Form **88879** (Rev. January 2021) Department of the Treasury Internal Revenue Service

## **IRS** e-file Signature Authorization

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission	Identification	Number (	(SID)	
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Taxpaver's	name

Taxpay	er's name	Social securit	y numb	ber			
MAN	OJ KUMAR MANCHIKANTI	182-95-	-4973	3			
Spouse	's name	Spouse's soc	ial secu	irity number			
ANJ.	ALI MURARISHETTY	844-07-	-795	7			
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year you a	re aut	horizing.)			
Enter	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	91,202.			
2	Total tax		2	7,410.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,103.			
4	Amount you want refunded to you		4	3,693.			
5	<u>A</u> mount you owe		5				

### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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 terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests 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.

Taxpay	er's PIN: che	eck one bo	ox only							5 4	9	7 :		
X	I authorize	GLOBAL	TAXES	LLC		to enter or generate my PIN					-	/	<u>'</u> ,	as my
	signature or	the incom	ne tax reti	ERO firm name urn (original or ame	nded) I am now a	authorizing.		-				gits, bu Il zero:		2
	I will enter n if you are en below.	ny PIN as r	my signat Ir own Pli Signed by:	ure on the income N <b>and</b> your return i	tax return (origin is filed using the	al or amende Practitioner F	d) I am r PIN meth	now a nod. T	uthoriz he ER	zing. IO m	Cheo ust c	ck this ompl	s bo ete l	x <b>only</b> Part II
Your sig	nature 🕨	8CB9	7 UJ 18AED6B740E	7		[	Date 🕨 _	3/	6/202	3				
Spouse	's PIN: chec	k one box	only								<u> </u>			
×	I authorize	GLOBAL	TAXES	LLC		to enter or g	generate	my P	IN 🔤	7   7	9	5 7	'  ;	as my
				ERO firm name								gits, bu		
	signature or	the incom	ne tax reti	urn (original or ame	nded) I am now a	authorizing.			d	on't e	nter a	II zero	S	
	if you are er			ture on the income N <b>and</b> your return i			,			-				-
	below.	-Doc	uSigned by:											
Spouse	s signature		Aoli	M		[	Date 🕨	3/6	5/202	3				
		4,4();	<b>Pra</b>	ctitioner PIN Met	hod Returns Or	nly—continu	e below	/						
Part II	Certific	ation and		ntication – Prac										
				IN followed by you			2 2	2	4 9	6	6 1	9	8	9
		-	-		-		·		Don't er	nter a	Il zero	s		

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 Don't Submit This Form t			
For Paperwork Reduction Act Notice, see your tax return instru	ctions. BAA	REV 02/24/23 PRO	Form <b>8879</b> (Rev. 01-2021)

E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	5-0074 IRS	Use Only	∕—Do not w	vrite or s	staple in t	his space.
Filing Status Check only one box.	lf yc	Single X Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separatel rour spouse. If yo				,	spo	use (Q		0
Your first name		, , ,	Last nar	me					Your so	rial se	ourity	number
MANOJ KU				HIKANTI					182-		-	lamber
-		s first name and middle initial	Last nar									rity number
ANJALI				RISHETTY					844-			.,
	(numbe	er and street). If you have a P.O. box, see					Apt. no	).				Campaign
1690 FM	423						7301		Check			
		/ ice. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP code					v, want \$3
FRISCO					TX		75033		to go to box bel			necking a
Foreign country	name		F	oreign province/sta	ate/count	y	Foreign pos	al code	your tax			lange
										<b>Y</b>	/ou [	Spouse
Digital Assets	exch	ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a	a digital a	asset (or a financ	ial intere	est in a digital				<u> </u>	íes [	X No
Standard Deduction		<b>neone can claim:</b> Uyou as a de Spouse itemizes on a separate retur		•		a dependent						
Age/Blindness	You	: 🗌 Were born before January 2, 1	958	Are blind	Spouse:	Was bo	rn before Ja	nuary 2	2, 1958		Is blind	Ł
Dependents	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	hip (4) Che	ck the b	ox if quali	fies for	(see ins	structions):
If more	<b>(1)</b> F	irst name Last name		number		to you	Ch	ild tax c	redit	Credit	for other	dependents
than four												
dependents, see instructions	s											
and check												
here										Ĺ		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1a	<u> </u>	102	2,385.
	b	Household employee wages not re	eported	on Form(s) W-2					. 1b	<u> </u>		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	,					. 10	_		
attach Forms	d	Medicaid waiver payments not rep		() (	e instru	ctions)			. 10			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-				· ·	. 1e	_		
was withheld.	f	Employer-provided adoption bene						· ·	. 1f			
If you did not	g	Wages from Form 8919, line 6 .						· ·	. <u>1</u> g			
get a Form W-2, see	h	Other earned income (see instruct	,			1			. 1h	·		0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<b>1</b> i					100	
		Add lines 1a through 1h	· · ·	· · · · · ·				• •	. 1z		102	2,385.
Attach Sch. B if required.	2a	'	2a	129.		axable interes		· ·				045
	<u>3a</u>		3a	129.		rdinary divide axable amoun						245.
<u></u>	4a 5a		4a 5a			axable amoun axable amoun				_		
Standard Deduction for –	5a 6a		5a 6a			axable amoun						
Single or     Marriad filing	c	If you elect to use the lump-sum e		nethod check he						,		
Married filing separately,	7	Capital gain or (loss). Attach Sche			`	,		L Г	7		_1	,366.
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin						· · ·	. 8			, <u>,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9			,202.
Qualifying spouse,	10	Adjustments to income from Sche		-					. 10	,		,202.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11		91	,202.
household,	12	Standard deduction or itemized	-						. 12			5,900.
\$19,400 • If you checked	13	Qualified business income deduct							. 13			18.
any box under Standard	14								. 14		2.5	5,918.
Deduction,	15	Subtract line 14 from line 11. If zer							. 15			,284.
see instructions.												, _ , _ ,

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

Form **1040** (2022)

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from	n Form(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	7,410.
Credits	17	Amount from Schedule 2, line 3 .					17	
	18	Add lines 16 and 17					18	7,410.
	19	Child tax credit or credit for other depe	endents 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, enter -0				22	7,410.
	23	Other taxes, including self-employmen	nt tax, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total	tax				24	7,410.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			<b>25a</b> 11	,103.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	11,103.
16	26	2022 estimated tax payments and amo	ount applied from 20	)21 return			26	
If you have a <sup>I</sup> qualifying child,	27	Earned income credit (EIC)		No	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule			28			
	29	American opportunity credit from Form	n 8863, line 8		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			ndable credits		32	
	33	Add lines 25d, 26, and 32. These are y	your total payments	•			33	11,103.
Refund	34	If line 33 is more than line 24, subtract	line 24 from line 33.	. This is the amoun	t you <b>overpaid</b>		34	3,693.
Refutio	35a	Amount of line 34 you want refunded			•	. 🗆	35a	3,693.
Direct deposit?	b	Routing number 1 2 1 1 2 2				Savings		
See instructions.	d	Account number 1 5 7 5 1 4				0		
	36	Amount of line 34 you want applied to		· _ · _ · _ i	36			
Amount	37	Subtract line 33 from line 24. This is th	e amount vou owe					
You Owe	•.	For details on how to pay, go to www.					37	
	38	Estimated tax penalty (see instructions	5)		38			
Third Party	Do	you want to allow another person to	o discuss this retu	rn with the IRS?	See			
Designee		tructions				omplete b	elow.	X No
-		ignee's	Phone			nal identif	cation	
	nai		no.			er (PIN)		
Sign		der penalties of perjury, I declare that I have e ef, they are true, correct, and complete. Decla						
Here		ir signature		1, 5, 7				nt you an Identity
	fO	ir signature	Date	Your occupation				IN, enter it here
Joint return?				SOFTWARE E	NGINEER	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must s	sign. Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.						Identi (see i		ection PIN, enter it here
				SOFTWARE E		,	151.)	
		one no. (503) 913-5344	Email address	MANOJ.MANCHIK				Oh a al a ife
Paid			signature		Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PF		GUPTA TALLAM	03/07/2023	P02082		Self-employed
Use Only		n's name GLOBAL TAXES LLO		- 00010		Phon		(678) 965-9522
-		n's address 245 ROONEY CT E				Firm'	s EIN	84-3171965
Go to www.irs.co	ov/Form	10/0 for instructions and the latest information	on					Earm 1040 (2022)

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHE	DULE 1	Additional Income and Adjustments t		noomo		c	MB No. 1545-0074
(Form	1040)	Additional Income and Adjustments t	UI		;		2022
	ent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR. Go to <i>www.irs.gov/Form1040</i> for instructions and the latest	t info	rmation.		A	Attachment Sequence No. <b>01</b>
Name(	s) shown on Fo	rm 1040, 1040-SR, or 1040-NR			Your so	cial s	ecurity number
		NCHIKANTI & ANJALI MURARISHETTY			182-9	5-49	973
Par	t I Additio	onal Income					
1	Taxable refur	nds, credits, or offsets of state and local income taxes				1	
2a	Alimony rece	ived				2a	
b	Date of origin	al divorce or separation agreement (see instructions):					
3	Business inco	ome or (loss). Attach Schedule C				3	
4		or (losses). Attach Form 4797				4	
5		state, royalties, partnerships, S corporations, trusts, etc. Atta				5	-10,100.
6		or (loss). Attach Schedule F.				6	
7		ent compensation	• •			7	
8	Other income		0-	(			
a k			8a 0h	(	)		
b			8b 8c				
c d			8d	(	)		
e			8e	\	/		
f		Form 8889	8f				
g			8g				
h			8h				
i		vards	<b>8</b> i				
j		ngaged in for profit income ............	8j				
k			8k				
I		the rental of personal property if you engaged in the rental					
		were not in the business of renting such property	81				
m		d Paralympic medals and USOC prize money (see					
			<u>8m</u>				
n	•		8n				
0			80				
р		-	8p				
		and fellowship grants not reported on Form W-2	8q 8r				
r		amount of Medicaid waiver payments included on Form	8r				
S	1040, line 1a	or 1d	8s	(	)		
t		nnuity from a nonqualifed deferred compensation plan or nental section 457 plan	8t				
u			8u				
z		e. List type and amount:					
	See Stmt		8z		38.		
9		come. Add lines 8a through 8z	• •			9	38.
10		s 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1	<u>040-NR,</u>	line 8	10	-10,062.

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

Schedule 1 (Form 1040) 2022

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income	
11	Educator expenses	11
12	Certain business expenses of reservists, performing artists, and fee-basis government	
	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	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8I from the	
	rental of personal property engaged in for profit	-
С	Nontaxable amount of the value of Olympic and Paralympic medals	
	and USOC prize money reported on line 8m	-
	Reforestation amortization and expenses	-
е	Repayment of supplemental unemployment benefits under the Trade	
	Act of 1974	-
	Contributions to section 501(c)(18)(D) pension plans	-
g	Contributions by certain chaplains to section 403(b) plans	-
h	Attorney fees and court costs for actions involving certain unlawful	
	discrimination claims (see instructions)	-
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	
	tax law violations	
:	Housing deduction from Form 2555	-
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	-
ĸ	1041)	
7	Other adjustments. List type and amount:	-
2	24z	
25	Total other adjustments. Add lines 24a through 24z	25
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26
		Schedule 1 (Form 1040) 2022

<b>Capital Gains and Losses</b>	
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Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/ScheduleD for instructions and the latest information.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

20 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

SCHEDULE D

(Form 1040)

MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY

Your social security number

182-95-4973

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
wnoi	e dollars.			line 2, column	n (g)	with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with					
	Box A checked	9,930.	10,613.			-683.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	910.	1,520.			-610.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5				
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( )		
7	7	-1,293.				

#### Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	(e) Cost (or other basis) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	32.	105.			-73.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	-73.
For F	Paperwork Reduction Act Notice, see your tax return instruction		REV 02/24/23 PRO		Schedu	ile D (Form 1040) 2022

Schedule D (Form 1040) 2022

Summary

Part III

16	Combine lines 7 and 15 and enter the result	16	-1,366.
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
17	Are lines 15 and 16 <b>both</b> gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	( 1,366.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
	REV 02/24/23 PRO	Scl	nedule D (Form 1040) 2022

8949

Department of the Treasury

Internal Revenue Service

Sales	and	Other	<b>Dispositions</b>	of	<b>Capital</b>	Assets
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Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return	Social security number or taxpayer identification number
MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY	182-95-4973

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
WEALTHFRONT BROKERAGE LLC	01/01/22	12/31/22	9,302.	9,824.			-522.	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	628.	789.			-161.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	9,930.	10,613.			-683.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2022)	Attachment Sequence No. <b>12A</b> Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY	182-95-4973

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

**I Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	32.	105.			-73.
<b>2</b> Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			32.	105.			-73.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

8949

Department of the Treasury

Internal Revenue Service

Sales	and	Other	<b>Dispositions</b>	of	Capital	Assets
-------	-----	-------	---------------------	----	---------	--------

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return	Social security number or taxpayer identification number
MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY	182-95-4973

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

**(B)** Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	910.	1,520.			-610.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	910.	1,520.			-610.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

	SCHEDULE E Supplemental Income and Loss						OMB No. 1545-0074				
(Form	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						୭୮	22			
	Department of the Treasury         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           Internal Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachm Sequend	ent ce No. <b>13</b>	
Name(s) shown on return Your social se											
MANC	J KUMAR MA	NCHIKA	NTI & ANJALI MURARISHE.	TTY					182-9	5-4973	
Part	Income	or Loss	s From Rental Real Estate ar	nd Ro	valties						
	Note: If yo	ou are in th	ne business of renting personal prope	erty, use	Schedule	<b>c</b> . See	instruc	tions. If you a	re an indiv	/idual, repo	ort farm
	rental inco	ome or los	s from <b>Form 4835</b> on page 2, line 40.								
			nts in 2022 that would require you								
BI	f "Yes," did you	or will yo	ou file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical addr	ess of ea	ach property (street, city, state, Zl	IP cod	e)						
Α	F.NO:302.	LINGOJ	IGUDA SAROORNAGAR, L.B.	NAGAI	R TELAN	IGANA	IN 5	500035			
B	1.1.0.0027										
1b	Type of Prope	rty 2	For each rental real estate prope	orty lie	ted		Fa	ir Rental	Person	موا ا اد	
10	(from list below		above, report the number of fair				Ia	Days	Da		QJV
Α	3		personal use days. Check the Q	JV bo	x only	Α		365		0	
B		_	if you meet the requirements to	file as	а	B		303		0	
<u> </u>			qualified joint venture. See instru	uctions	s.	c					
	of Property:					•					
	Single Family R	esidence	e 3 Vacation/Short-Term Rer	ntal	5 Land	1	7	Self-Rental			
	Multi-Family Re		4 Commercial	itai	6 Roya	-		Other (desci	ribe)		
					- o noye		0				
								Properti	es:		
Incom						Α		В			C
3						6	50.				
4	Royalties rece	ived		4							
Exper	ises:										
5	Advertising .			5							
6	Auto and trave	el (see ins	structions)	6							
7	Cleaning and r	maintena	nce	7		9	50.				
8	Commissions			8							
9	Insurance			9							
10	Legal and othe	er profess	sional fees	10							
11	Management f	ees		11		1,5	50.				
12	Mortgage inter	rest paid	to banks, etc. (see instructions)	12							
13	Other interest			13							
14	Repairs			14		3,6	50.				
15				15		2,6	50.				
16	Taxes			16							
17				17		1,9	50.				
18			pr depletion	18							
19	Other (list)		·	19							
20			nes 5 through 19			10,7	50.				
21	Subtract line 2	0 from li	ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
					-	-10,1	00.				
22	Deductible ren	ital real e	estate loss after limitation, if any,								
			tructions)		(	10,10	0.)		)	(	)
23a		-	ported on line 3 for all rental prop				23a		650.		,
b		-	ported on line 4 for all royalty prop				23b				
c		-	ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d				
e			ported on line 20 for all properties				23e	10	,750.		
24		-	amounts shown on line 21. Do no						. 24		
25		-	ses from line 21 and rental real esta		-					( 1	L0,100.)
26			e and royalty income or (loss).								<u> </u>
20			, and line 40 on page 2 do not								
			), line 5. Otherwise, include this a						. 26	-	-10,100.
			,,						20		,

Form <b>8995</b>	Qualified Business Income Deduction	OMB No. 1545-2294
Form <b>033</b> J	Simplified Computation	2022
Department of the Treasury Internal Revenue Service	Attach to your tax return.	Attachment Seguence No. <b>55</b>
	Go to www.irs.gov/Form8995 for instructions and the latest information.	Sequence No. JJ
Name(s) shown on return	You	ur taxpayer identification number

MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

182-95-4973

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	e <b>(b)</b> Taxpayer identification number			
i					
ii					
iii					
iv					
v					
-					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 ( )			
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 90.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ( )	-		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	,	-		
9	or less, enter -0	8 90.	9	1.0	
9 10	Qualified business income deduction before the income limitation. Add lines 5 and		9 10	<u>    18.</u> 18.	
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 65,302.	10	10.	
12	Net capital gain (see instructions)	<b>12</b> 129.			
13		<b>13</b> 65,173.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	13,035.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also				
	the applicable line of your return (see instructions)		15	18.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16	( 0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a				
	zero, enter -0		17	( 0.)	
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/2	24/23 PRO		Form <b>8995</b> (2022)	

Departm Internal	<b>B5582</b> artment of the Treasury         nal Revenue Service <b>Constructions Constructions Constructi</b>					
	) shown on return					
			182-95	-49/3		
Par		assive Activity Loss Complete Parts IV and V before completing Part I.				
		ctivities With Active Participation (For the definition of active participation, see <b>Speci</b> es <b>Real Estate Activities</b> in the instructions.)	ial			
1a b c d	Activities with r Prior years' una	net income (enter the amount from Part IV, column (a))1a0net loss (enter the amount from Part IV, column (b))1b10,100allowed losses (enter the amount from Part IV, column (c))1c1c1a, 1b, and 1c	)	-10,100.		
All Ot	her Passive Act	tivities				
2a b c d	Activities with r Prior years' una	net income (enter the amount from Part V, column (a))       2a         net loss (enter the amount from Part V, column (b))       2b         allowed losses (enter the amount from Part V, column (c))       2c         2a, 2b, and 2c       .	) ) . <b>2</b> d			
3	all losses are a	1d and 2d. If this line is zero or more, stop here and include this form with your retur illowed, including any prior year unallowed losses entered on line 1c or 2c. Report the orms and schedules normally used	he	-10,100.		
	If line 3 is a los	<ul> <li>Line 1d is a loss, go to Part II.</li> <li>Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.</li> </ul>				

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	t II Special Allowance for Rei	ntal Real Estate	<b>Activities With</b>	Active F	Particip	ation		
	Note: Enter all numbers in Par	rt II as positive amo	ounts. See instruct	tions for a	n examp	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3				4	10,100.
5	Enter \$150,000. If married filing separ	rately, see instructi	ions	🔄	5 1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions	6 1	.01,302.		
	<b>Note:</b> If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	I to line 5, skip line	s 7 and 8 and ent	er -0-				
7	Subtract line 6 from line 5			🗋	7	48,698.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separat	ely, see	instructions	8	24,349.
9	Enter the smaller of line 4 or line 8						9	10,100.
Par	Total Losses Allowed							
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	etotal				10	0.
11	Total losses allowed from all passiv	ve activities for 20	22. Add lines 9 an	d 10. See	instruct	ions to find		
	out how to report the losses on your t	ax return					11	10,100.
Part	IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instru	ctions.			
	Name of activity	Currer	nt year	Prior	/ears	Ove	rall ga	ain or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Una		(d) Gair	n	(e) Loss

For Denemicarly Deduction Act Nation and instru	. ationa			
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,100.		
F.NO:302,LINGOJIGUDA	0.	10,100.		10,100.
	(interta)		IDSS (IITIE TC)	

For Paperwork Reduction Act Notice, see instructions. BAA

REV 02/24/23 PRO

Form **8582** (2022)

**2** Pa

Form 8582 (2022										Page <b>2</b>
Part V	Complete This Part Be	fore P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			
			Currer	nt year		Prior ye	ears	Overa	ll ga	in or loss
	Name of activity	(a	i) Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unall loss (line	owed e 2c)	<b>(d)</b> Gain		(e) Loss
Total. Enter	on Part I, lines 2a, 2b, and 2c	:								
Part VI	Use This Part if an Amo		s Shown on F	Part II,	, <b>Line 9.</b> S	ee instruc	tions.			
	Name of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(a	) Loss	<b>(b)</b> Ra	itio	<b>(c)</b> Special allowance		<b>(d)</b> Subtract column (c) from column (a).
F.NO:302	2,LINGOJIGUDA		E Ln 22		10,100.	1.0000	0000	10,10	0.	0.
									_	
Total					10,100.	1.00	)	10,10	0.	0.
Part VII	Allocation of Unallowe	d Los			S.					
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS	(	<b>b)</b> Ratio	(c)	Unallowed loss
	<u> </u>							1.00		
Part VIII	Allowed Losses. See in	structi								
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS	<b>(b)</b> Ur	nallowed loss	(0	c) Allowed loss
Total	<u></u> .	<u></u>	<u>.</u>							

REV 02/24/23 PRO

Form **8582** (2022)

MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY

## Additional Information From 2022 Federal Tax Return

# Schedule 1: Additional Income and Adjustments to Income Other Income

Continuation	Statement
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182-95-4973

Description	Amount
Substitute Payment from 1099-Misc	21.
Other Income from box 3 of 1099-Misc	17.
Total	38.



DR 8454 (01/26/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov Page 1 of 1

## State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY)

or Fiscal Year beginning (MM/DD/YY)

Тах Ту	pe									
	Individual Income Corpc (DR 0104) (DR 0	orate Income 112)		nershi 0106)	ip/S-Corp I )	ncome	e 🗌	]Fiduci (DR 0		ncome
Тахрау	er Last Name or Business Name	First Na	me or Busine	ess DB/	A if different f	rom Bu	siness Name	e		Middle Initial
MANC	CHIKANTI	MANOJ	J KUMAR							
Spous	e's Last Name (if applicable)	First Nar	me							Middle Initial
MURA	RISHETTY	ANJAI	I							
Тахрау	er SSN or ITIN	Spouse S	SSN or ITIN	(if appli	cable)		FE	EIN		
182-	95-4973	844-0	)7-7957							
Тахрау	ver or Business Address			City				State	ZIP	
1690	FM 423, APT 7301			FRI	SCO			TX	75(	033
		Part I — Tax	Return Ir	nform	ation			1		
<b>1</b> . Tota	al Income from your federal return (s	see instructions	s for more	inforn	nation)	1	\$			91202
2. Tax	able Income (or allowable deduction more information)					ns	\$			65284
	orado Tax from your Colorado returi	n (see instructio	ons for mo	ore info	ormation)		\$			1377
4. Col	orado Tax Withheld or Payments, front or provide for the second of the s					6	\$			1899
		Part II — Dec	laration	f Tay	Pavor	4	<b>\$</b>			
Federal/0	enalties of perjury, I declare that the information I I Colorado income tax returns, and that said tax retur and that I (or my Electronic Return Originator (ER es, and attachments upon request by the Colorado I	have provided for ele ns, statements, scheo O) if applicable) may	ectronic filing a dules and attac be required to	nd the a chments o provide	amounts shown are true, correct paper copies	ct, and co of this de	omplete to the leclaration, my	best of my returns, w	/ knowle /ithhold	edge and belief. ling statements,
Signatu	Ire					Dat	e (MM/DD/YY)			
Spouse	e's Signature (If Joint Return, Both Must Sign	)				Dat	e (MM/DD/YY)			
	Part III -	<ul> <li>Declaration</li> </ul>	of ERO/F	Prepai	rer/Transn	nitter				
	If the transmitter did not prepare the	e tax return, ch	eck here							
the prepa taxpayer correct, a have pro of limitati	ot the preparer, I declare only that the amounts sho arer, under penalties of perjury I declare that I have and the amounts shown in Part I above agree with and complete to the best of my knowledge and beli vided the taxpayer with copies of all forms and info ions, and to provide paper copies of this declaratio at any time during this period.	reviewed the above ta the amounts shown o ef. As preparer, I furth ormation filed. I also a	axpayer's Fede on said tax return her declare that agree to mainta	eral/Colo rns, and at I have ain this s	orado income ta that said tax re obtained the ta signed Form (D	x returns turns, sta axpayer's R 8454)	and that the in atements, sche s signature on for the period	nformation dules, and this form covered b	n provid d attach at the ti by the C	led to me by the hments are true, ime of filing and Colorado statute
	Signature				Preparer Ide	ntificatio	on Number, Y	our SSN	l, or IT	IN
SYAM	I PRIYA RAM SAGAR GUPTA TAL	LAM			P020827	03				
					Date (MM/DD/	YY)				
	Check if also Preparer X				03/07/2	3				



 220104
 11555

 DR 0104 (11/18/22)
 COLORADO DEPARTMENT OF REVENUE

 Tax. Colorado.gov
 Page 1 of 4

(0013)

## 2022 Colorado Individual Income Tax Return

	r or Nonresident (or resider ident combination) *Musi		010	)4PN		c if Abr instruc	oad on due c tions	late –	
Your Last Name	,	Your First Na	_					Middle Initia	al
MANCHIKANTI		MANOJ KU	JMAI	2					
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased							
07/14/1986	182-95-4973	ļ					a refund, you certificate wit		
Enter the following information driver license or state identific		State of Issue		Last 4	characters of I	D numbe	er Date of Issua	ince	
If Joint, Spouse's Last Name		Spouse's Firs	Nan	าย				Middle Initia	al
MURARISHETTY		ANJALI							
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased							
12/10/1993	844-07-7957			If che the DI	cked and cla R 0102 and	aiming death	a refund, you certificate wit	must includ h your returr	le 1.
Enter the following information	n from vour spouse's	State of Issue		Last 4	characters of I	D numbe	er Date of Issua	ance	
current driver license or state	identification card.								
Mailing Address						Pł	none Number		
1690 FM 423, APT 7301	L					(	503)913-53	344	
City		State	ZI	P Code		Foreig	n Country (if app	licable)	
FRISCO		TX	7	5033					
To see if you or member	s of your household qual	lify for free c	r re	duced-	cost health	covera	ge, check thi	s box if:	
	esident and at least one	person in yo	ur h	ouseho	old does no	t have	health covera	age	
AND Volucive permission for	the Colorado Department		n eh	ara tha	information	on Forn		with Connec	4
	e Colorado Health Benefit I								۰L
		Q /		•			Round To The	<u> </u>	ır
1. Enter Federal Taxable Inco		come tax for	m:					65284	
1040, 1040 SR, or 1040 SI					• 1			0	0
Include W-2s and 1099s with	Additions to	Endoral Tax	ahl	o Inco					
2. State Addback, enter the s									_
1040 SR, or 1040 SP sche					• 2			0	0
3. Qualified Business Income	e Deduction Addback (se	e instruction	is)		• 3			0	0

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Name		SSN or ITIN	
MANOJ KUMAR MANCHIKANTI & ANJALI	MURARISHETTY	182-95-4973	
4. Itemized Deduction addback (see instruction	ctions) • 4		0
5. CollegeInvest Recapture Prior Year - No			
Contribution (see instructions)	• 5		0
6. Other Additions, explain (see instruction Explain:	s) • 6		0
7 Subtatal aum of lines 1 through 6	7	65284	0
7. Subtotal, sum of lines 1 through 6	Colorado Subtractions		U
8. Subtractions from the DR 0104AD Sche	· · · · · · · · · · · · · · · · · · ·		
DR 0104AD schedule with your return.	• 8		0
9. Colorado Taxable Income, subtract line	B from line 7 • 9	65284	0
	104 Book for full-year tax table and part-year		10
10. Colorado Tax from tax table or the DR 0	104PN line 36, you must submit the	1377	
DR 0104PN with your return if applicable			0
<ol> <li>Alternative Minimum Tax from the DR 0<sup>-7</sup> DR 0104AMT with your return.</li> </ol>	• 11		0
12. Recapture of prior year credits	• 12		0
<b>13.</b> Subtotal, sum of lines 10 through 12	13	1377	0
	4CR line 48, the sum of lines 14, 15, and 16		
cannot exceed line 13, you must submit			0
15. Total Nonrefundable Enterprise Zone cre			
DR 1366 line 85, the sum of lines 14, 15 submit the DR 1366 with your return.	, and 16 cannot exceed line 13, you must <ul> <li>15</li> </ul>		0
<b>16.</b> Strategic Capital Tax Credit from DR 133			
exceed line 13, you must submit the DR			0
		1377	
<b>17.</b> Net Income Tax, sum of lines 14, 15, and			0
<ol> <li>Use Tax reported on the DR 0104US scl DR 0104US with your return.</li> </ol>	• 18		0
19. Net Colorado Tax, sum of lines 17 and 1		1377	0
20. CO Income Tax Withheld from W-2s and		1899	
1099s claiming Colorado withholding wit	h your return. • 20		0
21. Prior-year Estimated Tax Carryforward	• 21		0
<b>22.</b> Estimated Tax Payments, enter the sum			Ť
this tax year	• 22		0
<ol><li>Extension Payment remitted with the DF</li></ol>	R 0158-I • 23		0

Name	31555				SSN or I	TIN	
MANOJ KUMAR MA	NCHIKANTI & AN	JALI MURARISH	IETTY		182-9	95-4973	
24. Other Prepayme	nts: DR 0	104BEP 🗌 •	DR 0108	• DR 1079 • 24			0
25. Gross Conservation the DR 1305G v		dit from the DR 1	305G line 33, yc	ou must submit • 25			0
26. Innovative Moto	Vehicle and Innov		t from form DR 0	)617, you must		0	1
submit each DR 27. Refundable Cre	0617 with your retu dits from the DR 01	urn. 04CR line 14. voi	u must submit th	• 26 e DR 0104CR			0
with your return		· · · · , , , ·		• 27			0
28. Subtotal, sum o	lines 20 through 2			28		1899	0
Lines 30 throug	h 33 are only used		AGI for TABO		t vour Colorado	tax liability	
29. Federal Adjuste	d Gross Income fro	m your federal in		040 line 11,		91202	Τ
1040 SR line 11	or 1040 SP line 11			• 29			(
30. Nontaxable Soc	ial Security Income	•		• 30			(
1. Nontaxable inte	rest income from st	ate and local bon	ds	• 31			
<b>32</b> Sum of lines 29	through 31: Modifie		2	32		91202	
	Мо	dified AGI Tiers	for State Sales	Tax Refund		1	
If line 32 is:	\$48,000 or less	\$48,001 – \$95,000	\$95,001 – \$151,000	\$151,001 – \$209,000	\$209,001 – \$268,000	\$268,001 or more	
Single Filers Ente	r \$153	\$208	\$234	\$285	\$300	\$486	
Joint Filers Ente	\$306	\$416	\$468	\$570	\$600	\$972	
33. State Sales Tax	Refund: For full-yea lo residents who ar						T
to file a return. l	Ise the amount on I	line 32 and refere	•				
instructions if yo	u are filing an exter	nsion.		• 33			
34. Sum of lines 28	and 33			34		1899	(
<b>35.</b> Overpayment, if	line 34 is greater th	nan line 19 then s	ubtract line 19 fr	om line 34 35		522	(
<b>36.</b> Estimated Tax (	redit Carryforward	to 2023 first quar	rter, if any.	• 36			(
If you have an over	navmont on line 37	bolow and would	Lliko to donato a	ll or a portion of y		ont to a quali	fic
Colorado charity, in					our overpayme	rit to a quali	
		5 (see instruction	s)	• 37		522	
<b>37.</b> Refund, subtrac	<u>t line 36 fr</u> om line 3		0)				-
<b>37.</b> Refund, subtrac	t line 36 from line 3           Number         1         2         1		6 <b>Type</b> : X	Checking	Savings	CollegeInvest	52

39. Delinquent Payment Penalty (see instructions)       • 39         40. Delinquent Payment Interest (see instructions)       • 40         41. Estimated Tax Penalty, you must submit the DR 0204 with your return.	00 00 00 ed
38. Net Tax Due, subtract line 34 from line 19       38         39. Delinquent Payment Penalty (see instructions)       • 39         40. Delinquent Payment Interest (see instructions)       • 40         41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)       • 41         42. Amount You Owe, sum of lines 38 through 41       • 42         The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.         Third Party Designee         Do you want to allow another person to discuss this return and any related information with the Colorado       X       No       Yes. Complete the following: Department of Revenue? See the instructions.	0 0 0 0 0 0
39. Delinquent Payment Penalty (see instructions)       • 39         40. Delinquent Payment Interest (see instructions)       • 40         41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)       • 41         42. Amount You Owe, sum of lines 38 through 41       • 42         The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.         Third Party Designee         Do you want to allow another person to discuss this return and any related information with the Colorado       • X       No       • Yes. Complete the following: Department of Revenue? See the instructions.	00
40. Delinquent Payment Interest (see instructions)       • 40         41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)       • 41         42. Amount You Owe, sum of lines 38 through 41       • 42         The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.         Third Party Designee         Do you want to allow another person to discuss this return and any related information with the Colorado       • X       No       • Yes. Complete the following: Department of Revenue? See the instructions.	00
41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)       • 41         42. Amount You Owe, sum of lines 38 through 41       • 42         The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.         Third Party Designee         Do you want to allow another person to discuss this return and any related information with the Colorado       X       No       Yes. Complete the following: Department of Revenue? See the instructions.	00
(see instructions)  41  42. Amount You Owe, sum of lines 38 through 41  42. Amount You Owe, sum of lines 38 through 41  42. Amount You Owe, sum of lines 38 through 41  42. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.  Third Party Designee  Do you want to allow another person to discuss this return and any related information with the Colorado  Example See the instructions.  Department of Revenue? See the instructions.	
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.  Third Party Designee Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.  Your bank account electronically.  Yes. Complete the following:	ed
by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.  Third Party Designee  Do you want to allow another person to discuss this return and any related information with the Colorado  • X No  • Yes. Complete the following: Department of Revenue? See the instructions.	ed
Do you want to allow another person to discuss this return and any related information with the Colorado • X No • Yes. Complete the following: Department of Revenue? See the instructions.	
return and any related information with the Colorado • X No • Yes. Complete the following: Department of Revenue? See the instructions.	
Designee's Name Phone Number	
•	
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.	
Your Signature Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.       Date (MM/DD/YY)	
Paid Preparer's Name     Paid Preparer's Phone	
GLOBAL TAXES LLC (678) 965-9522	
Paid Preparer's Address     City     State     ZIP Code	
245 ROONEY CT E BRUNSWICK NJ 08816	

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## File and pay at: Colorado.gov/RevenueOnline

If you are filing this return <b>with</b> a check or payment, please mail the return to:	If you are filing this return <b>without</b> a check or payment, please mail the return to:			
COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 <b>6</b>	COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 <b>5</b>			
These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.				





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Form 104PN

## Part-Year Resident/Nonresident Tax Calculation Schedule 2022

Taxpayer's Name	r's Name		SSN or	SSN or ITIN		
MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY		182-	182-95-4973			
Use this form if you and/or your spouse were a resident of another state for all or part of 2022. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.						
	Beg	ginning (MM/YY)	Ending (MM/YY)			
1.  ● Taxpayer is	I. ● Taxpayer is (mark one): Full-Year Nonresident X Part-Year Resident from			03/22		
Full-Year Resident Nonresident 305-day rule Military						
2. ● Spouse is	(mark one): Full-Year Nonresident	Part-Year Resident from	ginning (MM/YY)	Ending (MM/YY)		
Full-Year Resident I Nonresident 305-day rule Military						
3. ● Mark the federal form you filed: X 1040 1040 NR 1040 SR Other						
		Federal Information	Colorado	o Information		
1040 SP lin		102385 00				
while you we	e from line 4 that was earned while working ere a Colorado resident. Part-year residents mbursements only if paid for moving into Co	s should include moving		43743		
	um of all interest/dividend income 040, 1040 SR or 1040 SP lines 2b • 6	245 <b>00</b>				
<ul> <li>7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. • 7</li> </ul>				00		
Schedule 1,		00				
	e from line 8 that is from State of Colorado un state's benefits that were received while you			0.0		
10. Enter all incom	the from line 7 of form 1040, 1040 SR, or 1040 SP chedule 1 of form 1040, 1040 SR or 1040 SP. • <b>10</b>	-1366 00				
	e from line 10 that was earned during that p sident and/or was earned on property locate			00		



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Name			SSN or ITIN			
MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY			182-95-4973			
	Federal Information	C	olorado Information			
<b>12.</b> Enter the sum of all income from form 1040, 1040 SR,						
or 1040 SP lines 4b, 5b and 6b. • 12		00				
<b>13.</b> Enter income from line 12 that was received during that						
Colorado resident.		13	00			
<b>14.</b> Enter the sum of all business and farm income from						
form 1040, 1040 SR, or 1040 SP, Schedule 1, lines 3						
and 6. • 14		00				
15. Enter income from line 14 that was earned during that p	art of the year you were a					
Colorado resident and/or was earned from Colorado so	urces.	15	00			
16. Enter all Schedule E income from form 1040, 1040 SR,	10100					
or 1040 SP, Schedule 1, line 5. • 16	-10100	00				
17. Enter income from line 16 that was earned from Colorad	lo sources; and/or rent and					
royalty income received or credited to your account duri	ng the part of the year you		0			
were a Colorado resident; and/or partnership/S corpora	tion/fiduciary income that is		0			
taxable to Colorado during the tax year.	•	17	00			
<b>18.</b> Enter the sum of all other income from form 1040,						
1040 SR, or 1040 SP, Schedule 1, lines 1, 2a	38					
and 9. • 18		00				
List Type						
SUBSTITUTE PAYMENT FROM 1099-MISC						
19. Enter income from line 18 that was earned during that p	, ,		0			
Colorado resident and/or was derived from Colorado so	urces.	19	00			
List Type						
SUBSTITUTE PAYMENT FROM 1099-MISC						
<ul><li>20. Total Income. Enter amount from form 1040, 1040 SR, or 1040 SP, line 9.</li><li>20</li></ul>	91202	00				
<ol> <li>Total Colorado Income. Enter the total from the Colorad 13, 15, 17 and 19.</li> </ol>	o column, lines 5, 7, 9, 11,	21	43743 00			
<b>22.</b> Enter all federal adjustments from form 1040, 1040 SR,						
or 1040 SP, line 10. • 22		00				
List Type						
<b>23.</b> Enter adjustments from line 22 as follows	•	23	0.0			
List Type						
Educator expenses, IRA deduction, business expenses	of reservists performing a	rtists and	fee-basis			
government officials, health savings account deduction, self-employment tax, self-employed health insurance						
deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment						
income to total wages and/or self-employment income.						
• Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal						
total income ratio (line 21 / line 20).						
<ul> <li>Penalty paid on early withdrawals made while a Colorado resident.</li> </ul>						
<ul> <li>Moving expenses for members of the Armed Forces.</li> </ul>						
For treatment of other adjustments reported on federal for	orm 1040, 1040 SR, or 1040 S	SP, line 10.	, see the Colorado			
Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.						



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Name			SSN or ITIN				
MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY			182-95-4973				
	Federal Information		Colorado Information				
<ul> <li>24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11.</li> </ul>		00					
25. Colorado Adjusted Gross Income. Subtract the amount from the amount on line 21 of Form 104PN.	on line 23 of Form 104PN	25	43743 00				
<ul> <li>26. Additions to Adjusted Gross Income. Enter the sum of lines 3 through 6 of Colorado Form 104 excluding any charitable contribution adjustments.</li> </ul>	5	00					
27. Additions to Colorado Adjusted Gross Income. Enter line 26 that is from non-Colorado state or local bond a Colorado resident.*	interest earned while	27	0 0				
<b>28.</b> Total of lines 24 and 26 <b>28</b>	91202	00					
<b>29.</b> Total of lines 25 and 27		29	43743 00				
<ul> <li>30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions.</li> </ul>		00					
<b>31.</b> Subtractions from Colorado Adjusted Gross Income.		00					
Enter any amount from line 30 as follows:	•	31	00				
<ul> <li>The state income tax refund subtraction to the extent included on line 19 above</li> <li>The federal interest subtraction to the extent included on line 7 above</li> <li>The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above</li> <li>The Colorado Agricultural capital gain subtraction to the extent included on line 20 above</li> <li>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents &amp; Nonresidents.</li> </ul>							
<b>32.</b> Modified Adjusted Gross Income. Subtract line 30	91202						
from line 28. 32		00	43743				
<ul> <li>33. Modified Colorado Adjusted Gross Income. Subtract lir</li> <li>34. Divide line 33 by line 32. Round to four significant digits e.g. xxx.xxxx</li> <li>34. Colorado Adjusted Gross Income. Subtract lir</li> </ul>	47.9628	<b>33</b> %	43743 00				
<b>35.</b> Tax from the tax table based on income reported on the <b>36.</b> Apportioned tax. Multiply line 35 by the percentage on	e DR 0104 line 9	35	2872 00				
line 34. Enter here and on DR 0104 line 10.	1377	00					

# \* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.

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