Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

Submission Identification Number (SID)		222496202407208ux4t0
--	--	----------------------

Taxpayer's name Social se	curity num	hor
Taxpayer's name Social Sec	sunty num	ber
MANISHA TEKI 737-	84-800	9
Spouse's name Spouse's	social sec	urity number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year yo	u are au	thorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income	. 1	60,583.
2 Total tax	. 2	5,587.
3 Eederal income tax withheld from Form(s) W-2 and Form(s) 1000	2	0 207

Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy	of y	our return)
	Amount you owe	5	
4	Amount you want refunded to you	4	2,800.
0		5	0,00/.

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	En
				ERO firm name		

			gits, all ze		as my
4	8	0	0	9	

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨 _____

Spouse's PIN: check one box only	
----------------------------------	--

l authorize

Ν

Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date										
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 nter a		I	2	7 1	

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

ERO's signature >		Date 🕨							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So									
For Donomicarly Deduction Act Not			Farm 9970 (Day, 01 0001)						

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

REV 03/07/24 PRO

Form **9325**

(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS <i>e-file</i> . 737-84-8009										
Taxpayer name MANISHA TEKI	_									
Taxpayer address (optional)										
6621 COACH HOUSE LN	_									
CORCORAN, MN 55340	_									
1. X Your federal income tax return for 2023 Submission Processing Center. The electronic filing	was filed electronically with the Kansas City g services were provided by GLOBAL TAXES LLC .									
	sing a Personal Identification Number (PIN) as your electronic ctronic Return Originator (ERO) to enter or generate a PIN is 222496202407208ux4t0.									
The Earned Income Credit or a dependent's exemp										
4. Your electronic funds withdrawal payment request	was accepted for processing.									
5. Your electronic funds withdrawal payment request Tax" section.	was not accepted for processing. Refer to the "If You Owe									
6. Your Form 4868, Application for Automatic Extension accepted on The Suitable is	on of Time to File U.S. Individual Income Tax Return, was ubmission ID assigned to your extension									

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

For the year Jar	i. 1–Dec	c. 31, 2023, or other tax year beginning		, 202	3, endin	g			, 20		See se	parate i	nstructions	s.	
Your first name	and m	iddle initial	Last n	ame							Your so	cial sec	urity numbe	er	
MANISHA			TEK	т							737 84 8009				
	pouse's	s first name and middle initial	Last n										security nu	mber	
													•		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				4	Apt. no.		Preside	ntial Ele	ction Camp	oaign	
		HOUSE LN							F				ou, or your	•	
		ice. If you have a foreign address, also co	omplete	spaces below.		State		ZIP c	ode		spouse	if filing j	jointly, want	t \$3	
CORCORAI						MN		553			•		nd. Checkin	•	
Foreign countr				Foreign province/s					gn postal o	code	your ta		not change		
	,										jeu tu	Yo	_	ouse	
Eiling Statu		Single					Head of ho	haeur	old (HOI	н)					
Filing Status		Married filing jointly (even if only o	no had	l income)				Jusen		,					
Check only		Married filing separately (MFS)	ne nau	ninconne)		Г	Qualifying	eunvis	ina eno		099)				
one box.	L If y	you checked the MFS box, enter the	nomo	of your apouloo	lf vou c	_ 			• •		,	ild'e nor	ma if tha		
	-	alifying person is a child but not you			ii you c	JIECI			33 DUX,	ente		iiu 5 riai			
		anying percente a crina bat net yet													
Digital		ny time during 2023, did you: (a) rec				•		•		· · ·	. ,	_			
Assets	exch	nange, or otherwise dispose of a dig	ital ass	set (or a financial	interes	st in a	a digital asse	t)? (Se	ee instru	iction	ıs.)	∐ Ye	es 🛛 No)	
Standard	Som	neone can claim: 🗌 You as a de	epende	nt 🗌 Your s	oouse	as a	dependent								
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-st	atus al	ien									
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	959	Are blind	Spou	se:	Was bor	n befa	ore Janu	arv 2	1959		blind		
Dependent				<u> </u>				1					see instructi	ions):	
-		irst name Last name		(2) Social se numbe			(3) Relationshi to you	ip (Child				r other depen		
If more than four															
dependents,															
see instruction	s —														
and check here	ı —														
-	1a	Total amount from Form(s) W-2, b	ov 1 (e	ee instructions)							1a		 69,00	0	
Income	b	Household employee wages not re				•		• •	• •	• •	16			0.	
Attach Form(s)		Tip income not reported on line 1a	-		•••	•		• •	• •	• •	10				
W-2 here. Also attach Forms	с С	Medicaid waiver payments not rep			••••		· · · ·			• •	10	-			
W-2G and	d			.,		struct	,		• •	• •					
1099-R if tax	e 4	Taxable dependent care benefits t				•		• •	• •	• •	1e	-			
was withheld.	f	Employer-provided adoption bene				·		• •	• •	• •	1f	-			
lf you did not get a Form	g	Wages from Form 8919, line 6 .				·		• •	• •	• •	1g			0.	
W-2, see	h	Other earned income (see instruct				·	 4:	· ·	• •	• •	1h			0.	
instructions.	i	Nontaxable combat pay election (see ins	structions)	• •	•	1 i						69,00	0	
		Add lines 1a through 1h			i.	+	 	• •	• •	• •	1z		09,00	0.	
Attach Sch. B if required.	2a	' 	2a		-		able interest		• •			-			
	<u>3a</u>		3a		-		linary divider								
Standard	4a -		4a		-		able amount		• •			-			
Deduction for –	5a	—	5a		-		able amount		• •	• •	5b	-			
 Single or Married filing 	6a	,	6a				able amount		• •	• -	6b				
separately,	С	If you elect to use the lump-sum e						• •	• •	• L					
\$13,850Married filing	7	Capital gain or (loss). Attach Sche		-				• •		. L	7	_			
jointly or	8	Additional income from Schedule									8		-8,41		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is your tot	al inco	me					9	_	60 , 58	3.	
\$27,700 • Head of	10	Adjustments to income from Sche						• •			10	<u> </u>			
household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross i	ncome	е					11	_	60,58		
 \$20,800 If you checked 	12	Standard deduction or itemized	deduc	tions (from Sche	edule A)					12	!	13,85	0.	
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8995 or	Form 8	995-	Α				13				
Deduction,	14	Add lines 12 and 13											13,85		
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter -0 Thi	s is you	ur tax	xable incom	<u>e</u> .		<u> </u>	15		46,73	3.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023)						Page 2
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 🗌 881	4 2 4972	3	16	5,587.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	5,587.
	19	Child tax credit or credit for other depende	ents from Sched	ule 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less	s, enter -0			22	5,587.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax				24	
Payments	25	Federal income tax withheld from:					
,,	а	Form(s) W-2			25a 8,	387.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				250	1 8,387.
If you have a	26	2023 estimated tax payments and amount					
If you have a L qualifying child,	27	Earned income credit (EIC)	••		27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		
	29	American opportunity credit from Form 88			29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3. line 15			31		
	32	Add lines 27, 28, 29, and 31. These are you			-	32	
	33	Add lines 25d, 26, and 32. These are your	-	-			
Refund	34	If line 33 is more than line 24, subtract line				34	
neiuliu	35a	Amount of line 34 you want refunded to y					
Direct deposit?	b	Routing number 0 9 1 0 0 0			_	avings	1 270001
See instructions.	d		7 0 1			avings	
	36	Amount of line 34 you want applied to you			36		
					30		
Amount You Owe	37	Subtract line 33 from line 24. This is the ar For details on how to pay, go to <i>www.irs.g</i>				37	
rou Owe	38		-		1 1	31	
		Estimated tax penalty (see instructions) .			38		
Third Party		you want to allow another person to di		rn with the IRS?		mplete below	. 🗙 No
Designee		signee's	· · · · · Phone			nal identification	
	nai		no.			er (PIN)	11
Sign		der penalties of perjury, I declare that I have examir					
Here	bel	elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p					arer has any knowledge.
TIELE	Yo	ur signature	Date	Your occupation			sent you an Identity
					_	Protection (see inst.)	PIN, enter it here
Joint return?				INOGRAMMENT ANALISI			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on		ent your spouse an otection PIN, enter it here
your records.						(see inst.)	
	Ph	one no. (657) 445-9577	Email address	MANISHARAOT	EKI@GMAIL.CON	/	
		parer's name Preparer's sign			Date	PTIN	Check if:
Paid		M PRIYA RAM SAGAR GUPTA SYAM PRI		GAR GUPTA		P02082703	
Preparer		n's name GLOBAL TAXES LLC	0/10			Phone no.	
Use Only		n's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's EIN	
Go to www.ire or		n1040 for instructions and the latest information.					Form 1040 (2023)
				BAA	REV 03/07/24 PRO		1011110-10 (2023)

SCHEDULE	1
(Form 1040)	

MANISHA TEKI

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest informati

OMB No. 1545-0074 2023

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ion.		Attachment Sequence No. 01
	Your soc	ial security number
	737-84	-8009

Part Additional Income

i ui				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-8,417.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c	_	
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h	_	
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Ζ	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-8,417.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

Schedule 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			-
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а		4a	_	
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	4b	_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_		
		4c		
d	Reforestation amortization and expenses	1d	_	
е	Repayment of supplemental unemployment benefits under the Trade			
		4e	-	
f		4f	-	
g	, , , , , , , , , , , , , , , , , , , ,	4g	-	
h	Attorney fees and court costs for actions involving certain unlawful	41-		
	discrimination claims (see instructions)	+n	-	
I	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect			
		4i		
:		4j	-	
J V	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	+j	-	
n	1041)	16		
7			-	
2		4z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E			_
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
			Schedule 1 (Form 1040) 202	23

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

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

2023	
Attachment Sequence No. 13	

	Revenue Service		Go to www.irs.gov/ScheduleE fo	r instru	uctions a	nd the la	atest in	formation.		Attachm Sequend	rent ce No. 13
lame(s)) shown on return								Your soc	ial security	number
IANI	SHA TEKI								737-8	84-8009	
Part	I Income or	Loss	From Rental Real Estate ar	nd Ro	yalties						
	Note: If you a	re in th	e business of renting personal prope	rty, use	Schedu	le C. See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm
A [from Form 4835 on page 2, line 40. Ints in 2023 that would require you	to filo	Form(o)	10002 0	Soo inc	tructions			
			bu file required Form(s) 1099?								
							• •			16	
1a	-		ch property (street, city, state, Zl								
Α	BANDLAGUDA,	NAG	DLE HYDERABAD TELANGANA	A IN	50006	8					
В											
С											
1b	Type of Property	2	For each rental real estate prope				Fa	ir Rental		nal Use	QJV
	(from list below)	_	above, report the number of fair personal use days. Check the Q					Days	Da	ays	
<u>A</u>	3	-	if you meet the requirements to			Α		300		0	
B			qualified joint venture. See instru			В					
С						C					
	of Property:						_	0 K D			
	Single Family Resid			ntal	5 Lan	-		Self-Rental			
2	Multi-Family Resid	ence	4 Commercial		6 Roy	aities	8	Other (desc	ribe)		
								Propert	ies:		
com	ne:					Α		В			С
3	Rents received .			3		4	20.				
4	Royalties received	d		4							
kper	ises:										
5	-			5							
6			tructions)	6							
7			псе	7		1,0	25.				
8	Commissions .	• •		8							
9				9						<u> </u>	
0			ional fees	10						<u> </u>	
1	-			11		1,0	26.			<u> </u>	
12		•	to banks, etc. (see instructions)	12						<u> </u>	
13				13			0 7				
4				14			87.				
5				15		∠,⊥	55.			<u> </u>	
6				16		0 1	4.4				
7 8				17		Ζ,⊥	44.				
9			r depletion	18 19						+	
9 20			es 5 through 19	20		Q O	37.			+	
			ie 3 (rents) and/or 4 (royalties). If	20		0,0	57.			+	
21			structions to find out if you must								
				21		-8,4	17.				
22			state loss after limitation, if any,			-,-					
				22	(8,41	. ((١)(
.3a			orted on line 3 for all rental prope				23a	\	420.		
b		•	orted on line 4 for all royalty prop				23b		- •		
c			orted on line 12 for all properties				23c				
d			orted on line 18 for all properties				23d				
е			orted on line 20 for all properties				23e	8	8,837.		
24		•	mounts shown on line 21. Do no						. 24		
25	•		es from line 21 and rental real estat		•		nter to	tal losses hei		(8,417.
26		•	e and royalty income or (loss).								
	here. If Parts II, I	ll, and	IV, and line 40 on page 2 do no	ot appl	y to you	, also e	nter th	nis amount o			
	Schedule 1 (Form	1040	, line 5. Otherwise, include this a	mount	in the to	otal on li	ine 41	on page 2	· 26		-8,417

-8,417.

DEPARTMENT OF REVENUE

2023 Form M1, Individual Income Tax Do not use staples on anything you submit.



MAN I Your Firs	SHA t Name and Initial	<u>TEKI</u> Last Name		737848009 Your Social Security Numbe	r <u>1019</u> Your Date of	1993 f Birth (MM/DD/YYYY)
If a Joint	Return, Spouse's First Name and Initial	Spouse's Las	st Name	Spouse's Social Security Num	ber Spouse's Da	ate of Birth
	<u>COACH HOUSE LN</u> Home Address			Check if Address is:	New	Foreign
<u>CORC</u> City	CORAN			<u>MN</u> State	<u>55340</u> ZIP Code	
2023	B Federal Filing Status	(place an X ii	n one box):			
X (1)) Single (2) Married Filing Jointly	Spouse Name	g Separately	(4) Head of Household	(5) Qualifyir	g Surviving Spouse
	E Elections Campaign \$5 to this fund, enter the code for the par		help candidates for state office	s pay campaign expenses. This will n	ot increase your ta	x or reduce your refund
Your Cod				.11 Grassroots/Legalize Cannabis .1 Libertarian		
From	n Your Federal Return	(see instructi	ons)			
	69000	0		0	4673	3
A. Wage	es, salaries, tips, etc. B. IRA,	pensions, and annuities	s C. Unemplo	pyment D.	Federal taxable in	come
1	Federal adjusted gross income (fi	rom line 11 of federa	ıl Form 1040 and 1040-SF	8)	1∎	60583
2	Additions to income from line 10	of Schedule M1M an	d line 9 of Schedule M1N	IB (see instructions)	. 2 🛛	
3	Add lines 1 and 2				. 3	60583
4	Itemized deductions (from Sched	ule M1SA) or your st	andard deduction (see in	structions)	. 4 🔳	13825
5	Exemptions (from Schedule M1DC	QC)			. 5 💻	
6	State income tax refund from line	1 of federal Schedul	le 1		. 6 🔳	
7	Subtractions from line 35 of Sched	dule M1M and line 2	1 of Schedule M1MB (see	e instructions)	7 🔳	
8	Total subtractions. Add lines 4 thr	ough 7			. 8	13825
9	Minnesota taxable income. Subtr	act line 8 from line 3	3. If zero or less, leave bla	nk	. 9	46758
1	Tax from the table or schedules in	the Form M1 instru	ctions		10	2743
11	Alternative minimum tax (enclose	Schedule M1MT) .			. 11 🗖	
12	Add lines 10 and 11				12	2743
13	Full-year residents: Enter the amo Part-year residents and nonreside line 13, from line 28 on line 13a, a 13a ■0_1	ents: From Schedule I nd from line 29 on li	M1NR, enter the amount ; ne 13b (enclose Schedule	from line 32 on	13	2743
	und ■ 1	u⊂	1021			1

2023 M1, page 2



	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS	14	
15	Tax before credits. Add lines 13 and 14	15	2743
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16	
17 18	Subtract line 16 from line 15 (<i>if result is zero or less, leave blank</i>) Nongame Wildlife Fund contribution (<i>see instructions</i>)		2743
	This will reduce your refund or increase the amount you owe	18	
19	Add lines 17 and 18	.19	2743
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	3642
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 🔳	
23 24	Total payments. Add lines 20 through 22		3642
	For direct deposit, complete line 25	24	899
25	Direct deposit of your refund (you must use an account not associated with a foreign bank): X Checking Savings 091000019 9161669701		
26	Routing Number Account Number	26	
26 27	AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) Penalty amount from Schedule M15 (see instructions). Also sub		
	this amount from line 24 or add it to line 26 <i>(enclose Schedule M15)</i>	27	
28 15 V	Penalty and interest (see instructions)	28	
	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)	Dat MM/DD/YYYY)			
6574459577 Daytime Phone	MANISHARAOTEKI@GMAIL.COM Email Address				
SYAM PRIYA RAM SAGAR GUPTA Paid Preparer's Signature 6789659522	03152024 Date (MM/DD/YYYY)	P02082703 PTIN or VITA/TCE # (required			
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

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.

MANISHA	TEKI	737848009
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.

Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
 you, enter 1 	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
• spouse, enter 2	mark an X below.			
a1	b1	c1 MN <u>3276361</u>	d169000	e13642_
a2	b2	c2 MN	d2	e2
a3	b3	c3 MN	d3	e3
a4	b4	c4 MN	d4	e4
a5	b5	c5 MN	d5	e5
Subtotal for addition	al Forms W-2 (from li	ne 5 on page 2)		
Total Minnesota tax	withheld on all Form	ns W-2 (add amounts in line 1, colu	ımn E)	1 ■ <u>3642</u>
Minnesota tax withh	eld on Forms 1099, V	V-2G, and 1042-S. If you have mor	e than four forms, complete line	6 on the back.
Α		В	с	D
If the Form 1099, W-2G,	or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld
• you, enter 1		Number (if unknown, contact the paye	er) the back for amounts to include)	(round to nearest whole dollar
• spouse, enter 2				
a1	bì	MN	c1	d1
a2	bž	2 MN	c2	d2
a3	b	8 MN	c3	d3
a4	b4	• MN	c4	d4
Subtotal for addition	al 1099, W-2G, and 1	042-S (from line 6 on page 2)		
Total Minnesota tax	withheld on all 1099	, W-2G, and 1042-S (add amounts	s in line 2, column D)	2
		ships, S corporations, and fiducia		
0 1 0	,			3
Total. Add the Minne Enter the total here a		lines 1, 2, and 3. n M1		4∎3642
		Include this schedule with If required, include Schedule	-	
REV 02/08/	24 PRO	1031		