

2018 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2019.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name KUSUMA	M.I.	Last Name RAMESWARAPU	2. Filer's Full Social Security No. (Example: 123-45-6789) 870 — 74 — 3989
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —
Home Address (Number, Street, or P.O. Box) 200 RIVERFRONT DR , APT. 11E			4. School District Code (5 digits – see page 60) 09030
City or Town DETROIT	State MI	ZIP Code 48226	

<p>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
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<p>7. 2018 FILING STATUS. Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately* <input style="width:150px; height:20px;" type="text"/></p>	<p>8. 2018 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p>
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9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions (see instructions).....	9a.	<input style="width:30px; text-align:center;" type="text" value="1"/>	x	\$4,050	9a.	4050	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.	<input style="width:30px;" type="text"/>	x	\$2,700	9b.		00
c. Number of qualified disabled veterans.....	9c.	<input style="width:30px;" type="text"/>	x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above.....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15.....	9e.				9e.	4050	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					49249	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	12.					49249	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.						00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					49249	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.					4050	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					45199	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					1921	00

		AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<input style="width:150px;" type="text"/>		18b.	<input style="width:50px;" type="text" value="00"/>
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	<input style="width:150px;" type="text"/>		19b.	<input style="width:50px;" type="text" value="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.				1921

Filer's Full Social Security Number

870 — 74 — 3989

21. Enter amount of Income Tax from line 20.....	21.	1921	00
22. Voluntary Contributions from Form 4642, line 10. Include Form 4642	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 21, 22 and 23.....	24.	1921	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.	2093	00
30. Estimated tax, extension payments and 2017 credit forward.....	30.		00
31. 2018 AMENDED RETURNS ONLY. Taxpayers completing an original 2018 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	2093	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YOU OWE	33.		00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	172	00
35. Credit Forward. Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return ...	35.		00
36. Subtract line 35 from line 34.....	36.	172	00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
081000032	355007774288	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2017, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2018 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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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 SSN
P02090332

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Preparer's Name (print or type)

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2018 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2018, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name KUSUMA	M.I.	Last Name RAMESWARAPU	2. Filer's Full Social Security No. (Example: 123-45-6789) 870 — 74 — 3989
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		B	C	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		38-3355344	AMROCK INC	49249	00	2093	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	2093 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	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 Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	2093 00

2018 City of Detroit Resident Income Tax Return

Issued under authority of Public Act 284 of 1964, as amended.

Check here if you are amending. Indicate reason on page 2.

Return is due April 15, 2019.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name KUSUMA		M.I.	Last Name RAMESWARAPU		2. Filer's Full Social Security No. (Example: 123-45-6789) 870 — 74 — 3989	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 200 RIVERFRONT DR , APT. 11E						
City or Town DETROIT			State MI	ZIP Code 48226	4. CITY RESIDENT. Return for the city of: DETROIT	City Code 170
5. 2018 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>				8. EXEMPTIONS. 8a-8c apply to you and your spouse only.		
6. 2018 DEPENDENT STATUS <input type="checkbox"/> Check the box if you or your spouse can be claimed as a dependent on another person's tax return.				Personal Exemption a. 1		
7a. Filer's date of birth (MM-DD-YYYY) 06 — 20 — 1993		7b. Spouse's date of birth (MM-DD-YYYY) — —		65 and over..... b.		
				Deaf, Disabled or Blind..... c.		
				Number of dependent children d.		
				Number of other dependents..... e.		
				TOTAL EXEMPTIONS. Add lines 8a through 8e. f. 1		

PART 1: INCOME

9. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR	9.	49249	00
10. Additions from line 29	10.		00
11. Total. Add lines 9 and 10.....	11.	49249	00
12. Subtractions from line 37.....	12.		00
13. Income subject to tax. Subtract line 12 from line 11. If line 12 is greater than line 11, enter "0".....	13.	49249	00
14. Exemption allowance. Multiply line 8f by \$600	14.	600	00
15. Taxable income. Subtract line 14 from line 13. If line 14 is greater than line 13, enter "0"	15.	48649	00
16. Tax. Multiply line 15 by 2.4% (0.024)	16.	1168	00

PART 2: CREDITS AND PAYMENTS

17. Tax withheld from City Schedule W, line 5.....	17.	806	00
18. City estimated tax, extension payments and 2017 credit forward	18.		00
19. Tax paid for you by a partnership from City Schedule W, line 6.	19.		00
20. Credit for income taxes paid to another city. City of:	20.		00
21. Total Credits and Payments. Add lines 17 through 20.	21.	806	00

PART 3: REFUND OR TAX DUE

22a. Tax Due. If line 16 is greater than line 21, subtract line 21 from line 16	22a.	362	00
22b. Interest if applicable (see instructions)	22b.		00
22c. Penalty if applicable (see instructions)	22c.		00
22d. Underpaid estimate penalty and interest (see instructions).....	22d.		00
22e. Balance Due. Add lines 22a through 22d..... YOU OWE	22e.	362	00

23. Overpayment. If line 21 is greater than line 16, subtract line 16 from line 21.	23.		00
24. Credit Forward. Amount of line 23 to be credited to your 2019 estimated tax for your 2019 tax return	24.		00
25. Refund. Subtract line 24 from line 23.	25.	REFUND	00

PART 4: ADDITIONS TO INCOME (All entries must be positive numbers.)

26. Deductible part of self-employment tax.	26.		00
27. Self-employment health insurance deduction.....	27.		00
28. Other additions. Describe: _____	28.		00
29. Total Additions. Add lines 26 through 28. Enter here and on line 10.	29.		00

PART 5: SUBTRACTIONS FROM INCOME (Included in AGI on line 9. All entries must be positive numbers.)

30. IRA, pension, annuity or other retirement benefit distribution.....	30.		00
31. Taxable Social Security benefits.....	31.		00
32. Interest on U.S. government obligations and gains on the sale of U.S. obligations (see instructions).	32.		00
33. State and local income tax refunds.	33.		00
34. Unemployment compensation.	34.		00
35. Renaissance Zone deduction.	35.		00
36. Other subtractions. Describe: _____	36.		00
37. Total Subtractions. Add lines 30 through 36. Enter here and on line 12.	37.		00

PART 6: AMENDED RETURN

38. Reason for amending:

PART 7: CERTIFICATION

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2017, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2018 (MM-DD-YYYY)		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
		Preparer's PTIN, FEIN or SSN P02090332	
Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer's Name (print or type)	
Filer's Signature	Date	Preparer's Business Name, Address and Telephone Number	
Spouse's Signature	Date	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	
<input type="checkbox"/> By checking this box, I authorize the Michigan Department of Treasury to discuss my return with my preparer.			

Refund or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 22e. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your **Social Security number** and "**2018 Detroit Income Tax**" on the front of your check. If paying on behalf of another taxpayer, **write the filer's name and the last four digits of the filer's Social Security number** on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5118 available when you visit www.michigan.gov/citytax.

City of Detroit Withholding Tax Schedule - 2018

Issued under authority of Public Act 284 of 1964, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

INSTRUCTIONS: If you had city income tax withheld in 2018, you **must complete** a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. **Do not attach your W-2s.** Include your completed City Schedule W with Form 5118, Form 5119, or Form 5120. If you need additional space, complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

1. Filer's First Name KUSUMA	M.I.	Last Name RAMESWARAPU	2. Filer's Full Social Security No. (Example: 123-45-6789) 870 — 74 — 3989
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —
4. Return for the city of: DETROIT			City Code 170

PART 1: CITY TAX WITHHELD

A <small>Enter "X" for: Filer or Spouse</small>	B — Employer's federal identification number <small>(Example: 38-1234567)</small>	C Employer's name	D — Wages, tips and other compensation from Box 1 of W-2 (see instructions)	E City income tax withheld from Box 19 of W-2
X	38-3355344	AMROCK INC	49249 00	806 00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
5. Total City Tax Withheld. Enter here and carry to Form 5118, line 17, Form 5119, line 20 or Form 5120, line 36.				806 00

PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP

A Name of Partnership	B Federal Identification Number	C Tax Paid
		00
		00
		00
6. Total. Enter here and carry to Form 5118, line 19, Form 5119, line 22 or Form 5120, line 38.		00

Check this box and complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253) if you have more than eight W-2s to report or had tax paid on your behalf by more than three partnerships.

NOTE:

- All wage income earned by residents is subject to tax. Residents **should not** complete Part 3 on page 2.
- Nonresidents who performed work both within and outside the city listed on line 4 should complete Part 3 on page 2.

NONRESIDENTS ONLY

PART 3: WAGE ALLOCATION FOR NONRESIDENTS

Part 3 applies only to Nonresidents computing wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit because all wages are subject to tax. See instructions for additional information and definition of "days worked".

Residents **do not** complete Part 3 because all wages are subject to tax.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, figure them separately. Include only wages allocated to Detroit in column H below on Form 5119, line 9 or Form 5120, line 10, column B. If you need additional space, include a *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

A Enter "X" for: Filer or Spouse	B Number of days paid (5 day week x 52 weeks = 260 days)	C Number of vacation days, holidays, and other days not worked.	D Actual number of days worked everywhere. Subtract C from B.	E Actual number of days worked in Detroit	F Percentage of days worked in Detroit. Divide E by D.	G Total wages shown on W-2 (City Schedule W) (see instructions)	H Wages earned in Detroit. Multiply G by percentage in F.
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						

NOTE: If your City of Detroit allocation is less than 100 percent, please obtain a letter from your employer to verify columns B through E of Form 5121 and retain your work log. Treasury may request a copy of your work log and employer letter.

Instructions for Form 5122 - CITY-V

CITY Income Tax e-file Payment Voucher - 2018

Mail this form with payments for e-filed City of Detroit returns only. Do not file with your paper return.

Important Information

Mail Form 5122, *CITY Income Tax e-file Payment Voucher (CITY-V)* with your payment after you e-file your City of Detroit Income Tax return.

Do not use this voucher to make any other payments to the Michigan Department of Treasury.

If you do not owe any tax on your e-filed City of Detroit Income Tax return, do not file this form.

Enter on Form 5122 - CITY-V below the balance due as shown on your:

- Form 5118, *City of Detroit Resident Income Tax Return*, line 22e,
- Form 5119, *City of Detroit Nonresident Income Tax Return*, line 24e, **or**
- Form 5120, *City of Detroit Part-Year Resident Income Tax Return*, line 41e.

Your payment and Form 5122 - CITY-V are **due April 15, 2019**. If you pay late, you must add penalty and interest to the amount due.

Penalty accrues monthly at one percent of the tax due, and increases by an additional one percent per month, or fraction thereof (e.g., penalty on a \$500 tax due will be \$30 if the tax is unpaid for six months).

The interest rate is 1 percent above the adjusted prime rate and is adjusted on January 1 and July 1 of each year. Interest is charged from the original due date of the return to the date the balance of the tax is paid. The interest rate through June 30, 2019 is **X.XX** percent annually (.XXXXXXX daily rate). For interest rates after June 30, 2019 visit www.michigan.gov/citytax or call 517-636-5829.

If you do not include penalty and interest with your payment when required, Treasury will send you a bill for the additional amount due.

Mailing Instructions

- Make your check payable to the “**State of Michigan - Detroit**”. Print “**2018 CITY-V**” and the **last four digits of your Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check. For accurate processing of your payment, do not combine this payment with any other payments.
- Detach Form 5122 - CITY-V along the dotted line.
- Do not attach your payment to Form 5122 - CITY-V. Place both items separately in the envelope and mail to:

**Michigan Department of Treasury
P.O. Box 30738
Lansing, MI 48909**

- Do not attach a copy of your return or payment to Form 5122 - CITY-V. Attaching either item will delay the application of payment to your account.
- Do not write notes on Form 5122 - CITY-V or submit the voucher without payment.

If you have questions, you may call the Michigan Department of Treasury’s City Income Tax Section at 517-636-5829. Assistance is also available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/citytax for additional information.

Mail this form with payment for your e-filed city return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury - City Tax Administration
5122 (Rev. 06-18)

CITY Income Tax e-file Payment Voucher - 2018

CITY-V

Issued under authority of Public Act 284 of 1964, as amended. See instructions for filing guidelines.

Mail Form 5122 - CITY-V with your payment after you e-file your City Income Tax return.

Do not use this form to make any other payments to the State of Michigan.

Filer's Name(s) (First Name, Middle Initial, Last Name) KUSUMA RAMESWARAPU	Filer's Full Social Security Number 870-74-3989	Spouse's Full Social Security Number
Address (Street, City, State, ZIP Code) 200 RIVERFRONT DR APT 11E DETROIT MI 48226	Payment for the City of: DETROIT	City Code 170
	WRITE PAYMENT AMOUNT HERE	\$ 362

Make check payable to “**State of Michigan - Detroit**.” Write the last four digits of filer’s **Social Security number** and “**2018 City-V**” on the check. Do not fold or staple. **Mail to: Michigan Department of Treasury, P.O. Box 30738, Lansing, MI 48909.**