less than \$114,000</b> , determine the amount of your credit using lines 6 and 7 and the table in the instructions. — Full-year residents: Enter the result here and on line 1 of Schedule M1C . . . . . — Part-year residents and nonresidents: Skip ahead to Part 3	8	_____	<u>235</u>

**If line 6 is \$114,000 or more, continue to Part 2**

**Part 2 — If Line 6 is \$114,000 or More**

9	Enter the amount from line 6 . . . . .	9	_____	_____
10	Value of one-half of the standard deduction for Married Filing Jointly . . . . .	10	_____	<u>13,825</u>
11	Subtract line 10 from line 9 . . . . .	11	_____	_____
12	Using the tax rate schedule for <b>single persons</b> in the M1 instructions, compute the tax for the amount on line 11 . . . .	12	_____	_____
13	Amount from line 7 . . . . .	13	_____	_____
14	Amount from line 11. . . . .	14	_____	_____
15	Subtract line 14 from line 13 (If zero or less, STOP HERE. You do not qualify). . . . .	15	_____	_____
16	Using the tax rate schedule for <b>single persons</b> in the Form M1 instructions, compute the tax for the amount on line 15	16	_____	_____
17	Tax from line 10 of Form M1 . . . . .	17	_____	_____
18	Add lines 12 and 16 . . . . .	18	_____	_____
19	Subtract line 18 from line 17. If the result is more than \$1,710, enter \$1,710. If result is zero or less, you do not qualify. <b>Full-year residents:</b> Enter the result here and on line 1 of Schedule M1C . . . . . <b>Part-year residents and nonresidents:</b> Continue to Part 3.	19	_____	_____

**Part 3 — Part-Year Residents and Nonresidents**

20	<b>Part-year residents and nonresidents:</b> Enter the decimal from line 30 of Schedule M1NR . . . . .	20	_____	_____
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C . . . .	21	_____	_____



**2023 Schedule M1W, Minnesota Income Tax Withheld**

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

<u>BHANU PRATAP</u> Your First Name and Initial	<u>DUGGINENI</u> Last Name	<u>756378337</u> Your Social Security Number
<u>SREENIDHI</u> If a Joint Return, Spouse's First Name and Initial	<u>PAMULAPATI</u> Spouse's Last Name	<u>161889191</u> 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	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input checked="" type="checkbox"/>	c1 MN <u>8600490</u>	d1 <u>86833</u>	e1 <u>4366</u>
a2 <u>2</u>	b2 <input type="checkbox"/>	c2 MN <u>8585525</u>	d2 <u>45000</u>	e2 <u>292</u>
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	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 ■ 4658**

**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	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
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 ■ 4658**

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