

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

Personal information section including name, social security numbers, and home address (1547 WIND ENERGY PASS, BATAVIA, IL 60510).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset... [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows a and b for various income types, and a final row for taxable income of 73,676.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 11,269.

Table for Payments (lines 25-33). Includes federal income tax withheld (15,062) and total payments (15,062).

Table for Refund (lines 34-36). Shows overpaid amount of 3,793 and amount applied to 2023 estimated tax.

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

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation (SOFTWARE ENGINEER), and date.

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

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

Your social security number  
358-45-7238

**Part I Additional Income**

|           |                                                                                                                                                     |               |           |          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____                                                                          |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               |               | <b>5</b>  | -10,600. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 |               | <b>7</b>  |          |
| <b>8</b>  | Other income:                                                                                                                                       |               |           |          |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .                                                                                                                                  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .                                                                                                                     | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .                                                                                                                     | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .                                                                                                                             | <b>8k</b>     |           |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .                                                                              | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .                                                                                | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .                                                                                                           | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____                                                                                                           | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8                                                           |               | <b>10</b> | -10,600. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

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

Your social security number  
358-45-7238

**Part I Nonrefundable Credits**

|          |                                                                                                  |           |      |
|----------|--------------------------------------------------------------------------------------------------|-----------|------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |      |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |      |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .                                              | <b>3</b>  | 310. |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |      |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .                                           | <b>5</b>  |      |
| <b>6</b> | Other nonrefundable credits:                                                                     |           |      |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .                                              | <b>6a</b> |      |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |      |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .                                                      | <b>6c</b> |      |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |      |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |      |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |      |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .                                             | <b>6g</b> |      |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |      |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |      |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |      |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |      |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .                                         | <b>6l</b> |      |
| <b>z</b> | Other nonrefundable credits. List type and amount: _____                                         | <b>6z</b> |      |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |      |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 310. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |                                                                                                                                                             |            |           |  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .                                                                                                          |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                                                                                 |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                                                                               |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .                                                                                                 |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:                                                                                                                       |            |           |  |
| <b>a</b>  | Form 2439 . . . . .                                                                                                                                         | <b>13a</b> |           |  |
| <b>b</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .                             | <b>13b</b> |           |  |
| <b>c</b>  | Reserved for future use . . . . .                                                                                                                           | <b>13c</b> |           |  |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                                                                             | <b>13d</b> |           |  |
| <b>e</b>  | Reserved for future use . . . . .                                                                                                                           | <b>13e</b> |           |  |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                                                                                       | <b>13f</b> |           |  |
| <b>g</b>  | Reserved for future use . . . . .                                                                                                                           | <b>13g</b> |           |  |
| <b>h</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . . | <b>13h</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br><br>_____                                                                                    | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                                                                             |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .                                                          |            | <b>15</b> |  |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://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.

Name(s) shown on return

MINU KASIREDDY

Your social security number

358-45-7238

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)

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> 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 . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                         | 11,413.                          | 11,261.                         | 104.                                                                                      | 256.                                                                                                      |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                            |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                               |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                            |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .                                                                          |                                  |                                 |                                                                                           | <b>7</b> 256.                                                                                             |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> 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 . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                        | 4,201.                           | 750.                            |                                                                                            | 3,451.                                                                                                    |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                         | 3,318.                           | 3,318.                          |                                                                                            | 0.                                                                                                        |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                        |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                    |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                              |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions. See the instructions . . . . .                                                                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>13</b>                                                                                                 |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                          |                                  |                                 |                                                                                            | <b>14</b> ( )                                                                                             |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .                                                                                                                                                     |                                  |                                 |                                                                                            | <b>15</b> 3,451.                                                                                          |



**Part III Summary**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>16</b> | 3,707. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, 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 <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, 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> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                                                                                           |           |        |
| <b>18</b> | 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 . . . . .                                                                                                                                                                                                                                                                                                               | <b>18</b> |        |
| <b>19</b> | 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 . . . . .                                                                                                                                                                                                                                                                                             | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                  |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>                                                                                                  | <b>21</b> | ( )    |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.                                                                                                                             |           |        |



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://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

MINU KASIREDDY

358-45-7238

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                  | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 | E*TRADE SECURITIES LLC                                       | 01/01/22                                | 12/31/22                                           | 11,413.                                                | 11,261.                                                                                                                  | W                                                                                                                                                    | 104.                           | 256.                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |                                                              |                                         |                                                    | 11,413.                                                | 11,261.                                                                                                                  |                                                                                                                                                      | 104.                           | 256.                                                                                                                 |

**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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**MINU KASIREDDY**

Social security number or taxpayer identification number  
**358-45-7238**

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                    |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                  | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                       | E*TRADE SECURITIES LLC                                       | 01/01/21                                | 12/31/22                                           | 4,201.                                                 | 750.                                                                                                                     |                                                                                                                                                      |                                | 3,451.                                                                                                               |
|                                                                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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|                                                                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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|                                                                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . |                                                              |                                         |                                                    | 4,201.                                                 | 750.                                                                                                                     |                                                                                                                                                      |                                | 3,451.                                                                                                               |

**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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**MINU KASIREDDY**

**Social security number or taxpayer identification number**  
**358-45-7238**

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.)                                                                                                                                                                                                                                    | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                  | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                  | E*TRADE SECURITIES LLC                                                                                                                                                                                                                                                                          | 01/01/21                                | 12/31/22                                           | 3,318.                                                 | 3,318.                                                                                                                   |                                                                                                                                                      |                                | 0.                                                                                                                   |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                 |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked). |                                         |                                                    | 3,318.                                                 | 3,318.                                                                                                                   |                                                                                                                                                      |                                | 0.                                                                                                                   |

**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.

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**  
**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

MINU KASIREDDY

358-45-7238

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

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

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

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

|          |    |
|----------|----|
| <b>A</b> | IN |
| <b>B</b> |    |
| <b>C</b> |    |

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

**Type of Property:**

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

| Income:          |                                                                                                                                                                                                                                                                                                                     | Properties: |             |          |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|----------|
|                  |                                                                                                                                                                                                                                                                                                                     | <b>A</b>    | <b>B</b>    | <b>C</b> |
| <b>3</b>         | Rents received . . . . .                                                                                                                                                                                                                                                                                            | <b>3</b>    |             |          |
| <b>4</b>         | Royalties received . . . . .                                                                                                                                                                                                                                                                                        | <b>4</b>    |             |          |
| <b>Expenses:</b> |                                                                                                                                                                                                                                                                                                                     |             |             |          |
| <b>5</b>         | Advertising . . . . .                                                                                                                                                                                                                                                                                               | <b>5</b>    |             |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .                                                                                                                                                                                                                                                                        | <b>6</b>    |             |          |
| <b>7</b>         | Cleaning and maintenance . . . . .                                                                                                                                                                                                                                                                                  | <b>7</b>    | 1,000.      |          |
| <b>8</b>         | Commissions . . . . .                                                                                                                                                                                                                                                                                               | <b>8</b>    |             |          |
| <b>9</b>         | Insurance . . . . .                                                                                                                                                                                                                                                                                                 | <b>9</b>    |             |          |
| <b>10</b>        | Legal and other professional fees . . . . .                                                                                                                                                                                                                                                                         | <b>10</b>   |             |          |
| <b>11</b>        | Management fees . . . . .                                                                                                                                                                                                                                                                                           | <b>11</b>   | 800.        |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)                                                                                                                                                                                                                                                            | <b>12</b>   |             |          |
| <b>13</b>        | Other interest . . . . .                                                                                                                                                                                                                                                                                            | <b>13</b>   |             |          |
| <b>14</b>        | Repairs . . . . .                                                                                                                                                                                                                                                                                                   | <b>14</b>   | 2,800.      |          |
| <b>15</b>        | Supplies . . . . .                                                                                                                                                                                                                                                                                                  | <b>15</b>   | 2,500.      |          |
| <b>16</b>        | Taxes . . . . .                                                                                                                                                                                                                                                                                                     | <b>16</b>   |             |          |
| <b>17</b>        | Utilities . . . . .                                                                                                                                                                                                                                                                                                 | <b>17</b>   | 3,500.      |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .                                                                                                                                                                                                                                                                         | <b>18</b>   |             |          |
| <b>19</b>        | Other (list) _____                                                                                                                                                                                                                                                                                                  | <b>19</b>   |             |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .                                                                                                                                                                                                                                                                    | <b>20</b>   | 10,600.     |          |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .                                                                                                                                                          | <b>21</b>   | -10,600.    |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .                                                                                                                                                                                                       | <b>22</b>   | ( 10,600. ) |          |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .                                                                                                                                                                                                                                         | <b>23a</b>  |             |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .                                                                                                                                                                                                                                        | <b>23b</b>  |             |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .                                                                                                                                                                                                                                               | <b>23c</b>  |             |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .                                                                                                                                                                                                                                               | <b>23d</b>  |             |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .                                                                                                                                                                                                                                               | <b>23e</b>  | 10,600.     |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .                                                                                                                                                                                                                    | <b>24</b>   |             |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .                                                                                                                                                                                        | <b>25</b>   | ( 10,600. ) |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   | -10,600.    |          |

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **50**

Name(s) shown on return

Your social security number

MINU KASIREDDY

358-45-7238



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

|          |                                                                                                                                                                                                                                                                                                                                       |          |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .                                                                                                                                                                                                                      | <b>1</b> |  |
| <b>2</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .                                                                                                                                                                                                           | <b>2</b> |  |
| <b>3</b> | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .                                                                                                                                      | <b>3</b> |  |
| <b>4</b> | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .                                                                                                                                                                                                                             | <b>4</b> |  |
| <b>5</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .                                                                                                                                                                                                            | <b>5</b> |  |
| <b>6</b> | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .                                                                                                                           | <b>6</b> |  |
| <b>7</b> | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . . . . | <b>7</b> |  |
| <b>8</b> | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .                                                                                                                                                            | <b>8</b> |  |

**Part II Nonrefundable Education Credits**

|           |                                                                                                                                                                                                                                     |           |         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>9</b>  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .                                                                                                                    | <b>9</b>  |         |
| <b>10</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .                                        | <b>10</b> | 4,600.  |
| <b>11</b> | Enter the smaller of line 10 or \$10,000 . . . . .                                                                                                                                                                                  | <b>11</b> | 4,600.  |
| <b>12</b> | Multiply line 11 by 20% (0.20) . . . . .                                                                                                                                                                                            | <b>12</b> | 920.    |
| <b>13</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .                                                                                                         | <b>13</b> | 90,000. |
| <b>14</b> | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .                                    | <b>14</b> | 86,626. |
| <b>15</b> | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .                                                                                                             | <b>15</b> | 3,374.  |
| <b>16</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .                                                                                                          | <b>16</b> | 10,000. |
| <b>17</b> | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . . .<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . . | <b>17</b> | 0.337   |
| <b>18</b> | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . . . .                                                                                                                    | <b>18</b> | 310.    |
| <b>19</b> | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .                                                          | <b>19</b> | 310.    |

|                                           |                                            |
|-------------------------------------------|--------------------------------------------|
| Name(s) shown on return<br>MINU KASIREDDY | Your social security number<br>358-45-7238 |
|-------------------------------------------|--------------------------------------------|



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>20</b> Student name (as shown on page 1 of your tax return)<br/>MINU<br/>KASIREDDY</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>21</b> Student social security number (as shown on page 1 of your tax return)<br/><br/>358-45-7238</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>22</b> Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a.</b> Name of first educational institution<br/>Trine University</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/>One University Avenue<br/>ANGOLA IN 46703</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.<br/><br/>35-0715530</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>a.</b> Name of first educational institution<br/>Trine University</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/>One University Avenue<br/>ANGOLA IN 46703</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.<br/><br/>35-0715530</p> | <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> |
| <p><b>a.</b> Name of first educational institution<br/>Trine University</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/>One University Avenue<br/>ANGOLA IN 46703</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.<br/><br/>35-0715530</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>23</b> Has the American opportunity credit been claimed for this student for any 4 prior tax years? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2022? See instructions. <input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>26</b> Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

|                                                                                                                                                                                                                                            |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .                                                                                                                         | <b>27</b> |  |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .                                                                                                                                                              | <b>28</b> |  |
| <b>29</b> Multiply line 28 by 25% (0.25) . . . . .                                                                                                                                                                                         | <b>29</b> |  |
| <b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . . | <b>30</b> |  |

**Lifetime Learning Credit**

|                                                                                                                                                                 |           |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . . | <b>31</b> | 4,600. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|



# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

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

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
358-45-7238

MINU KASIREDDY

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |                                                                                                                                                                                                                                                                                                                  |                                                                               |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .                                                                                                                                                                                       | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | 2 0.                                                                          |
| <b>3</b>  | If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3 3,650.                                                                      |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | 4 0.                                                                          |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                | 5 3,650.                                                                      |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .                                                                                                           | 6 3,650.                                                                      |
| <b>7</b>  | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .                                                                                                 | 7 0.                                                                          |
| <b>8</b>  | Add lines 6 and 7 . . . . .                                                                                                                                                                                                                                                                                      | 8 3,650.                                                                      |
| <b>9</b>  | Employer contributions made to your HSAs for 2022 . . . . .                                                                                                                                                                                                                                                      | 9 1,072.                                                                      |
| <b>10</b> | Qualified HSA funding distributions . . . . .                                                                                                                                                                                                                                                                    | 10                                                                            |
| <b>11</b> | Add lines 9 and 10 . . . . .                                                                                                                                                                                                                                                                                     | 11 1,072.                                                                     |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                               | 12 2,578.                                                                     |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.                                                                                | 13 0.                                                                         |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |                                                                                                                                                                                                                                                                    |     |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>14a</b> | Total distributions you received in 2022 from all HSAs (see instructions) . . . . .                                                                                                                                                                                | 14a |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | 14b |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .                                                                                                                                                                                                                          | 14c |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .                                                                                                                                                                               | 15  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .                                                                          | 16  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>                                                                                      |     |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | 17b |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |                                                                                                                                                |    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>18</b> | Last-month rule . . . . .                                                                                                                      | 18 |
| <b>19</b> | Qualified HSA funding distribution . . . . .                                                                                                   | 19 |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | 20 |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | 21 |



Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2022, or other tax year beginning \_\_\_\_\_, 2022 ending \_\_\_\_\_, 20\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Your legal last name KASIREDDY, Legal first name MINU, M.I., Your social security number 358457238

Home address (number and street). If you have a PO Box, see page 14 1547 WIND ENERGY PASS, Apt. no.

City or post office BATAVIA, State IL, Zip code 60510

Foreign Country, Foreign province/state/country

Foreign postal code

Filing status [X] Single

[ ] Married filing joint return (even if only one had income)

[ ] Married filing separate return. Fill in spouse's SSN above and full name here

[ ] Head of household, NOT married (see page 15)

[ ] Head of household, married (see page 15) If married, fill in spouse's SSN above and full name here

Resident status Check the status that applies You Spouse

[X] [ ] Full-year resident of Wisconsin

[X] [ ] Nonresident of Wisconsin; state of residence IL (2-letter state abbreviation)

[ ] [ ] Part-year resident of Wisconsin from mm dd yyyy to mm dd yyyy

Tax district Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2022 or before leaving Wisconsin (nonresidents leave blank).

City, village, or town [ ] City [ ] Village [ ] Town

County of [ ]

School district number See page 57 [ ]

Special conditions [ ]

[ ] Form 804 filed with return (see page 12)



Note: Complete residence questionnaire, page 59.

Table with 4 columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (93409.00), Taxable interest (.00), Ordinary dividends (110.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (3707.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-10600.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), Combine lines 1 through 15 (86626.00).



PAPER CLIP check or money order here

I-0501

| <b>Adjustments to Income</b> |                                                                                                                                                           | A. Federal column | B. Wisconsin column |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|
| <b>17</b>                    | Educator expenses (see page 23) . . . . .                                                                                                                 | .00               | .00                 |
| <b>18</b>                    | Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23) . . . . .                                   | .00               | .00                 |
| <b>19</b>                    | Health savings account deduction (see page 23) . . . . .                                                                                                  | .00               | .00                 |
| <b>20</b>                    | Moving expenses for members of the armed forces (see page 23) . . . . .                                                                                   | .00               | .00                 |
| <b>21</b>                    | Deductible part of self-employment tax (see page 24) . . . . .                                                                                            | .00               | .00                 |
| <b>22</b>                    | Self-employed SEP, SIMPLE, and qualified plans (see page 24) . . . . .                                                                                    | .00               | .00                 |
| <b>23</b>                    | Self-employed health insurance deduction (see page 25) . . . . .                                                                                          | .00               | .00                 |
| <b>24</b>                    | Penalty on early withdrawal of savings (see page 25) . . . . .                                                                                            | .00               | .00                 |
| <b>25</b>                    | Alimony paid (see page 25) . . . . .                                                                                                                      | .00               | .00                 |
| <b>26</b>                    | IRA deduction (see page 25) . . . . .                                                                                                                     | .00               | .00                 |
| <b>27</b>                    | Student loan interest deduction (see page 26) . . . . .                                                                                                   | .00               | .00                 |
| <b>28</b>                    | Other adjustments (see page 26). Include Schedule M if line 28b has an amount . . . . .                                                                   | .00               | .00                 |
| <b>29</b>                    | Total adjustments to income. Add lines 17 through 28 . . . . .                                                                                            | .00               | .00                 |
| <b>Adjusted Gross Income</b> |                                                                                                                                                           |                   |                     |
| <b>30</b>                    | Wisconsin income. Subtract line 29, column B from line 16, column B . . . . .                                                                             |                   | 37803.00            |
| <b>31</b>                    | Federal income. Subtract line 29, column A from line 16, column A . . . . .                                                                               | 86626.00          |                     |
| <b>32</b>                    | Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 27) . . . . . |                   | .4364               |

| <b>Tax Computation</b> |                                                                                                                                                                                                          |            |                          |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|
| <b>33</b>              | Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero) . . . . . | <b>33</b>  | 86626.00                 |
| <b>34a</b>             | If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 28 . . . . .                                  | <b>34a</b> | <input type="checkbox"/> |
| <b>34b</b>             | Aliens (see page 27 to determine if you must check line 34b) . . . . .                                                                                                                                   | <b>34b</b> | <input type="checkbox"/> |
| <b>34c</b>             | Find the standard deduction for amount on line <b>31</b> using table on page 48 . . . . .                                                                                                                | <b>34c</b> | 3419.00                  |
| <b>35</b>              | Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) . . . . .                                                                                                             | <b>35</b>  | 83207.00                 |
| <b>36</b>              | Exemptions ( <b>Caution: see page 28</b> )                                                                                                                                                               |            |                          |
| <b>a</b>               | Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .                                                                                                                                          | <b>36a</b> | 700.00                   |
| <b>b</b>               | Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 . . . . .                                                                         | <b>36b</b> | .00                      |
| <b>c</b>               | Add lines 36a and 36b . . . . .                                                                                                                                                                          | <b>36c</b> | 700.00                   |
| <b>37</b>              | Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) . . . . .                                                                                                             | <b>37</b>  | 82507.00                 |
| <b>38</b>              | Tax (see table on page 50) . . . . .                                                                                                                                                                     | <b>38</b>  | 4068.00                  |
| <b>39</b>              | Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .                                                                                                                             | <b>39</b>  | .00                      |
| <b>40</b>              | Additional child and dependent care tax credit                                                                                                                                                           |            |                          |
|                        | Federal credit . . . . . <input type="checkbox"/> .00 x 50% =                                                                                                                                            | <b>40</b>  | .00                      |
| <b>41</b>              | School property tax credits (part-year and full-year residents only)                                                                                                                                     |            |                          |
| <b>a</b>               | Rent paid in 2022—heat included <u>.00</u> } Find credit from table page 32 . . . . .                                                                                                                    | <b>41a</b> | .00                      |
|                        | Rent paid in 2022—heat not included <u>.00</u> }                                                                                                                                                         |            |                          |
| <b>b</b>               | Property taxes paid on home in 2022 <u>.00</u> } Find credit from table page 33 . . . . .                                                                                                                | <b>41b</b> | .00                      |
| <b>42</b>              | Add credits on lines 39, 40, 41a, and 41b . . . . .                                                                                                                                                      | <b>42</b>  | .00                      |
| <b>43</b>              | Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero) . . . . .                                                                                                               | <b>43</b>  | 4068.00                  |
| <b>44</b>              | Fill in ratio from line 32 . . . . .                                                                                                                                                                     | <b>44</b>  | .4364                    |
| <b>45</b>              | Multiply line 43 by ratio on line 44 . . . . .                                                                                                                                                           | <b>45</b>  | 1775.00                  |

|                                                     |                                                                                                                                                                                                |                                                  |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Name(s) shown on Form 1NPR<br><b>MINU KASIREDDY</b> |                                                                                                                                                                                                | Your social security number<br><b>358457238</b>  |
| <b>46</b>                                           | Fill in amount from line 45                                                                                                                                                                    | <b>46</b> <u>1775.00</u>                         |
| <b>47</b>                                           | Working families tax credit. (Full-year Wisconsin residents only)                                                                                                                              | <b>47</b> <u>.00</u>                             |
| <b>48</b>                                           | Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)                                                                                                                                 | <b>48</b> <u>.00</u>                             |
| <b>49</b>                                           | Nonrefundable credits from Schedule CR, line 34. Include Schedule CR                                                                                                                           | <b>49</b> <u>.00</u>                             |
| <b>50</b>                                           | Net income tax paid to another state. Include Schedule OS                                                                                                                                      | <b>50</b> <u>.00</u>                             |
| <b>51</b>                                           | Add lines 47 through 50                                                                                                                                                                        | <b>51</b> <u>.00</u>                             |
| <b>52</b>                                           | Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax                                                                                         | <b>52</b> <u>1775.00</u>                         |
| <b>53</b>                                           | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36)<br>If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/> | <b>53</b> <u>.00</u>                             |
| <b>54</b>                                           | Donations (decreases refund or increases amount owed)                                                                                                                                          |                                                  |
| <b>a</b>                                            | Endangered resources <u>.00</u>                                                                                                                                                                | <b>e</b> Military family relief <u>.00</u>       |
| <b>b</b>                                            | Cancer research <u>.00</u>                                                                                                                                                                     | <b>f</b> Second Harvest/Feeding Amer. <u>.00</u> |
| <b>c</b>                                            | Veterans trust fund <u>.00</u>                                                                                                                                                                 | <b>g</b> Red Cross WI Disaster Relief <u>.00</u> |
| <b>d</b>                                            | Multiple sclerosis <u>.00</u>                                                                                                                                                                  | <b>h</b> Special Olympics Wisconsin <u>.00</u>   |
|                                                     | Total (add lines a through h) →                                                                                                                                                                | <b>54i</b> <u>.00</u>                            |
| <b>55</b>                                           | Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) $.00 \times .33 =$                                                                                                         | <b>55</b> <u>.00</u>                             |
| <b>56</b>                                           | Other penalties (see page 38)                                                                                                                                                                  | <b>56</b> <u>.00</u>                             |
| <b>57</b>                                           | Add lines 52 through 56                                                                                                                                                                        | <b>57</b> <u>1775.00</u>                         |

**Payments and Credits**

|           |                                                                                                                                                                   |                          |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>58</b> | Wisconsin income tax withheld. Include readable withholding statements                                                                                            | <b>58</b> <u>1759.00</u> |
| <b>59</b> | 2022 Wisconsin estimated tax paid and amount applied from 2021 return                                                                                             | <b>59</b> <u>.00</u>     |
| <b>60</b> | Earned income credit. (Full-year Wisconsin residents only)<br>Number of qualifying children <input type="checkbox"/><br>Federal credit $.00 \times \text{ } \% =$ | <b>60</b> <u>.00</u>     |
| <b>61</b> | Farmland preservation credit. <b>a.</b> Schedule FC, line 17                                                                                                      | <b>61a</b> <u>.00</u>    |
|           | <b>b.</b> Schedule FC-A, line 13                                                                                                                                  | <b>61b</b> <u>.00</u>    |
| <b>62</b> | Repayment credit                                                                                                                                                  | <b>62</b> <u>.00</u>     |
| <b>63</b> | Homestead credit. (Full-year Wisconsin residents only)                                                                                                            | <b>63</b> <u>.00</u>     |
| <b>64</b> | Eligible veterans and surviving spouses property tax credit                                                                                                       | <b>64</b> <u>.00</u>     |
| <b>65</b> | Refundable credits from Schedule CR, line 40                                                                                                                      | <b>65</b> <u>.00</u>     |
| <b>66</b> | AMENDED RETURN ONLY – amount previously paid (see page 44)                                                                                                        | <b>66</b> <u>.00</u>     |
| <b>67</b> | Add lines 58 through 66                                                                                                                                           | <b>67</b> <u>1759.00</u> |
| <b>68</b> | AMENDED RETURN ONLY – amount previously refunded (see page 44)                                                                                                    | <b>68</b> <u>.00</u>     |
| <b>69</b> | Subtract line 68 from line 67                                                                                                                                     | <b>69</b> <u>1759.00</u> |

**Refund or Amount You Owe**

|           |                                                                                                    |                       |
|-----------|----------------------------------------------------------------------------------------------------|-----------------------|
| <b>70</b> | If line 69 is more than line 57, subtract line 57 from line 69. This is the <b>AMOUNT OVERPAID</b> | <b>70</b> <u>0.00</u> |
| <b>71</b> | Amount of line 70 you want <b>REFUNDED TO YOU</b>                                                  | <b>71</b> <u>0.00</u> |
| <b>72</b> | Amount of line 70 to be <b>APPLIED TO YOUR 2023 ESTIMATED TAX</b>                                  | <b>72</b> <u>0.00</u> |



Paper clip a copy of your federal income tax return and schedules to this return.

|           |                                                                                                          |           |       |
|-----------|----------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>73</b> | If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the <b>AMOUNT UNDERPAID</b> | <b>73</b> | 16.00 |
| <b>74</b> | Underpayment interest. Fill in exception code – see Sch. U → _____                                       | <b>74</b> | .00   |
| <b>75</b> | Add lines 73 and 74. This is the <b>AMOUNT YOU OWE</b>                                                   | <b>75</b> | 16.00 |
| <b>76</b> | Interest (see page 47)                                                                                   | <b>76</b> | .00   |

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 47)?  **Yes** Complete the following.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_ Personal identification number (PIN) ▶ 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

**Sign here** ▶

Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

**Sign here** ▶

**Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue  
 (if tax is due) PO Box 268 Madison WI 53790-0001  
 (if refund or no tax due) PO Box 59 Madison WI 53785-0001

**Schedule 1 – Wisconsin Itemized Deduction Credit** (see line 39 instructions)

|          |                                                                                                            |          |              |
|----------|------------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>1</b> | Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions . . . . . | <b>1</b> | .00          |
| <b>2</b> | Interest paid from federal Schedule A (Form 1040). See instructions for exceptions . . . . .               | <b>2</b> | .00          |
| <b>3</b> | Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .            | <b>3</b> | .00          |
| <b>4</b> | Casualty losses from federal Schedule A (Form 1040) . . . . .                                              | <b>4</b> | .00          |
| <b>5</b> | Add lines 1 through 4 . . . . .                                                                            | <b>5</b> | .00          |
| <b>6</b> | Wisconsin standard deduction from Form 1NPR, line 34c . . . . .                                            | <b>6</b> | .00          |
| <b>7</b> | Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .                     | <b>7</b> | .00          |
| <b>8</b> | Rate of credit is .05 (5%) . . . . .                                                                       | <b>8</b> | <b>x .05</b> |
| <b>9</b> | Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR . . . . .                              | <b>9</b> | .00          |

**Schedule 2 – Married Couple Credit** May be claimed only when both spouses have earned income taxable by Wisconsin.

|          | (A) YOURSELF                                                                                                                                                                                                              | (B) YOUR SPOUSE |              |     |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|-----|
| <b>1</b> | Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . . .     | <b>1</b>        | .00          | .00 |
| <b>2</b> | Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . . . | <b>2</b>        | .00          | .00 |
| <b>3</b> | Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .                                                                                                                                               | <b>3</b>        | .00          | .00 |
| <b>4</b> | Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . . .                                                          | <b>4</b>        | .00          | .00 |
| <b>5</b> | Subtract line 4 from line 3. This is your qualified earned income . . . . .                                                                                                                                               | <b>5</b>        | .00          | .00 |
| <b>6</b> | Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . .                                                                                    | <b>6</b>        | .00          | .00 |
| <b>7</b> | Rate of credit is .03 (3%). . . . .                                                                                                                                                                                       | <b>7</b>        | <b>x .03</b> |     |
| <b>8</b> | Multiply line 6 by line 7. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480. . . . .                                                                                         | <b>8</b>        | .00          | .00 |



Schedule **WD**

Wisconsin  
Department of Revenue

**Capital Gains and Losses**

◆ Include with Wisconsin Form 1 or 1NPR ◆

**2022**

Name(s) shown on Form 1 or Form 1NPR

Your social security number

MINU KASIREDDY

358-45-7238

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

| Note: Round all amounts<br>(use a minus sign (-) for<br>negative amounts)                                              | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or<br>other basis | (g)<br>Adjustments to<br>gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or loss<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>1a</b> Amount from line 1a of Schedule D                                                                            | .00                              | .00                           |                                                                                           | .00                                                                                                     |
| <b>1b</b> Amount from line 1b of Schedule D                                                                            | 11413.00                         | 11261.00                      | 104.00                                                                                    | 256.00                                                                                                  |
| <b>2</b> Amount from line 2 of Schedule D                                                                              | .00                              | .00                           | .00                                                                                       | .00                                                                                                     |
| <b>3</b> Amount from line 3 of Schedule D                                                                              | .00                              | .00                           | .00                                                                                       | .00                                                                                                     |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824                    |                                  |                               | 4                                                                                         | .00                                                                                                     |
| <b>5</b> Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1       |                                  |                               | 5                                                                                         | .00                                                                                                     |
| <b>6</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)                                   |                                  |                               | 6                                                                                         | .00                                                                                                     |
| <b>7</b> Short-term capital loss carryover from 2021 Wisconsin Schedule WD, line 34. Enter amount as a negative number |                                  |                               | 7                                                                                         | .00                                                                                                     |
| <b>8 Net short-term capital gain or loss.</b> Combine lines 1a through 7 in column (h)                                 |                                  |                               | 8                                                                                         | 256.00                                                                                                  |

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

| Note: Round all amounts<br>(use a minus sign (-) for<br>negative amounts)                                                                  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or<br>other basis | (g)<br>Adjustments to<br>gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or loss<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>9a</b> Amount from line 8a of Schedule D                                                                                                | .00                              | .00                           |                                                                                            | .00                                                                                                     |
| <b>9b</b> Amount from line 8b of Schedule D                                                                                                | 4201.00                          | 750.00                        | .00                                                                                        | 3451.00                                                                                                 |
| <b>10</b> Amount from line 9 of Schedule D                                                                                                 | 3318.00                          | 3318.00                       | .00                                                                                        | 0.00                                                                                                    |
| <b>11</b> Amount from line 10 of Schedule D                                                                                                | .00                              | .00                           | .00                                                                                        | .00                                                                                                     |
| <b>12</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824 |                                  |                               | 12                                                                                         | .00                                                                                                     |
| <b>13</b> Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1                           |                                  |                               | 13                                                                                         | .00                                                                                                     |
| <b>14</b> Capital gain distributions                                                                                                       |                                  |                               | 14                                                                                         | .00                                                                                                     |
| <b>15</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)                                                      |                                  |                               | 15                                                                                         | .00                                                                                                     |
| <b>15a</b> Adjustment from Wisconsin Schedule QI. Enter amount as a negative number                                                        |                                  |                               | 15a                                                                                        | .00                                                                                                     |
| <b>16</b> Long-term capital loss carryover from 2021 Wisconsin Schedule WD, line 39. Enter amount as a negative number                     |                                  |                               | 16                                                                                         | .00                                                                                                     |
| <b>17 Net long-term capital gain or loss.</b> Combine lines 9a through 16 in column (h)                                                    |                                  |                               | 17                                                                                         | 3451.00                                                                                                 |

Go on to Part III →



|                               |                                              |
|-------------------------------|----------------------------------------------|
| Name<br><b>MINU KASIREDDY</b> | Social Security Number<br><b>358-45-7238</b> |
|-------------------------------|----------------------------------------------|

**Part III Summary of Parts I and II** (see instructions) - use a minus sign (-) for negative amounts.

|                                                                                                                                                                                                                                                                                                                      |                                                            |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------|
| <b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . . . .                                                                                                                                                                                              | <b>18</b>                                                  | <u>3707.00</u> |
| <b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 . . . . .                                                                                                                                                                                                                    | <b>19</b>                                                  | <u>3451.00</u> |
| <b>20</b> Fill in 30% of line 19 . . . . .                                                                                                                                                                                                                                                                           | <b>20</b>                                                  | <u>1035.00</u> |
| <b>21</b> Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 . . . . . | <b>21</b>                                                  | <u>.00</u>     |
| <b>22</b> Gain included in line 17. Do not include any losses in this amount . . . . .                                                                                                                                                                                                                               | <b>22</b>                                                  | <u>.00</u>     |
| <b>23</b> Divide line 21 by line 22. Carry the decimal to 4 places . . . . .                                                                                                                                                                                                                                         | <b>23</b>                                                  | <u>_____</u>   |
| <b>24</b> Multiply line 19 by the decimal amount on line 23 . . . . .                                                                                                                                                                                                                                                | <b>24</b>                                                  | <u>.00</u>     |
| <b>25</b> Fill in 30% of line 24 . . . . .                                                                                                                                                                                                                                                                           | <b>25</b>                                                  | <u>.00</u>     |
| <b>26</b> Add lines 20 and 25 . . . . .                                                                                                                                                                                                                                                                              | <b>26</b>                                                  | <u>1035.00</u> |
| <b>27</b> Subtract line 26 from line 18 . . . . .                                                                                                                                                                                                                                                                    | <b>27</b>                                                  | <u>2672.00</u> |
| <b>28</b> If line 18 shows a loss, fill in the smaller of:                                                                                                                                                                                                                                                           | (a) The loss on line 18,                                   |                |
|                                                                                                                                                                                                                                                                                                                      | (b) \$500, or                                              |                |
|                                                                                                                                                                                                                                                                                                                      | (c) Wisconsin ordinary income (see instructions) . . . . . | <u>.00</u>     |

**Note:** When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.

**Part IV Computation of Wisconsin Adjustment to Income**

|                                                                                                                                                                             |            |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|
| <b>29</b> Adjustment (see instructions for Part IV and Schedule I adjustments)                                                                                              |            |                |
| <b>a</b> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-) . . . . .                          | <b>29a</b> | <u>3707.00</u> |
| <b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-) . . . . .                                                                                             | <b>29b</b> | <u>.00</u>     |
| <b>c</b> If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount . . . . .                                            | <b>29c</b> | <u>.00</u>     |
| <b>d</b> If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount . . . . .                                            | <b>29d</b> | <u>.00</u>     |
| <b>e</b> Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-) . . . . . | <b>29e</b> | <u>0.00</u>    |
| <b>f</b> Fill in loss from Part III, line 28 as a positive amount . . . . .                                                                                                 | <b>29f</b> | <u>.00</u>     |
| <b>g</b> If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount . . . . .                                           | <b>29g</b> | <u>.00</u>     |
| <b>h</b> If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount . . . . .                                           | <b>29h</b> | <u>.00</u>     |

**Part V Computation of Capital Loss Carryovers from 2022 to 2023** (Complete this part if the loss on line 18 is more than the loss on line 28.)

|                                                                                                                                                                                             |           |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>30</b> Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . . . .                                                                    | <b>30</b> | <u>.00</u> |
| <b>31</b> Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- . . . . .                                                                                       | <b>31</b> | <u>.00</u> |
| <b>32</b> Subtract line 31 from line 30 . . . . .                                                                                                                                           | <b>32</b> | <u>.00</u> |
| <b>33</b> Fill in the smaller of line 28 or line 32, treating both as positive amounts . . . . .                                                                                            | <b>33</b> | <u>.00</u> |
| <b>34</b> Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2022 to 2023 . . . . .                                                                  | <b>34</b> | <u>.00</u> |
| <b>35</b> Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 . . . . .                                                                       | <b>35</b> | <u>.00</u> |
| <b>36</b> Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- . . . . .                                                                                        | <b>36</b> | <u>.00</u> |
| <b>37</b> Subtract line 36 from line 35 . . . . .                                                                                                                                           | <b>37</b> | <u>.00</u> |
| <b>38</b> Subtract line 33 from line 28, treating both as positive amounts. ( <b>Note:</b> If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) . . . . . | <b>38</b> | <u>.00</u> |
| <b>39</b> Subtract line 38 from line 37. This is your <b>long-term capital loss carryover</b> from 2022 to 2023 . . . . .                                                                   | <b>39</b> | <u>.00</u> |





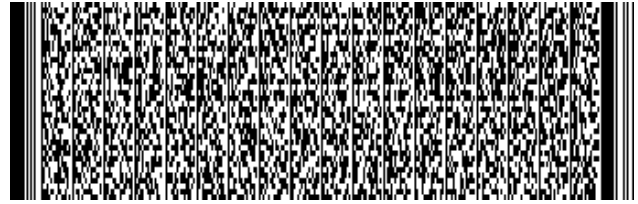
Illinois Department of Revenue  
**2022 Form IL-1040**  
 Individual Income Tax Return

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

**Step 1: Personal Information** Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

358-45-7238 1991 855-05-4755  
 MINU KASIREDDY

1547 WIND ENERGY PASS  
 BATAVIA IL 60510 KANE  
 MINU.KASIREDDY@GMAIL.COM



**B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household

**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse

**D** Check the box if this applies to you during 2022:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income**

(Whole dollars only)

|                                                                                                             |                    |
|-------------------------------------------------------------------------------------------------------------|--------------------|
| <b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.                     | <b>1</b> 86,626.00 |
| <b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | <b>2</b> .00       |
| <b>3</b> Other additions. Attach Schedule M.                                                                | <b>3</b> .00       |
| <b>4</b> Total income. Add Lines 1 through 3.                                                               | <b>4</b> 86,626.00 |

**Step 3: Base Income**

|                                                                                                                                       |                    |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | <b>5</b> .00       |
| <b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.                                 | <b>6</b> .00       |
| <b>7</b> Other subtractions. Attach Schedule M.                                                                                       | <b>7</b> .00       |
| <b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.                                                               | <b>8</b> .00       |
| <b>9</b> Illinois base income. Subtract Line 8 from Line 4.                                                                           | <b>9</b> 86,626.00 |

**Step 4: Exemptions**

|                                                                                                                             |                    |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>10 a</b> Enter the exemption amount for yourself and your spouse. See instructions.                                      | <b>a</b> 2,425.00  |
| <b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =   | <b>b</b> .00       |
| <b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | <b>c</b> .00       |
| <b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | <b>d</b> 0.00      |
| <b>Exemption allowance.</b> Add Lines 10a through 10d.                                                                      | <b>10</b> 2,425.00 |

**Step 5: Net Income and Tax**

|                                                                                                                  |                     |
|------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>11 Residents: Net income.</b> Subtract Line 10 from Line 9.                                                   | <b>11</b> 84,201.00 |
| <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR. |                     |
| <b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.                                | <b>12</b> 4,168.00  |
| <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.                                     |                     |
| <b>13</b> Recapture of investment tax credits. Attach Schedule 4255.                                             | <b>13</b> .00       |
| <b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.                                             | <b>14</b> 4,168.00  |

**Step 6: Tax After Nonrefundable Credits**

|                                                                                                                 |                    |
|-----------------------------------------------------------------------------------------------------------------|--------------------|
| <b>15</b> Income tax paid to another state while an Illinois resident. Attach Schedule CR.                      | <b>15</b> 1,861.00 |
| <b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.         | <b>16</b> .00      |
| <b>17</b> Credit amount from Schedule 1299-C. Attach Schedule 1299-C.                                           | <b>17</b> .00      |
| <b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | <b>18</b> 1,861.00 |
| <b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.                                       | <b>19</b> 2,307.00 |

**Step 7: Other Taxes**

|                                                                                                                                                   |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>20</b> Household employment tax. See instructions.                                                                                             | <b>20</b> .00      |
| <b>21</b> Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | <b>21</b> 0.00     |
| <b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.                                     | <b>22</b> .00      |
| <b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.                                                                                                | <b>23</b> 2,307.00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V







Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; and
• you paid income tax to another state on income you earned while you were an Illinois resident; and
• the income subject to the other state's tax is included in your Illinois base income; and
• you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should not file this schedule if

- you were a nonresident of Illinois during the entire tax year; or
• you did not pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note: If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

MINU KASIREDDY

Your name as shown on your Form IL-1040

3 5 8 - 4 5 - 7 2 3 8
Your Social Security number

Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A Total (Whole dollars only)
Column B Non-Illinois Portion (Whole dollars only)

Read the instructions before completing this step.

Table with 3 columns: Line number, Description, Column A Total, Column B Non-Illinois Portion. Includes rows for Wages, interest, dividends, etc., and a total line 16.

Continue with Step 2 on Page 2

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



|                      |                             |
|----------------------|-----------------------------|
| <b>Column A</b>      | <b>Column B</b>             |
| <b>Total</b>         | <b>Non-Illinois Portion</b> |
| (Whole dollars only) | (Whole dollars only)        |

|                                                    |                                                                                                                                                        |           |           |           |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
|                                                    | 17 Enter the amounts from Page 1, Line 16.                                                                                                             | 17        | 86,626.00 | 58,278.00 |
| <hr/>                                              |                                                                                                                                                        |           |           |           |
| <b>Adjustments to Income</b>                       | 18 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)                                                                               | 18        | .00       | .00       |
|                                                    | 19 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | 19        | .00       | .00       |
|                                                    | 20 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)                                                                | 20        | .00       | .00       |
|                                                    | 21 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)                                                 | 21        | .00       | .00       |
|                                                    | 22 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)                                                          | 22        | .00       | .00       |
|                                                    | 23 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)                                                     | 23        | .00       | .00       |
|                                                    | 24 Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 17)                                                           | 24        | .00       | .00       |
|                                                    | 25 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)                                                          | 25        | .00       | .00       |
|                                                    | 26 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)                                                                                   | 26        | .00       | .00       |
|                                                    | 27 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)                                                                                   | 27        | .00       | .00       |
|                                                    | 28 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)                                                                 | 28        | .00       | .00       |
|                                                    | 29 RESERVED                                                                                                                                            | 29        |           |           |
|                                                    | 30 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)                                                                            | 30        | .00       | .00       |
|                                                    | 31 Other adjustments. <b>See instructions.</b>                                                                                                         | 31        | .00       | .00       |
|                                                    | 32 Add Columns A and B, Lines 18 through 31.                                                                                                           | 32        | .00       | .00       |
| 33 Subtract Columns A and B, Line 32 from Line 17. | 33                                                                                                                                                     | 86,626.00 | 58,278.00 |           |

### Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

|                           |                             |
|---------------------------|-----------------------------|
| <b>Column A</b>           | <b>Column B</b>             |
| <b>Form IL-1040 Total</b> | <b>Non-Illinois Portion</b> |
| (Whole dollars only)      | (Whole dollars only)        |

|                                                                                                   |                                                                                                                              |           |           |           |  |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|--|
| <b>Illinois Adjustments</b>                                                                       | 34 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)                                                  | 34        | .00       | .00       |  |
|                                                                                                   | 35 Other additions (Form IL-1040, Line 3)                                                                                    | 35        | .00       | .00       |  |
|                                                                                                   | 36 Add Columns A and B, Lines 33, 34, and 35.                                                                                | 36        | 86,626.00 | 58,278.00 |  |
|                                                                                                   | <hr/>                                                                                                                        |           |           |           |  |
|                                                                                                   | 37 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)                                              | 37        | .00       | .00       |  |
|                                                                                                   | 38 Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | 38        | .00       |           |  |
|                                                                                                   | 39 Other subtractions (Form IL-1040, Line 7)                                                                                 | 39        | .00       | .00       |  |
| 40 Add Columns A and B, Lines 37 through 39.                                                      | 40                                                                                                                           | .00       | .00       |           |  |
| 41 Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero. | 41                                                                                                                           | 86,626.00 | 58,278.00 |           |  |

Continue to Page 3 →



## Step 4: Figure your Schedule CR decimal

|         |    | Column A  | Column B  |
|---------|----|-----------|-----------|
| Decimal | 42 | 86,626.00 | 58,278.00 |
|         | 43 |           | 0.673     |

## Step 5: Part-year residents only (Full year residents, go to Step 6.)

|                |    |     |
|----------------|----|-----|
| Part-Year Only | 44 | .00 |
|                | 45 | .00 |
|                | 46 | .00 |
|                | 47 | .00 |
|                | 48 | .00 |
|                | 49 | .00 |

## Step 6: Figure your credit

|                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|-------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Credit for Tax Paid to Other States | 50 | If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions.<br><input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin                                                                                                                                                      |  |
|                                     | 51 | Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include <b>only</b> :<br><ul style="list-style-type: none"> <li>• State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2.</li> <li>• City or local government withholding from Form W-2 when a tax return is not required to be filed.</li> </ul> |  |
|                                     | 52 | <b>Illinois Residents:</b> Enter your Illinois tax due from Form IL-1040, Line 12.<br><b>Part-year Residents:</b> Enter the amount from Step 5, Line 49.                                                                                                                                                                                                                                                                             |  |
|                                     | 53 | Enter the decimal amount from Step 4, Line 43 here.                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                     | 54 | Multiply Line 52 by Line 53.                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                     | 55 | Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on Form IL-1040, Line 15. This is your tax credit.                                                                                                                                                                                                                                                                                                          |  |



**Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.**



**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return** **2022**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Due April 18, 2023  
Place "X" in box   
if amending

Your Social Security Number  358  45  7238

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  MINU Initial  Last name  KASIREDDY Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  1547 WIND ENERGY PASS Place "X" in box if you are married filing separately.

City  BATAVIA State  IL ZIP/Postal code  60510

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2022.

County where you lived  94 County where you worked  00 County where spouse lived  County where spouse worked

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A \_\_\_\_\_ **Indiana Income**  1  58278  .00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs**  2   .00
3. Add line 1 and line 2 \_\_\_\_\_  3  58278  .00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions**  4   .00
5. Subtract line 4 from line 3 \_\_\_\_\_  5  58278  .00
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions**  6  673  .00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income**  7  57605  .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  1861  .00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank)  9  0  .00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.)  10   .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes**  11  1861  .00



12. Enter credits from Schedule F, line 12 (enclose schedule)   .00

13. Enter offset credits from Schedule G, line 8 (enclose schedule)   .00

14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits**   .00

15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes**   .00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)   .00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16   .00

18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment**   .00

19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).

Enter your county code  county tax to be applied \_\_ \$   .00

Spouse's county code  county tax to be applied \_\_ \$   .00

Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$   .00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) \_\_\_\_\_   .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A \_\_\_\_\_   .00

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund**   .00

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type:  Checking  Savings  Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) \_\_\_\_\_   .00

24. Penalty if filed after due date (see instructions) \_\_\_\_\_   .00

25. Interest if filed after due date (see instructions) \_\_\_\_\_   .00

26. **Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe**   .00

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. See instructions if paying by credit card.

**Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

\_\_\_\_\_  
Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40PNR

Your Social Security Number

MINU KASIREDDY

358 45 7238

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

|                                                                                                 | Column A<br>Income from Federal Return |           | Column B<br>Income Taxed by Indiana |          |
|-------------------------------------------------------------------------------------------------|----------------------------------------|-----------|-------------------------------------|----------|
| 1. Your wages, salaries, tips, commissions, etc _____                                           | 1A                                     | 93409.00  | 1B                                  | 58278.00 |
| 2. Spouse's wages, salaries, tips, commissions, etc _____                                       | 2A                                     | .00       | 2B                                  | .00      |
| 3. Taxable interest income _____                                                                | 3A                                     | .00       | 3B                                  | .00      |
| 4. Dividend income _____                                                                        | 4A                                     | 110.00    | 4B                                  | 0.00     |
| 5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____ | 5A                                     | .00       | 5B                                  | .00      |
| 6. Alimony received _____                                                                       | 6A                                     | .00       | 6B                                  | .00      |
| 7. Business income or loss from federal Schedule C _____                                        | 7A                                     | .00       | 7B                                  | .00      |
| 8. Capital gain or loss from sale or exchange of property from your federal return _____        | 8A                                     | 3707.00   | 8B                                  | 0.00     |
| 9. Other gains or (losses) from Form 4797 _____                                                 | 9A                                     | .00       | 9B                                  | .00      |
| 10. Taxable IRA distribution _____                                                              | 10A                                    | .00       | 10B                                 | .00      |
| 11. Taxable pensions and annuities _____                                                        | 11A                                    | .00       | 11B                                 | .00      |
| 12. Net rent or royalty income or loss reported on federal Schedule E _____                     | 12A                                    | -10600.00 | 12B                                 | 0.00     |
| 13. Income or loss from partnerships _____                                                      | 13A                                    | .00       | 13B                                 | .00      |
| 14. Income or loss from trusts and estates _____                                                | 14A                                    | .00       | 14B                                 | .00      |
| 15. Income or loss from S corporations _____                                                    | 15A                                    | .00       | 15B                                 | .00      |
| 16. Farm income or loss from federal Schedule F _____                                           | 16A                                    | .00       | 16B                                 | .00      |
| 17. Unemployment compensation _____                                                             | 17A                                    | .00       | 17B                                 | .00      |
| 18. Taxable Social Security benefits _____                                                      | 18A                                    | .00       | 18B                                 | .00      |
| 19. Indiana apportioned income from Schedule IT-40PNRA _____                                    |                                        |           | 19B                                 | .00      |
| 20. Other income reported on your federal return _____                                          | 20A                                    | .00       | 20B                                 | .00      |
| List source(s). (Do not include federal net operating loss in Column B. See instructions.)      |                                        |           |                                     |          |
|                                                                                                 |                                        |           |                                     |          |
| 21. Subtotal: add lines 1 through 20 _____                                                      | 21A                                    | 86626.00  | 21B                                 | 58278.00 |





Schedule A Proration;  
Section 2: Adjustments to Income

2022

**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet \_\_\_\_\_ 21C  .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_\_ 21D  0.673

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

|                                                                               | Column A<br>Federal Adjustments |                          | Column B<br>Indiana Adjustments |                          |
|-------------------------------------------------------------------------------|---------------------------------|--------------------------|---------------------------------|--------------------------|
| 22. Educator expenses (see instructions) _____                                | 22A                             | <input type="text"/> .00 | 22B                             | <input type="text"/> .00 |
| 23. Certain business expenses of reservists,<br>performing artists, etc _____ | 23A                             | <input type="text"/> .00 | 23B                             | <input type="text"/> .00 |
| 24. Health savings account deduction _____                                    | 24A                             | <input type="text"/> .00 | 24B                             | <input type="text"/> .00 |
| 25. Moving expenses (see instructions) _____                                  | 25A                             | <input type="text"/> .00 | 25B                             | <input type="text"/> .00 |
| 26. Deductible part of self-employment tax _____                              | 26A                             | <input type="text"/> .00 | 26B                             | <input type="text"/> .00 |
| 27. Self-employed, SEP, SIMPLE, and qualified plans _____                     | 27A                             | <input type="text"/> .00 | 27B                             | <input type="text"/> .00 |
| 28. Self-employed health insurance deduction _____                            | 28A                             | <input type="text"/> .00 | 28B                             | <input type="text"/> .00 |
| 29. Penalty on early withdrawal of savings _____                              | 29A                             | <input type="text"/> .00 | 29B                             | <input type="text"/> .00 |
| 30. Alimony paid _____                                                        | 30A                             | <input type="text"/> .00 | 30B                             | <input type="text"/> .00 |
| 31. IRA deduction _____                                                       | 31A                             | <input type="text"/> .00 | 31B                             | <input type="text"/> .00 |
| 32. Student loan interest deduction (see instructions) _____                  | 32A                             | <input type="text"/> .00 | 32B                             | <input type="text"/> .00 |
| 33. Reserved for future use _____                                             | 33A                             | <input type="text"/> .00 | 33B                             | <input type="text"/> .00 |
| 34. Other (see instructions) <input type="text"/>                             | 34A                             | <input type="text"/> .00 | 34B                             | <input type="text"/> .00 |
| 35. Add lines 22 through 34 _____                                             | 35A                             | <input type="text"/> .00 | 35B                             | <input type="text"/> .00 |

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 \_\_\_\_\_ 36A  86626 .00 36B  58278 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

MINU KASIREDDY

358 45 7238

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000   1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  x \$1000  2  .00  
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
  - who was under the age of 19 by Dec. 31, 2022; or
  - who is a full-time student who was under the age of 24 by Dec. 31, 2022; and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.  x \$1500  3  .00

4. Place "X" in box(es) below if, by December 31, 2022

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000  4  .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500  5  .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6  x \$3000  6  .00  
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6  7 1000 .00

8. Enter the number from Schedule A, Proration Section, line 21D  8 0.673

9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6  **Total Exemptions** 9 673 .00

Name(s) shown on Form IT-40PNR

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**Round all entries**

|                                                                                                                                           |    |      |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|----|------|-----|
| 1. Indiana state tax withheld: See instructions _____                                                                                     | 1  | 1882 | .00 |
| 2. Indiana county tax withheld: See instructions _____                                                                                    | 2  |      | .00 |
| 3. Estimated tax paid for 2022: include any extension payment made with Form IT-9 _____                                                   | 3  |      | .00 |
| 4. Unified tax credit for the elderly _____                                                                                               | 4  |      | .00 |
| 5. Earned income credit: see instructions<br>Enter earned income credit from<br>Schedule IN-EIC, line <b>A-3</b> _____ Box A              |    |      | .00 |
| Enter number from Schedule A, Proration Section, line 21D ____ Box B                                                                      |    | .    |     |
| Multiply Box A by Box B, enter total here _____                                                                                           | 5  |      | .00 |
| 6. Lake County residential income tax credit _____                                                                                        | 6  |      | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE,<br>line 19 (enclose schedule) _____             | 7  |      | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from<br>Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 8  |      | .00 |
| 9. Headquarters relocation credit (refundable portion - see instructions) _____                                                           | 9  |      | .00 |
| 10. Adoption Credit _____                                                                                                                 | 10 |      | .00 |
| 11. 2022 Additional Automatic Taxpayer Refund: See instructions _____                                                                     | 11 |      | .00 |
| 12. Add lines 1 through 11. Enter total here and on Form IT-40PNR, line 12 _____ <b>Total Credits</b>                                     | 12 | 1882 | .00 |

**Schedule IN-DONATE**

**Important:** The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

|                                                                                                         |   |          |  |    |  |     |
|---------------------------------------------------------------------------------------------------------|---|----------|--|----|--|-----|
| a. Enter fund name                                                                                      |   | code no. |  | 1a |  | .00 |
| b. Enter fund name                                                                                      |   | code no. |  | 1b |  | .00 |
| c. Enter fund name                                                                                      |   | code no. |  | 1c |  | .00 |
| 2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b> | 2 |          |  |    |  | .00 |

Name(s) shown on Form IT-40PNR

Your Social Security Number

MINU KASIREDDY

358

45

7238

**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2022. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

| State of Residence | Date From (MM/DD) | Date To (MM/DD) | Did you file a tax return with the state/country?<br>Place "X" in appropriate box. |
|--------------------|-------------------|-----------------|------------------------------------------------------------------------------------|
| IL                 | 01 01 2022        | 06 01 2022      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |
| IN                 | 06 02 2022        | 12 31 2022      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |

**Your information**

|    | (a)<br>State of Residence | (b)<br>Date From (MM/DD) | (c)<br>Date To (MM/DD) | Did you file a tax return with the state/country?<br>Place "X" in appropriate box. |
|----|---------------------------|--------------------------|------------------------|------------------------------------------------------------------------------------|
| 1A | IL                        | 01 01 2022               | 12 31 2022             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |
| 1B |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| 1C |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| 1D |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |

**Spouse's information if married filing jointly**

|    | (a)<br>State of Residence | (b)<br>Date From (MM/DD) | (c)<br>Date To (MM/DD) | Did you file a tax return with the state/country?<br>Place "X" in appropriate box. |
|----|---------------------------|--------------------------|------------------------|------------------------------------------------------------------------------------|
| 2A |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| 2B |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| 2C |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| 2D |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |

Turn over to complete Section 2

Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2022? Place "X" in appropriate box. Yes  No

2. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.   
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2022, enter date of death (MM/DD).

Taxpayer's date of death   2022 Spouse's date of death   2022

Authorization: Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State  ZIP Code

Preparer's signature



Name(s) shown on Form IT-40/IT-40PNR/IT-40RNR

Your Social Security Number

MINU KASIREDDY

358457238

|    | A                                                                                                                                    |           | C                           |  | D            |    | E                  |    | F            |    | G                  |    | H             |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|--|--------------|----|--------------------|----|--------------|----|--------------------|----|---------------|
|    | Social Security Number                                                                                                               | Form Code | Employer or Payer ID Number |  | State Income |    | State Tax Withheld |    | Local Income |    | Local Tax Withheld |    | Locality Code |
| 1  | 358457238                                                                                                                            | W         | 0001039962 001              |  | 58278        | 00 | 1882               | 00 |              | 00 |                    | 00 |               |
| 2  |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 3  |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 4  |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 5  |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 6  |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 7  |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 8  |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 9  |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 10 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 11 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 12 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 13 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 14 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 15 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 16 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 17 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 18 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 19 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 20 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 21 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 22 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 23 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 24 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 25 |                                                                                                                                      |           |                             |  |              | 00 |                    | 00 |              | 00 |                    | 00 |               |
| 26 | Add lines 1 through 25 column E. Enter total on line 1 of IT-40 Schedule 5, or line 1 of IT-40PNR Schedule F, or line 7 of IT-40RNR. |           |                             |  |              |    | 1882               | 00 |              |    |                    |    |               |
| 27 | Add lines 1 through 25 column G. Enter total on line 2 of IT-40 Schedule 5, or line 2 of IT-40PNR Schedule F, or line 8 of IT-40RNR. |           |                             |  |              |    |                    |    |              |    | 00                 |    |               |

**Schedule IN-W Reference Chart**

| Form Type | Form Code | Form Type | Form Code | Form Type | Form Code |
|-----------|-----------|-----------|-----------|-----------|-----------|
| W2/W2C    | W         | 1099R     | R         | 1099G     | U         |
| W2G       | G         | 1099M     | M         | 1099NEC   | N         |