Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

| Taxpayer's name | Social security number |
|--|-------------------------------------|
| MANOJ KUMAR MANCHIKANTI | 182-95-4973 |
| Spouse's name | Spouse's social security number |
| ANJALI MURARISHETTY | 844-07-7957 |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 | 2 (Enter year you are authorizing.) |
| 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 Amount you owe | |

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

Under penalties of periury. 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.

Taxpayer's PIN: check one box only

| | | | | EBO firm name | . . . | Ē | r |
|--------------------|-------------|--------|-------|---------------|-----------------------------|---|---|
| $\mathbf{\Lambda}$ | rauthorize | GLODAL | IAVEO | | to enter or generate my PIN | _ | |
| | l authorize | CTODAT | TAVEC | TTC | to optok ok gobokata my DIN | 1 | С |

| | | | | | as my |
|---|---|---|---|---|---|
| 5 | 4 | 9 | 7 | 3 | |
| | | | | | 5 4 9 7 3 Enter five digits, but don't enter all zeros |

5 7

as mv

9

Enter five digits, but

don't enter all zeros

7 7

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.

Date

Your signature

Spouse's PIN: check one box only

| | | | ERO firm name | _ |
|---|-------------|--------------|---------------|-----------------------------|
| X | I authorize | GLOBAL TAXES | LLC | to enter or generate my PIN |

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 🕨 | D | ate 🕨 | | | | | | | | | |
|---------------------------------|---|-------|----|---|------|---|-------------|--|---|---|--|
| | Practitioner PIN Method Returns Only—continue | e bel | ow | | | | | | | | |
| 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 | 2 | | - | 6 all ze | | 8 | 9 | |

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 Fo Don't Submit This Form to the I | - | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 02/24/23 PRO | Form 8879 (Rev. 01-2021) |

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn 20 2 | 2 | OMB No. 1545- | 0074 | IRS Use Only | —Do not w | rite or staple in this space. |
|---|-----------|---|------------|------------------------|-------|------------------|---------|---------------|-------------|--|
| Filing Status Check only one box. | lf yo | Single X Married filing jointly U checked the MFS box, enter the nation is a child but not your dependent | ame of y | | | | | | spo | lifying surviving use (QSS) s name if the qualifying |
| Your first name | and mi | ddle initial | Last nar | me | | | | | Your so | cial security number |
| MANOJ KU | MAR | | MANC | HIKANTI | | | | | 182- | 95-4973 |
| If joint return, sp | ouse's | first name and middle initial | Last nar | me | | | | | Spouse | 's social security numbe |
| ANJALI | | | MURA | RISHETTY | | | | | 844- | 07-7957 |
| Home address (| numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | A | pt. no. | Preside | ntial Election Campaigr |
| 1690 FM | 423, | | | | | | 7 | 301 | | here if you, or your |
| City, town, or po | ost offic | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | ite | ZIP c | ode | • | if filing jointly, want \$3 |
| FRISCO | | | | | T | K | 750 | 33 | • | o this fund. Checking a ow will not change |
| Foreign country | name | | F | oreign province/state/ | coun | ty | Foreig | n postal code | | k or refund. |
| Disting | A+ ar | autime during 2000 did your (a) rea | | a roward award ar | | mant for propa | the ore | | | |
| Digital Assets | | ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a | | | | | | | | Yes X No |
| | | eone can claim: You as a de | | | | - | 13361) | | ctions.) | |
| Standard Deduction | _ | Spouse itemizes on a separate return | | | | • | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind Spo | ouse | : 🗌 Was bor | n befo | ore January 2 | 2, 1958 | Is blind |
| Dependents | (see | instructions): | | (2) Social security | / | (3) Relationshi | ip (4 |) Check the b | ox if quali | fies for (see instructions): |
| If more | | rst name Last name | | number | | to you | | Child tax ci | redit | Credit for other dependents |
| than four | | | | | | | | | | |
| dependents, | | | | | | | | | | |
| see instructions and check | | | | | | | | | | |
| here | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (see | e instructions) . | | | | | . 1a | 102,385. |
| moome | b | Household employee wages not re | eported | on Form(s) W-2 . | | | | | . 1b | |
| Attach Form(s) | с | Tip income not reported on line 1a | (see ins | structions) | | | | | . 10 | ; |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not rep | orted or | n Form(s) W-2 (see i | nstru | uctions) | | | . 1d | 1 |
| W-2G and | е | Taxable dependent care benefits f | rom For | m 2441, line 26 | | | | | . 1e | • |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from | n Form 8839, line 29 | | | | | . 1f | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 1g | 1 |
| get a Form | h | Other earned income (see instruction | ons) . | | | | | | . 1h | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | uctions) | | 1 i | | | | |
| | z | Add lines 1a through 1h | | | | | | | . 1z | 102,385. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | bТ | axable interest | | | . 2b |) |
| if required. | 3a | Qualified dividends | 3a | 129. | b C | Ordinary divider | nds . | | . 3b | 245. |
| | 4a | IRA distributions | 4a | | bТ | axable amount | | | . 4b | |
| Standard | 5a | | 5a | | bТ | axable amount | | | . 5b |) |
| Deduction for – | 6a | Social security benefits | 6a | | bТ | axable amount | | | . 6b |) |
| Single or Married filing | с | If you elect to use the lump-sum e | lection n | nethod, check here | | | | [| | |
| separately, | 7 | Capital gain or (loss). Attach Sche | | | ` | , | | [| 7 | -1,366. |
| \$12,950Married filing | 8 | Other income from Schedule 1, lin | | | | | | | . 8 | -10,062. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | . 9 | 91,202. |
| surviving spouse, | 10 | Adjustments to income from Sche | | - | | | | | . 10 | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | . 11 | |
| household, | 12 | Standard deduction or itemized | • | | | | | | . 12 | |
| \$19,400 • If you checked | 13 | Qualified business income deduction | | | | | • • | | . 13 | |
| any box under | 14 | Add lines 12 and 13 | | | | | • • | | . 14 | |
| Standard Deduction, | 14 | Subtract line 14 from line 11. If zer | | | | taxable incom | e | | . 15 | |
| see instructions. | 10 | | | 5, ontor 0 This is y | Jui | | • . | | . 15 | 03,204. |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|------------------------------------|--------|--|-------------------------|---------------------|-------------------|-----------------------|-------------|-----------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 7,410. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 7,410. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 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-er | mployment 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 | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 1,103 | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 11,103. |
| If you have a | 26 | 2022 estimated tax payment | s and amount a | pplied from 20 | 21 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | n Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | e15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. | These are your | total other pa | ayments and refu | Indable credit | 3 | 32 | |
| | 33 | Add lines 25d, 26, and 32. The | hese are your to | tal payments | | | | 33 | 11,103. |
| Refund | 34 | If line 33 is more than line 24 | , subtract line 24 | 4 from line 33. | This is the amour | nt you overpai | k | 34 | 3,693. |
| neruna | 35a | Amount of line 34 you want | refunded to you | I. If Form 8888 | is attached, cheo | ck here | 🗆 | 35a | 3,693. |
| Direct deposit? | b | Routing number 1 2 1 | 1 2 2 6 | 76 | c Type: 🛛 🗙 | Checking | Savings | | |
| See instructions. | d | Account number 1 5 7 | 5 1 4 3 | 6 2 9 2 | L 0 | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2023 estimate | ed tax | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. For details on how to pay, go | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | | |
| Third Party Designee | | you want to allow another tructions | person to disc | cuss this retu | | See | Complete | below. | X No |
| 200191100 | De | signee's | | Phone | | | rsonal iden | | |
| | nar | | | no. | | | mber (PIN) | | |
| Sign | | der penalties of perjury, I declare the ief, they are true, correct, and comp | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity |
| | | | | | | | | tection P e inst.) | IN, enter it here |
| Joint return? See instructions. | | | | Data | SOFTWARE E | - | ` | , | |
| Keep a copy for | Sp | ouse's signature. If a joint return, b | oth must sign. | Date | Spouse's occupati | on | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | SOFTWARE E | ENGINEER | | e inst.) | |
| | Ph | one no. (503) 913-5344 | 1 | Email address | MANOJ.MANCHIH | | COM | | <u></u> |
| Detal | Pre | parer's name | Preparer's signat | ure | | Date | PTIN | | Check if: |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/07/202 | B P0208 | 32703 | Self-employed |
| Preparer | | n's name GLOBAL TAX | | | | | _ | | (678)965-9522 |
| Use Only | Fin | n's address 245 ROONES | CT E BRU | NSWICK N | J 08816 | | Firr | n's EIN | 84-3171965 |
| Co to unuu iro a | ov/Eor | 1040 for instructions and the later | | | DAA | DEV 00/04/00 DD | <u> </u> | | Earm 1040 (2022) |

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

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 information.

OMB No. 1545-0074

2 2 Attachment ber

| Internal | Revenue Service Go to www.irs.gov/Form1040 for instructions and the late | st information. | | Ś | Sequence No. 01 |
|----------|---|-----------------|------------|--------|------------------------|
| Name | s) shown on Form 1040, 1040-SR, or 1040-NR | | Your so | cial s | ecurity number |
| MANO | J KUMAR MANCHIKANTI & ANJALI MURARISHETTY | | 182-9 | 5-49 | 973 |
| Par | t I Additional Income | | | | |
| 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 | ach Schedule | Ε. | 5 | -10,100. |
| 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 | | | |
| ο | 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 | | | |
| | Wages earned while incarcerated | 8u | | | |
| Z | Other income. List type and amount: | 0 | 20 | | |
| • | See Stmt 38. | 8z | 38. | • | 20 |
| 9 | Total other income. Add lines 8a through 8z | | Line O | 9 | 38. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | , or 1040-NR | , iine ø | 10 | -IU,U62. |

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

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 | e-basi | s gov | ernment | | |
| | 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) | 24a | | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | |
| d | Reforestation amortization and expenses | 24d | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | discrimination claims (see instructions) | 24h | | | | |
| 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 | 24i | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | 1041) | 24k | | | | |
| Z | Other adjustments. List type and amount: | | | | | |
| | | 24z | | | | |
| 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. Ente | er here | e and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV | 02/24/23 F | PRO | Schedu | le 1 (Form 1040) 2022 |

| SCHEDULE | D |
|-------------|---|
| (Form 1040) | |

Capital Gains and Losses

OMB No. 1545-0074

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.

20 Attachment Sequence No. 12

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

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? × No **Yes** 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 le dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | | Adjustments to gain or loss from Form(s) 8949, Part I, | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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 Box B checked | 910. | 1,520. | | | -610. | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 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 Worksheet in the instructions | Carryover | ; (| () | | | | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | , | -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. | | (d) Proceeds (sales price) | (e) Cost (or other basis) | Cost to gain or loss | | (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 Box D checked | 32. | 105. | | | -73. |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | v v | . , | 11 | |
| 12 | Net long-term gain or (loss) from partnerships, S corporat | | | | 12 | |
| 13 | Capital gain distributions. See the instructions | | | | 13 | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | | 14 | () | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back | 15 | -73. | | | |

| Part | III Summary | |
|------|--|---------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 -1,366. |
| | • 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. | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | |
| | • 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. | |
| 17 | Are lines 15 and 16 both gains? | |
| | No. Skip lines 18 through 21, and go to line 22. | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? 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. | |
| | □ 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: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 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

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

20**22** Attachment Sequence No. **12A**

| 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) Date acquired (Mo., day, yr.) (b) Date sold or disposed of (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (see instructions) | | Proceeds | (e) Cost or other basis See the Note below | Adjustment, i If you enter an enter a co See the sep | (h) Gain or (loss) Subtract column (e) | |
|---|---|--------------------------------|-------------------------------------|--|---|--|---|
| (Example: 100 sh. XYZ Co.) | | | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) 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. |
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| 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 (| al here and inc is checked), lir | 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) | | Attachme | ent Sequ | uence | No. | 12A | F | Page 2 |
|------------------|--|----------|----------|-------|-----|-----|---|--------|
| | | | | | | | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY Social security number or taxpayer identification number 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 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

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note 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) (g) Code(s) from instructions 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. | |
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| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | 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.

REV 02/24/23 PRO

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Sequence No. 12A

Attachment

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 returnSocial security number or taxpayer identification numberMANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY182-95-4973

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) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | Adjustment, i If you enter an enter a co See the sep | (h) Gain or (loss) Subtract column (e) | | |
|--|--|--------------------------------|-------------------------------------|--|---|--|---|--|
| (Example: 100 sh. XYZ Co. | | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | |
| ROBINHOOD CRYPTO LLC | c 01/01/22 | 12/31/22 | 910. | 1,520. | | | -610. | |
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| 2 Totals. Add the amounts in colu negative amounts). Enter each Schedule D, line 1b (if Box A al above is checked). or line 3 (if E | total here and inc bove is checked), lin | 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

| | CHEDULE E Supplemental Income and Loss | | | | | | | OMB No. 1545-0074 | | | | | |
|--------|--|--------|--------|---|----------|---------------|------------------|-------------------|----------|-------------------|-----------|---------------------------|----------|
| (Form | n 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | | | 20 | 199 | | |
| | Partment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. | | | | | | | | | | Attachn | nent ice No. 13 | |
| | me(s) shown on return | | | | | | | | | | | | |
| . , | MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY 182-95 | | | | | | | | | | | - | |
| Part | | | | From Rental Real Estate | | | valties | | | | 102 3 | | |
| | Note: If yo | ou are | in the | business of renting personal p from Form 4835 on page 2, line | roperty. | | | C. See | e instru | ctions. If you ar | re an ind | ividual, rep | ort farm |
| Α | | | | ts in 2022 that would require | | file | Form(s) 1 | 099? 5 | See ins | structions . | | . 🗌 Ye | s 🛛 No |
| | | | | u file required Form(s) 1099? | | | | | | | | | |
| 1a | | | | h property (street, city, state | | | | | | | | | |
| Α | F.NO:302, | LING | GOJI | GUDA SAROORNAGAR,L. | .B.NA | GAF | R TELAN | GANA | IN | 500035 | | | |
| В | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | |
| 1b | Type of Prope | | | For each rental real estate p | | | | | Fa | ir Rental | Perso | nal Use | QJV |
| | (from list below | ∧) | | above, report the number of | | | | | | Days | Da | ays | 401 |
| A | 3 | | | personal use days. Check the requirements if you meet the requirements if you meet the requirements if you have the requirements if | | | | Α | | 365 | | 0 | |
| B | | | | qualified joint venture. See in | | | | B | | | | | |
| | | | | | | | | С | | | | | |
| ••• | of Property: | aaida | | 3 Vacation/Short-Term | Dontol | | Eland | | 7 | Self-Rental | | | |
| | Single Family R Multi-Family Re | | | 4 Commercial | Rental | | 5 Land 6 Roya | | | | iba) | | |
| | | siden | ice | 4 Commercial | | | о поуа | ities | 0 | Other (descri | | | |
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| Incom | | | | | _ | | | Α | | В | | | C |
| 3 | | | | | | 3 | | 6 | 50. | | | | |
| _4 | | ived . | | | | 4 | | | | | | | |
| Exper | | | | | | _ | | | | | | | |
| 5 | • | | | | - | 5 | | | | | | | |
| 6 | | | | ructions) | · · – | 6 7 | | 0 | 50. | | | | |
| 7 8 | - | | | ce | | 7 8 | | 9 | 50. | | | | |
| 9 | | | | | | <u>o</u> 9 | | | | | | | |
| 10 | | | | onal fees | - | J 10 | | | | | | | |
| 11 | | | | | | 11 | | 1.5 | 50. | | | | |
| 12 | | | | banks, etc. (see instructior | | 12 | | | | | | | |
| 13 | | | | | / | 13 | | | | | | | |
| 14 | Repairs | | | | | 14 | | 3,6 | 50. | | | | |
| 15 | Supplies . | | | | 🗖 | 15 | | 2,6 | 50. | | | | |
| 16 | Taxes | | | | 🔽 | 16 | | | | | | | |
| 17 | Utilities | | | | - | 17 | | 1,9 | 50. | | | | |
| 18 | | | | depletion | - | 18 | | | | | | | |
| 19 | Other (list) | | | | | 19 | | | | | | | |
| 20 | I otal expense | s. Add | d line | s 5 through 19 | · · 2 | 20 | | 10,7 | 50. | | | | |
| 21 | | | | e 3 (rents) and/or 4 (royalties | · · | | | | | | | | |
| | • | | | tructions to find out if you m | | ~ | | 10 1 | ~~ | | | | |
| 00 | | | | | | 21 | | -10,1 | 00. | | | | |
| 22 | | | | ate loss after limitation, if a uctions) | | 22 | (| 10,10 | 00.) | (| |)(|) |
| 23a | Total of all am | ounts | repo | orted on line 3 for all rental p | properti | es | | | 23a | | 650. | | |
| b | | | | orted on line 4 for all royalty | | ties | | | 23b | | | | |
| С | | | - | orted on line 12 for all proper | | | | | 23c | | | | |
| d | | | | orted on line 18 for all proper | | | | | 23d | | | | |
| e | | | | orted on line 20 for all proper | | | | | 23e | | ,750. | | |
| 24 | | - | | mounts shown on line 21. D | | | - | | | | | (| 10 100 ` |
| 25 | | | | es from line 21 and rental real | | | | | | | | (| 10,100.) |
| 26 | | | | and royalty income or (loand line 40 on page 2 do | | | | | | | | | |
| | | | | line 5. Otherwise, include th | | | | | | | 26 | | -10,100. |

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

nation.

20 Attachment Sequence No. 55

OMB No. 1545-2294

| Go to www.irs.gov/Form8995 for instructions and the latest inform |
|---|
|---|

Name(s) shown on return

Your taxpayer identification number 182-95-4973

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.

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 (b) Taxpayer identification number | (c | <i>,</i> | fied business ne or (loss) |
|---------|--|----|-----------------------|-------------------------------|
| | | | | |
| i | | _ | | |
| ii | | | | |
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| iii | | | | |
| iv | | | | |
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| v | | | | |
| | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | | | |
| 3 | Qualified business net (loss) carryforward from the prior year |) | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | 5 | 1 | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) | | | |
| | (see instructions) | | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior | | | |
| | year |) | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero | | | |
| | or less, enter -0 | | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) . . . | 9 | | 18. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | 10 | - | 18. |
| 11 | Taxable income before qualified business income deduction (see instructions)1165,302 | _ | | |
| 12 | Net capital gain (see instructions) 12 129 | _ | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- 1 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 enter this amount on 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 and 7. If greater than | | 1 | |
| | zero, enter -0 | 17 | (| 0.) |
| For Pri | | Fo | rm 8995 (2022) | |

| 8582 Passive Activity Loss Limitations | | | | | | | | |
|--|---|--|----------------|--------------------------------|--|--|--|--|
| Form See separate instructions. Department of the Treasury Attach to Form 1040, 1040-SR, or 1041. | | | | | | | | |
| Internal | Revenue Service | Go to www.irs.gov/Form8582 for instructions and the latest information. | | Attachment Sequence No. 858 | | | | |
| Name(s) |) shown on return | | Identifying | g number | | | | |
| MANC |) J KUMAR MA | NCHIKANTI & ANJALI MURARISHETTY | 182-9 | 5-4973 | | | | |
| Par | Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. | | | | | | | |
| | | ctivities With Active Participation (For the definition of active participation, see Special Real Estate Activities in the instructions.) | ial | | | | | |
| 1a Activities with net income (enter the amount from Part IV, column (a)) . 1a 0. b Activities with net loss (enter the amount from Part IV, column (b)) . . 1b (10,100.) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . 1c () d Combine lines 1a, 1b, and 1c | | | | | | | | |
| d All Ot | her Passive Ac | 1a, 1b, and 1c | | -10,100. | | | | |
| 2a b c d | Activities with Prior years' un | net income (enter the amount from Part V, column (a))2anet loss (enter the amount from Part V, column (b))2ballowed losses (enter the amount from Part V, column (c))2c2a, 2b, and 2c. |)) . 2d | | | | | |
| 3 | all losses are a | 1d and 2d. If this line is zero or more, stop here and include this form with your return allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the orms and schedules normally used | rn; he | -10,100. | | | | |

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

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 | Activities With | Active P | articip | ation | | |
|---|--|----------------------|------------------------|-----------|----------|--------------|-------------|---------|
| | Note: Enter all numbers in Part II as positive amounts. See instructions for an example. | | | | | | | |
| 4 | Enter the smaller of the loss on line 1 | | 4 | 10,100. | | | | |
| 5 | Enter \$150,000. If married filing separ | | | | | | | |
| 6 | Enter modified adjusted gross income | e, but not less thar | n zero. See instruc | tions 6 | 1 | L01,302. | | |
| | Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | | | | | | | |
| 7 | 7 Subtract line 6 from line 5 | | | | | | | |
| 8 | 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | | | | | | | 24,349. |
| 9 | 9 Enter the smaller of line 4 or line 8 | | | | | | | 10,100. |
| Par | Total Losses Allowed | | | | | | | |
| 10 | Add the income, if any, on lines 1a an | d 2a and enter the | etotal | | | | 10 | 0. |
| 11 | Total losses allowed from all passiv | e activities for 20 | 22. Add lines 9 ar | 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 Before Part I, Lines 1a, 1b, and 1c. See instructions. | | | | | | | | |
| | | | | | | rall ga | ain or loss | |
| | Name of activity | (a) Net income | (h) Net loss | | owed | | | |

| Nome of estivity | | j | , , , , , , , , , , , , , , , , , , , | , | | |
|---|-----------------------------|---------------------------|---------------------------------------|---|-------------------------|--|
| Name of activity | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss | |
| F.NO:302,LINGOJIGUDA | 0. | 10,100. | | | 10,100. | |
| | | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 10,100. | | | | |
| For Paperwork Reduction Act Notice, see instr | uctions. BAA | 1 | REV 02/24 | 1/23 PRO | Form 8582 (2022) | |

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| | Curre | nt year | | Prior ye | ears | Overall gain or loss | | |
|--|--|----------|-----------|---------------|---------------|---------------------------------|---|--|
| Name of activity | (a) Net income | | | (c) Unallowe | | (d) Gain | (e) Loss | |
| | (line 2a) | (lir | ne 2b) | loss (line | e 2c) | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| otal. Enter on Part I, lines 2a, 2b, and 2 | 20 | | | | | | | |
| Part VI Use This Part if an An | | Part II, | Line 9. S | ee instruc | tions. | | | |
| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) |) Loss | (b) Ra | tio | (c) Special allowance | (d) Subtract column (c) fron column (a). | |
| F.NO:302,LINGOJIGUDA | E Ln 22 | | 10,100. | 1.0000 | 0000 | 10,100 | 0.0 | |
| | | | | | | | | |
| | | | | | | | | |
| otal Allocation of Unallow | | | 10,100. | 1.00 |) | 10,100 | 0. 0 | |
| Allocation of Onallow | Form or sch | | 5. | | | | | |
| Name of activity | and line nu to be report (see instruc | ed on | (a) L | _OSS | | (b) Ratio | (c) Unallowed loss | |
| | | | | | | | | |
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| | | | | | | | | |
| otal | nstructions. | | | | | 1.00 | | |
| Form or sc and line nu | | mber | (a) | _OSS | (b) Ur | nallowed loss | (c) Allowed loss | |
| | to be report (see instruc | | (-7- | | (-) | | column (c) fror column (a). 10,100. 10,100. 10,100. 0 | |
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| otal | | | | | | | | |

REV 02/24/23 PRO

Form **8582** (2022)

Additional Information From 2022 Federal Tax Return

Schedule 1: Additional Income and Adjustments to Income Other Income

| Continuation | Statement |
|--------------|-----------|
|--------------|-----------|

| 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 Ye | ear (MM | M/DD/YY) Or | | | or Fiscal Year beginning (MM/DD/YY) | | | | | | | | |
| Depar | tment of F | ≺evenue. Reta | un with y | our re | ecords. | 12/31 | /22 | | | | | | | | |
| Tax Ty | pe | | | | | J | | | | | I | | | | |
| Individual IncomeCorporate IncomePartnership/S-Corp IncomeFiduciary I(DR 0104)(DR 0112)(DR 0106)(DR 0105) | | | | | | | ncom | e | | | | | | | |
| Тахрау | er Last Nam | e or Business Nam | e | | First Na | me or Busi | ness D | BA if diff | ferent fror | m Bu | siness N | ame | | Middl | e Initial |
| MANCHIKANTI MANOJ KUMAR | | | | | | | | | | | | | | | |
| Spous | e's Last Nam | ne (if applicable) | | | First Na | me | | | | | | | | Middl | e Initial |
| MURA | RISHETT | Y | | | ANJAI | I | | | | | | | | | |
| Тахрау | er SSN or IT | IN | | | Spouse S | SSN or ITIN | l (if app | olicable) | | | | FEIN | | | |
| 182- | 95-4973 | | | | 844-0 |)7-7957 | | | | | | | | | |
| Тахрау | er or Busine | ss Address | | | 1 | | City | | | | | State | ZIP | | |
| 1690 | FM 423 | , APT 7301 | | | | | FR | ISCO | | | | TX | 75 | 033 | |
| | | | | Part | I — Tax | Return | Infor | nation |) | | 1 | I | | | |
| 1. Tota | al Income t | from vour feder | al return (: | see ins | structions | s for more | e infoi | matior | ר) | 1 | \$ | | | 91 | L202 |
| 2. Tax | 1. Total Income from your federal return (see instructions for more information) 1 2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 | | | | | | | | 5284 | | | | | | |
| 3. Colorado Tax from your Colorado return (see instructions for more information) 3 | | | | | | | | | | | | | | | |
| | orado Tax nore inforn | Withheld or Pa nation) | yments, fr | - | | | • | | | 4 | \$ | | | 1 | 1899 |
| linder ne | analties of peri | ury, I declare that the | information | | | | | | | Part I | ahove an | uree with the | amoun | te ehow | |
| Federal/0 | Colorado incon and that I (or r | ne tax returns, and that my Electronic Return nents upon request by | at said tax retur Originator (ER | ns, staten O) if appli | nents, scheo icable) may | dules and att | achmen to provi | ts are true de paper | e, correct, a copies of t | and co this de | mplete to eclaration, | the best of m my returns, | iy knowl withhold | edge ar ling stat | nd belief. |
| Signatu | | | | Doparane | | | | g the perio | | | e (MM/DD/) | | mation | 0. | |
| | | | | | | | | | | | | | | | |
| Spouse | e's Signature | (If Joint Return, Bo | th Must Sigr | ו) | | | | | | Date | e (MM/DD/Y | Y) | | | |
| | | | | | | | | | | | | | | | |
| | | | Part III - | — Dec | laration | of ERO | Prep | arer/Tr | ransmit | ter | | | | | |
| If the transmitter did not prepare the tax return, check here | | | | | | | | | | | | | | | |
| If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado batute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period. | | | | | | | | | | | | | | | |
| | Signature | | | | | | | · · | | | n Numbe | er, Your SS | IN, OF IT | IN | |
| SYAM | I PRIYA I | RAM SAGAR GU | JPTA TAL | LAM | | | | P020 | 082703 | | | | | | |
| | Char | k if also Dronge | or 🔽 | | | | | Date (| (MM/DD/YY) | | | | | | |
| Check if also Preparer X | | | | 03/07/23 | | | | | | | | | | | |





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 | | 0104 | 1PN | | t if Abroanstruction | ad on due c ons | late – |
|--|--|------------------|-------|-------------------|-------------------------|----------------------|-------------------------------|--------------------------------|
| Your Last Name | , | Your First Nan | | | | | | Middle Initial |
| MANCHIKANTI | | MANOJ KU | MAR | | | | | |
| Date of Birth (MM/DD/YYYY) | SSN or ITIN | Deceased | | | | | | · |
| 07/14/1986 | 182-95-4973 | | | If chec the DR | ked and cla 0102 and | aiming a death ce | refund, you ertificate wit | must include h your return. |
| Enter the following information driver license or state identific | | State of Issue | | Last 4 cl | haracters of I | D number | Date of Issua | ance |
| If Joint, Spouse's Last Name | | Spouse's First | Name | 9 | | | | Middle Initial |
| MURARISHETTY | | ANJALI | | | | | | |
| Spouse's Date of Birth (MM/DD/YYYY) | Spouse's SSN or ITIN | Deceased | | | | | | · |
| 12/10/1993 | 844-07-7957 | | | If chec the DR | ked and cla 0102 and | aiming a death ce | refund, you ertificate wit | must include h your return. |
| Enter the following information | n from vour spouse's | State of Issue | | Last 4 cl | haracters of I | D number | Date of Issua | ance |
| current driver license or state | identification card. | | | | | | | |
| Mailing Address | | | | | | Pho | ne Number | |
| 1690 FM 423, APT 7301 | L | | | | | (5 | 03)913-53 | 344 |
| City | | State | ZIP | Code | | Foreign (| Country (if app | olicable) |
| FRISCO | | TX | 75 | 5033 | | | | |
| To see if you or member | s of your household qual | lify for free of | r red | uced-c | ost health | coverage | e, check thi | s box if: |
| | esident and at least one | | | | | | | 0 |
| | the Colorado Department e Colorado Health Benefit I | | | | | alth Care | Policy & Fir | nancing. |
| | | - | | | | R | ound To The | Nearest Dollar |
| 1. Enter Federal Taxable Income from your federal income tax form:1040, 1040 SR, or 1040 SP line 15.• 1 | | | | | | 65284 00 | | |
| Include W-2s and 1099s with CO withholding. | | | | | | | | |
| | Additions to | | | | | | | |
| 2. State Addback, enter the s 1040 SR, or 1040 SP sche | | | fede | ral forr | m 1040, ● 2 | | | 0 0 |
| 3. Qualified Business Income Deduction Addback (see instructions) • 3 00 | | | | | | | | |



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| <u>220104 21555</u> | Page 2 of 4 | | | |
|--|--|-------------|-------------------|-----|
| Name | | | SSN or ITIN | |
| MANOJ KUMAR MANCHIKANTI & ANJA | I.T MURARISHETTY | | 182-95-4973 | |
| | | | 102 90 1970 | |
| | | | | |
| 4. Itemized Deduction addback (see inst | / | • 4 | | 0 0 |
| 5. CollegeInvest Recapture Prior Year - | Non-qualifying Tuition Program | _ | | 0.0 |
| Contribution (see instructions) | | • 5 | | 0 0 |
| C Other Additions evaluin (and instruction | | c | | 0.0 |
| 6. Other Additions, explain (see instructi Explain: | uns) | • 6 | | 0 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 65004 | |
| 7. Subtotal, sum of lines 1 through 6 | | 7 | 65284 | 0 0 |
| | Colorado Subtractions | • | | |
| 8. Subtractions from the DR 0104AD Sc | | | | |
| DR 0104AD schedule with your return | l | • 8 | | 0.0 |
| | | | 65284 | |
| 9. Colorado Taxable Income, subtract lin | | • 9 | | 00 |
| | e 104 Book for full-year tax table and | part-year D | R 0104PN Schedule | |
| 10. Colorado Tax from tax table or the DF | | | 1377 | |
| DR 0104PN with your return if applica | | • 10 | | 00 |
| 11. Alternative Minimum Tax from the DR | 0104AMT line 8, you must submit the | | | |
| DR 0104AMT with your return. | | • 11 | | 00 |
| 12 Decenture of prior year aradita | | . 12 | | 00 |
| 12. Recapture of prior year credits | | • 12 | | 00 |
| 13. Subtotal, sum of lines 10 through 12 | | 13 | 1377 | 00 |
| 14. Nonrefundable Credits from the DR 0 | 104CR line 48 the sum of lines 14 15 a | | | |
| cannot exceed line 13, you must subn | | ● 14 | | 00 |
| 15. Total Nonrefundable Enterprise Zone | | | | |
| | 15, and 16 cannot exceed line 13, you m | | | |
| submit the DR 1366 with your return. | | • 15 | | 00 |
| 16. Strategic Capital Tax Credit from DR | | | | |
| exceed line 13, you must submit the D | R 1330 with your return. | • 16 | | 0 0 |
| · · | | | 1377 | |
| 17. Net Income Tax, sum of lines 14, 15, a | and 16. Subtract that sum from line 13. | 17 | 1377 | 0 0 |
| 18. Use Tax reported on the DR 0104US | schedule line 7, you must submit the | | | |
| DR 0104US with your return. | | • 18 | | 0 0 |
| | | | 1377 | |
| 19. Net Colorado Tax, sum of lines 17 and | | 19 | 1377 | 0 0 |
| 20. CO Income Tax Withheld from W-2s a | | | 1899 | |
| 1099s claiming Colorado withholding | with your return. | • 20 | ±0,0,0 | 00 |
| | | | | |
| 21. Prior-year Estimated Tax Carryforwar | | • 21 | | 0 0 |
| 22. Estimated Tax Payments, enter the su | im of the quarterly payments remitted fo | | | |
| this tax year | | • 22 | | 0 0 |
| | | | | |
| 23. Extension Payment remitted with the | DK 0158-I | • 23 | | 0 0 |

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DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 3 of 4

| 220104 33 | 1555 | Page 3 o | of 4 | | | | | | |
|--|---|--------------------|-------------------------|-------------------------------|--------------------------|----------------------|-----|--|--|
| Name SSN or ITIN | | | | | | | | | |
| MANOJ KUMAR MANCH | MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY 182-95-4973 | | | | | | | | |
| 24. Other Prepayments: □ • DR 0104BEP □ • DR 0108 □ • DR 1079 • 24 | | | | | | | | | |
| | 25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 25 0 | | | | | | | | |
| 26. Innovative Motor Ve | 26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. 26 | | | | | | | | |
| 27. Refundable Credits with your return. | | line 14, yo | u must submit th | | | | 00 | | |
| | as 20 through 27 | | | 28 | | 1899 | 00 | | |
| 28. Subtotal, sum of line | | Modified | d AGI for TABO | | | | 00 | | |
| | 3 are only used to cal | culate your | TABOR Credit, | they do not affect | t your Colorado | tax liability. | | | |
| 29. Federal Adjusted G 1040 SR line 11, or | 5 | r federal in | come tax form: 1 | 1040 line 11, • 29 | | 91202 | 0 0 | | |
| 30. Nontaxable Social S | Security Income | | | • 30 | | | 0 0 | | |
| 31. Nontaxable interest | | | 00 | | | | | | |
| 32. Sum of lines 29 thro | 32 | | 91202 | 0.0 | | | | | |
| | | | for State Sales | | | | | | |
| If line 32 is: | | 48,001 – 95,000 | \$95,001 – \$151,000 | \$151,001 – \$209,000 | \$209,001 – \$268,000 | \$268,001 or more | | | |
| Single Filers Enter | \$153 | \$208 | \$234 | \$285 | \$300 | \$486 | | | |
| Joint Filers Enter | \$306 | \$416 | \$468 | \$570 | \$600 | \$972 | | | |
| to file a return. Use | fund: For full-year Cole esidents who are unde the amount on line 32 re filing an extension. | er the age o | of eighteen but a | re required | | | 0 0 | | |
| 34. Sum of lines 28 and | 1 33 | | | 34 | | 1899 | 00 | | |
| 35. Overpayment, if line | e 34 is greater than lin | e 19 then s | subtract line 19 fr | om line 34 35 | | 522 | 00 | | |
| 36. Estimated Tax Cred | lit Carryforward to 202 | 23 first qua | rter, if any. | • 36 | | | 00 | | |
| If you have an overpay Colorado charity, incluc | | | | III or a portion of | your overpayme | ent to a qualif | ied | | |
| 37. Refund, subtract lin | e 36 from line 35 (see | instruction | IS) | • 37 | | 522 | 0 0 | | |
| Direct Routing Num | mber 1 2 1 1 2 | 2 6 7 | 6 Туре : Х | Checking | Savings | CollegeInvest 5 | 529 | | |
| Deposit Account Nu | mber 1 5 7 5 1 | 4 3 6 | 2 9 1 0 | | | | | | |
| For questions rega | rding CollegeInvest dire | ct deposit or | to open an accou | nt, visit <i>CollegeInv</i> e | est.org or call 800 | -448-2424. | | | |



DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 4 of 4

| Name | | | | SSN or ITI | N | | |
|---|--|-----------------|-------------|-------------|--------|-----|--|
| MANOJ KUMAR MANCHIKANTI & ANJALI MUR | ARISHETTY | | | 182-95 | 5-4973 | | |
| 38. Net Tax Due, subtract line 34 from line 19 | | 38 | | | | 0 0 | |
| 39. Delinquent Payment Penalty (see instructions) | | | | 0 0 | | | |
| 40. Delinquent Payment Interest (see instructions) | | • 40 | | | | 0 0 | |
| Estimated Tax Penalty, you must submit the D (see instructions) | R 0204 with your return. | • 41 | | | | 0 0 | |
| 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 Department of Revenue? See the instructions. | Do you want to allow another person to discuss this return and any related information with the Colorado • X No • Yes. Complete the following: | | | | | | |
| Designee's Name | | | Phone N | lumber | | | |
| • | | | • | | | | |
| Sign Below Under penalties of perjury, I declare that to the | best of my knowledge and belief, this | s return is tru | ue, correct | | | | |
| Your Signature | | | | Date (MM/I | DD/YY) | | |
| | | | | | | | |
| Spouse's Signature. If joint return, BOTH must sign. | | | | Date (MM/I | | | |
| | | | | | , | | |
| Paid Preparer's Name | | | Paid Prep | arer's Phor | ne | | |
| GLOBAL TAXES LLC | | | (678) | 965-952 | 22 | | |
| Paid Preparer's Address | City | | State | ZIP Code | | | |
| 245 ROONEY CT | E BRUNSWICK | | NJ | 08816 | | | |

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

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





Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2022

| Taxpayer's Na | ne | | | | SSN or ITI | N | | | | |
|---|--|---|---|--------------|------------|----------------|--|--|--|--|
| MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETTY | | | | | | 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. | | | | | | | | | | |
| | | | X Part-Year Resident from | Beginning (I | MM/YY) E | Ending (MM/YY) | | | | |
| 1. ● Taxpa | er is (mark one): | Full-Year Nonresident X | | 01/2 | 22 | 03/22 | | | | |
| Full-Year Resident Nonresident 305-day rule Military | | | | | | | | | | |
| 2. • Spous | e is (mark one): | Full-Year Nonresident | Part-Year Resident from | Beginning (I | мм/үү) Е | Ending (MM/YY) | | | | |
| Full-Year Resident X Nonresident 305-day rule Military | | | | | | | | | | |
| 3. ● Mark the federal form you filed: X 1040 I 1040 NR 1040 SR Other | | | | | | | | | | |
| | | | Federal Information | Co | olorado In | formation | | | | |
| 1040 S | | • 4 | 102385 | 00 | | | | | | |
| while yo | u were a Colorado resi | as earned while working i dent. Part-year residents f paid for moving into Colo | - | 5 | | 43743 | | | | |
| | e sum of all interest/d m 1040, 1040 SR or 1 | | 245 | 00 | | | | | | |
| | | s earned while you were a al or tangible personal prop | resident of Colorado or perty located in Colorado. • | 7 | | 0 00 | | | | |
| 8. Enter al Schedu | income from form 104 e 1, line 7. | 0, 1040 SR or 1040 SP, | | 00 | | | | | | |
| | | | mployment benefits; and/or | | | | | | | |
| from another state's benefits that were received while you were a Colorado resident. • 9 | | | | | | | | | | |
| | ncome from line 7 of form 10 of Schedule 1 of form 1040 | 040, 1040 SR, or 1040 SP , 1040 SR or 1040 SP. • 10 | -1366 | 00 | | | | | | |
| 11. Enter in | come from line 10 that v | vas earned during that pa | rt of the year you were a | | | 0 | | | | |



220104PN21555

DR 0104PN (11/07/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 3

| Name | | | SSN or ITIN | | | | |
|---|-----------------------------|-----|---------------------|--|--|--|--|
| MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHET | 182-95-4973 | | | | | | |
| | Federal Information | Co | blorado Information | | | | |
| 12. Enter the sum of all income from form 1040, 1040 SR, | | | | | | | |
| or 1040 SP lines 4b, 5b and 6b. • 12 | | 00 | | | | | |
| 13. Enter income from line 12 that was received during that | part of the year you were a | | | | | | |
| Colorado resident. | | 13 | 00 | | | | |
| 14. 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 | | | | | | | |
| Colorado resident and/or was earned from Colorado so | urces. | 15 | 00 | | | | |
| 16. Enter all Schedule E income from form 1040, 1040 SR, | -10100 | 0.0 | | | | | |
| or 1040 SP, Schedule 1, line 5. • 16 | | 00 | | | | | |
| 17. Enter income from line 16 that was earned from Colorad | | | | | | | |
| royalty income received or credited to your account duri were a Colorado resident; and/or partnership/S corpora | | | 0 | | | | |
| taxable to Colorado during the tax year. | - | 17 | 00 | | | | |
| 18. Enter the sum of all other income from form 1040, | • | 1/ | 00 | | | | |
| 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 | art of the year yeu were a | | | | | | |
| Colorado resident and/or was derived from Colorado so | | 19 | 0 00 | | | | |
| List Type | | 15 | 00 | | | | |
| | | | | | | | |
| SUBSTITUTE PAYMENT FROM 1099-MISC | | | | | | | |
| 20. Total Income. Enter amount from form 1040, 1040 SR, | 91202 | | | | | | |
| or 1040 SP, line 9. 20 | | 00 | | | | | |
| 21. Total Colorado Income. Enter the total from the Colorad | | 04 | 43743 | | | | |
| 13, 15, 17 and 19. 22. Enter all federal adjustments from form 1040, 1040 SR, | | 21 | 00 | | | | |
| or 1040 SP, line 10. | | 00 | | | | | |
| List Type | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 23. Enter adjustments from line 22 as follows | • | 23 | 00 | | | | |
| List Type | | | | | | | |
| | | | | | | | |
| | · · · · · · | | c , , , | | | | |
| Educator expenses, IRA deduction, business expenses government officials, health acquirage account deduction | | | | | | | |
| 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). | | | | | | | |
| Penalty paid on early withdrawals made while a Colorado resident. | | | | | | | |
| Moving expenses for members of the Armed Forces. | | | | | | | |
| For treatment of other adjustments reported on federal form 1040, 1040 SR, or 1040 SP, line 10, see the Colorado | | | | | | | |
| Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents. | | | | | | | |



DR 0104PN (11/07/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 3 of 3

| Name | | | SSN or ITIN | | | | | | |
|--|-------------------------------------|----------------|----------------------|--|--|--|--|--|--|
| MANOJ KUMAR MANCHIKANTI & ANJALI MURARISHETI | 182-95-4973 | | | | | | | | |
| | Federal Information | | Colorado Information | | | | | | |
| 24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11. 24 | 91202 | 00 | | | | | | | |
| 25. Colorado Adjusted Gross Income. Subtract the amount of from the amount on line 21 of Form 104PN. | on line 23 of Form 104PN | 25 | 43743 00 | | | | | | |
| 26. Additions to Adjusted Gross Income. Enter the sum of lines 3 through 6 of Colorado Form 104 excluding any charitable contribution adjustments. | | 00 | | | | | | | |
| 27. Additions to Colorado Adjusted Gross Income. Enter a line 26 that is from non-Colorado state or local bond in a Colorado resident.* | nterest earned while | 27 | 00 | | | | | | |
| 28 . Total of lines 24 and 26 28 | 91202 | 00 | | | | | | | |
| 29. Total of lines 25 and 27 | | 29 | 43743 00 | | | | | | |
| 30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. 30 | | 00 | | | | | | | |
| 31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: | • | 31 | 0.0 | | | | | | |
| The state income tax refund subtraction to the extent included on line 19 above The federal interest subtraction to the extent included on line 7 above The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above The Colorado Agricultural capital gain subtraction to the extent included on line 20 above For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents. | | | | | | | | | |
| 32. Modified Adjusted Gross Income. Subtract line 30 from line 28. 32 | 91202 | 00 | | | | | | | |
| 33. Modified Colorado Adjusted Gross Income. Subtract line 34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx 34 | 31 from line 29 . 47.9628 | 33 % | 43743 00 | | | | | | |
| 35. Tax from the tax table based on income reported on the 36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10. | DR 0104 line 9 1377 | 35 | 2872 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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