

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	3,575.
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REV 03/09/23 PRO 1555

758-76-4864 147-99-6844
ROHAN RAJ MADISHETTY
MANASA VINNAKOTA
18349 WEST 13 MILE ROAD APT 22
SOUTHFIELD MI 48076

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

758764864 KN MADI 30 0 202312 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	3,575.
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REV 03/09/23 PRO 1555

758-76-4864 147-99-6844
ROHAN RAJ MADISHETTY
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CINCINNATI OH 45280-2502

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2023**

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	3,575.
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REV 03/09/23 PRO 1555

758-76-4864 147-99-6844
ROHAN RAJ MADISHETTY
MANASA VINNAKOTA
18349 WEST 13 MILE ROAD APT 22
SOUTHFIELD MI 48076

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

758764864 KN MADI 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	3,575.
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REV 03/09/23 PRO 1555

758-76-4864 147-99-6844
ROHAN RAJ MADISHETTY
MANASA VINNAKOTA
18349 WEST 13 MILE ROAD APT 22
SOUTHFIELD MI 48076

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

758764864 KN MADI 30 0 202312 430

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name ROHAN RAJ MADISHETTY	Social security number 758-76-4864
Spouse's name MANASA VINNAKOTA	Spouse's social security number 147-99-6844

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	239,296.
2 Total tax	2	38,944.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	28,541.
4 Amount you want refunded to you	4	
5 Amount you owe	5	10,663.

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

6	4	8	6	4
---	---	---	---	---

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

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	6	8	4	4
---	---	---	---	---

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

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	10,663.
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REV 03/09/23 PRO 1555

ROHAN RAJ MADISHETTY
MANASA VINNAKOTA
18349 WEST 13 MILE ROAD 22
SOUTHFIELD MI 48076

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

758764864 KN MADI 30 0 202212 610

Filing Status [] Single [X] 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.

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 (or a financial interest in a digital asset)? (See instructions.) [] 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 name, social security number, relationship, and tax credits.

Main income table with rows 1a through 15, including taxable interest, dividends, and total income.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 38,944.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 28,541.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount applied to 2023 tax is 260.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 10,663.

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, including occupation and date fields.

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

**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 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
ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

Your social security number
758-76-4864

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-16,025.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-16,025.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

Your social security number
758-76-4864

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	60.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____ _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return

ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

Your social security number

758-76-4864

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) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	32,237.	30,804.	14.	1,447.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . 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				7 1,447.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	1,447.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

758-76-4864

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	32,237.	30,804.	W	14.	1,447.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			32,237.	30,804.		14.	1,447.

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

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 for instructions and the latest information.

Name(s) shown on return

ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

Your social security number

758-76-4864

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)

A FLAT NO:STAR NIVAS,G.K COLONY,NEREDMET X ROAD,SECUNDERABAD IN 500094

B
C

1b Type of Property (from list below)	2 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
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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:		
		A	B	C
3	Rents received	720.		
4	Royalties received			
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	1,500.		
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees	1,250.		
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest	1,000.		
14	Repairs	3,845.		
15	Supplies	4,152.		
16	Taxes			
17	Utilities	2,015.		
18	Depreciation expense or depletion	2,983.		
19	Other (list) _____			
20	Total expenses. Add lines 5 through 19	16,745.		
21	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 Form 6198	-16,025.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(16,025.)		
23a	Total of all amounts reported on line 3 for all rental properties		720.	
b	Total of all amounts reported on line 4 for all royalty properties			
c	Total of all amounts reported on line 12 for all properties			
d	Total of all amounts reported on line 18 for all properties		2,983.	
e	Total of all amounts reported on line 20 for all properties		16,745.	
24	Income. Add positive amounts shown on line 21. Do not include any losses			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			(16,025.)
26	Total rental real estate and royalty income or (loss). 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			-16,025.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -16,025.

Schedule E (Form 1040) 2022

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 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.
147-99-6844

MANASA VINNAKOTA

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.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3 7,300.
4	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.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,300.
6	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 7,300.
7	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
8	Add lines 6 and 7	8 7,300.
9	Employer contributions made to your HSAs for 2022	9 1,500.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 5,800.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: 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.

14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a
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
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. 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
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (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.

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

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

Your social security number

758-76-4864

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	256,657.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	256,657.		
5	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse . . . \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		6,657.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		60.	

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse . . . \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-	12			
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse . . . \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18			60.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,722.		
20	Enter the amount from line 1	20	256,657.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,722.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		0.	

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: ROHAN RAJ MADISHETTY & MANASA VINNAKOTA, Sch E FLAT NO:STAR NIVAS, G.K, 758-76-4864

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Columns include line numbers and descriptions. Values: 1,080,000, 2,700,000, 1,080,000, 2,700,000, 1,080,000, 2,700,000, 1,080,000, 2,700,000, 1,080,000, 2,700,000, 1,080,000, 2,700,000, 1,080,000, 2,700,000

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Columns include line numbers and descriptions. Values: 14, 15, 16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Columns include line numbers and descriptions. Values: 17, 18

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property and residential/nonresidential real property.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) Recovery period, (f) Method, (g) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Columns include line numbers and descriptions. Values: 21, 22, 23

Nebraska Individual Estimated Income Tax

2023

Payment Voucher

1 Amount of this payment (net of the calculated payment and any 2022 overpayment applied to 2023's estimated income tax installments)			1	137.
Name that will be Shown First on your Income Tax Return		Last Name		
ROHAN RAJ		MADISHETTY		
If a Joint Return, Spouse's First Name and Initial		Last Name		
MANASA		VINNAKOTA		
Current Mailing Address (Number and Street or PO Box)				
18349 WEST 13 MILE ROAD, Apt. 22				
City	State	Zip Code		
SOUTHFIELD	MI	48076		
<ul style="list-style-type: none"> File only if you are making a payment of estimated income tax by check or money order. Fiscal year taxpayers—see instructions. 				

1 This installment is due on or before
April 15, 2023.

Important: Social Security numbers must be entered below.	
First Social Security Number on your Income Tax Return	758-76-4864
Spouse's Social Security Number	147-99-6844

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:
Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.

8-014-2022

CG REV 02/18/23 PRO

Nebraska Individual Estimated Income Tax

2023

Payment Voucher

1 Amount of this payment (net of the calculated payment and any 2022 overpayment applied to 2023's estimated income tax installments)			1	137.
Name that will be Shown First on your Income Tax Return		Last Name		
ROHAN RAJ		MADISHETTY		
If a Joint Return, Spouse's First Name and Initial		Last Name		
MANASA		VINNAKOTA		
Current Mailing Address (Number and Street or PO Box)				
18349 WEST 13 MILE ROAD, Apt. 22				
City	State	Zip Code		
SOUTHFIELD	MI	48076		
<ul style="list-style-type: none"> File only if you are making a payment of estimated income tax by check or money order. Fiscal year taxpayers—see instructions. If your estimated tax needs to be amended, use the Amended Computation Schedule. 				

2 This installment is due on or before
June 15, 2023.

Important: Social Security numbers must be entered below.	
First Social Security Number on your Income Tax Return	758-76-4864
Spouse's Social Security Number	147-99-6844

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:
Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.

8-014-2022

CG REV 02/18/23 PRO

Nebraska Individual Estimated Income Tax

2023

Payment Voucher

1 Amount of this payment (net of the calculated payment and any 2022 overpayment applied to 2023's estimated income tax installments)			1	137.
Name that will be Shown First on your Income Tax Return		Last Name		
ROHAN RAJ		MADISHETTY		
If a Joint Return, Spouse's First Name and Initial		Last Name		
MANASA		VINNAKOTA		
Current Mailing Address (Number and Street or PO Box)				
18349 WEST 13 MILE ROAD, Apt. 22				
City	State	Zip Code		
SOUTHFIELD	MI	48076		
<ul style="list-style-type: none"> File only if you are making a payment of estimated income tax by check or money order. Fiscal year taxpayers—see instructions. If your estimated tax needs to be amended, use the Amended Computation Schedule. 				

3 This installment is due on or before
September 15, 2023.

Important: Social Security numbers must be entered below.	
First Social Security Number on your Income Tax Return	758-76-4864
Spouse's Social Security Number	147-99-6844

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:
Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.

8-014-2022

CG REV 02/18/23 PRO

Nebraska Individual Estimated Income Tax

Payment Voucher

1 Amount of this payment (net of the calculated payment and any 2022 overpayment applied to 2023's estimated income tax installments)	1	137.
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Name that will be Shown First on your Income Tax Return ROHAN RAJ	Last Name MADISHETTY
--	-------------------------

If a Joint Return, Spouse's First Name and Initial MANASA	Last Name VINNAKOTA
--	------------------------

Current Mailing Address (Number and Street or PO Box)
18349 WEST 13 MILE ROAD, Apt. 22

City SOUTHFIELD	State MI	Zip Code 48076
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4 This installment is due on or before
January 15, 2024.

Important: Social Security numbers must be entered below.
First Social Security Number on your Income Tax Return 758-76-4864
Spouse's Social Security Number 147-99-6844

- File only if you are making a payment of estimated income tax by check or money order.
- Fiscal year taxpayers— see instructions.
- If your estimated tax needs to be amended, use the Amended Computation Schedule.

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:

PLEASE PRINT OR TYPE	Your First Name and Initial ROHAN RAJ		Last Name MADISHETTY		Please Do Not Write In This Space		
	If a Joint Return, Spouse's First Name and Initial MANASA		Last Name VINNAKOTA				
	Current Mailing Address (Number and Street or PO Box) 18349 WEST 13 MILE ROAD, Apt. 22						
	City SOUTHFIELD		State MI	ZIP Code 48076	Your Social Security Number 7 5 8 7 6 4 8 6 4		
	Daytime Phone Number (207) 400-5305		Amount Remitted 69.	00	Spouse's Social Security Number 1 4 7 9 9 6 8 4 4		

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska income tax payments. Please visit revenue.nebraska.gov for additional information about e-pay.

If full payment is not made on or before April 15, 2023, the tax due is subject to penalty and interest.

Do not mail this voucher if you are paying electronically. If paying by check or money order, mail this voucher and payment to:

**Nebraska Department of Revenue, PO Box 98903, Lincoln, NE 68509-8903.
revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729**

8-549-2022

Nebraska Individual Income Tax Return for the taxable year January 1, 2022 through December 31, 2022 or other taxable year: , 2022 through ,

Personal information section including name (ROHAN RAJ), spouse's name (MANASA), address (18349 WEST 13 MILE ROAD, Apt. 22), and city/state/zip (SOUTHFIELD MI 48076).

Social Security Numbers: Yours (758-76-4864), Spouse's (147-99-6844), and High School District Code.

Digital asset question: During 2022, did you receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? [X] No

Special status questions: (1) Farmer/Rancher, (2) Active Military, (1) Deceased Taxpayer(s).

1 Federal Filing Status: (1) Single, (2) X Married, filing jointly, (3) Married, filing separately, (4) Head of Household, (5) Widow(er) with dependent children.

2a Check if YOU were: (1) 65 or older, (2) Blind, (3) Spouse was 65 or older, (4) Spouse was Blind. 2b Check here if someone can claim you or your spouse as a dependent: (1) You, (2) Spouse.

3 Type of Return: (1) Resident, (2) Partial-year resident, (3) X Nonresident (attach Schedule III).

4 Nebraska personal exemptions. 4a Yourself, 4b Spouse, 4c Dependents table with columns for First Name, Last Name, and Social Security Number.

Total Nebraska personal exemptions - add lines 4a, 4b, and 4c. 4 2

5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank. 5 239,296.00

6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,350 if single; \$14,700 if married, filing jointly or qualified widow[er]; \$7,350 if married, filing separately; or \$10,750 if head of household). 6 14,700.00

7 Total itemized deductions (line 17, Federal Schedule A - see instructions). 7 00

8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR). 8 0.00

9 Nebraska itemized deductions (line 7 minus line 8). 9 0.00

10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9). 10 14,700.00

11 Nebraska income before adjustments (line 5 minus line 10). 11 224,596.00

12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I). 12 00


13 Adjustments decreasing federal AGI (line 33, from attached Nebraska Schedule I). 13 00

14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing. 14 224,596.00

15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.) 15 4,790.00

16 Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions, b Federal tax on early distributions, c Total (add lines 16a and 16b). 16 00

17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43. 17 4,790.00

18	Nebr. personal exemption credit for residents only (\$146 times the number on line 4)	18	0.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return)	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20	0.	00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23		00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	Designated extremely blighted area tax credit (attach Form 1040N-EB)	26		00
27	Total nonrefundable credits (add lines 18 through 26)	27	0.	00
28	Nebraska tax after nonrefundable credits. Subtract line 27 from line 17 (if line 27 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return	28	4,790.	00
29	Total Nebraska income tax withheld (attach 2022 Forms, see instructions) a W-2 \$ 4,721. b K-1N \$ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ 0.	29	4,721.	00
30	2022 estimated income tax payments (include any 2021 overpayment credited to 2022 and any payments submitted with an extension request)	30		00
31	Form 3800N refundable credit (attach Form 3800N)	31		00
32	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	32		00
33	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	33		00
34	Nebraska earned income credit. Enter number of qualifying children 97 <input type="checkbox"/> Federal credit 98 \$ <input type="checkbox"/> .00 x .10 (10%) (attach pages 1-2 of federal return)	34		00
35	Credit for school district property taxes (attach Form PTC)	35		00
36	Credit for community college property taxes (attach Form PTC)	36		00
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00
38	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)	38		00
39	Total refundable credits (add lines 29 through 38)	39	4,721.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/>	40		00
41	Total tax and penalty. Add lines 28 and 40	41	4,790.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ <input type="checkbox"/> State tax 92 \$ <input type="checkbox"/> (purchases x 5.5%); Enter purchases subject to local tax 93 \$ <input type="checkbox"/> Local tax 94 \$ <input type="checkbox"/> (purchases x local rate of <input type="checkbox"/> %) 95 Local code <input type="checkbox"/> (see local rate schedule); Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42.	42	0.	00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from total of lines 41 and 42 Pay this amount in full. For electronic or credit card payment check here <input type="checkbox"/> and see instructions.	43	69.	00
44	Overpayment. If line 39 is more than the total of lines 41 and 42, subtract the total of lines 41 and 42 from line 39.	44		00
45	Amount of line 44 you want applied to your 2023 estimated tax	45		00
46	Wildlife Conservation Fund donation of \$1 or more 	46		00
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions).	47	0.	00

48a Routing Number 48b Type of Account 1 = Checking 2 = Savings

48c Account Number

48d Check this box if this refund will go to a bank account outside the United States.

Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

sign here

Your Signature _____

Date (207) 400-5305

ROHANRAJ9291@GMAIL.COM

Email Address

Spouse's Signature (if filing jointly, both must sign) _____

Daytime Phone

Keep a copy of this return for your records.

paid preparer's use only

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2023

P02082703

Preparer's Signature Date GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816

Preparer's PTIN 84-3171965

Print Firm's Name (or yours if self-employed), Address and Zip Code

EIN

CG REV 02/18/23 PRO

(678) 965-9522

Daytime Phone

A copy of the federal return and schedules must be attached to this return.

Mail returns to: Nebraska Department of Revenue, Lincoln, NE 68509-8912. Use PO Box 98912 to request a refund, otherwise use PO Box 98934.

E-file your return. NebFile offers FREE e-filing of your state return.

Name on Form 1040N

ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

Social Security Number

7 5 8 | 7 6 | 4 8 6 4

Nebraska Schedule I — Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents, and Nonresidents

• Attach additional pages if necessary.

Part A—Adjustments Increasing Federal AGI

1 Interest income from all state and local obligations exempt from federal tax		
a List type: _____	b Amount: \$ _____	
Total interest income exempt from federal tax. Enter total of lines 1b.....	1	00
2 Exempt interest income from Nebraska obligations		
a List type: _____	b Amount: \$ _____	
Total exempt interest income from Nebraska obligations. Enter total of lines 2b.....	2	00
3 Total taxable interest income. Enter the result of line 1 minus line 2.....	3	00
4 Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N.....	4	00
5 Nebraska College Savings Program recapture (see instructions).....	5	00
6 Nebraska Enable plan recapture.....	6	00
7 Federal net operating loss deduction.....	7	00
8 S corporation or LLC Non-Nebraska loss.....	8	00
9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N.....	9	00

Part B—Adjustments Decreasing Federal AGI

10 State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR.....	10	00
11 U.S. government obligations exempt for state purposes (list below or attach schedule)		
a List type: _____	b Amount: \$ _____	
Total U.S. government obligations exempt for state purposes. Enter total of lines 11b.....	11	00
12 List fund name, total dividend, and percent of regulated investment company dividends from		
a U.S. obligation: _____		
b Total dividend: \$ _____ x c _____ % = d \$ _____		
Total regulated investment company dividends. Enter total of lines 12d.....	12	00
13 Total U.S. government obligations. Enter total of lines 11 and 12.....	13	00
14 Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Attach pages 1 and 2 of your federal income tax return and all Forms 1099 and W-2 from the RRB.		
a List type: _____	b Amount: \$ _____	
Total benefits paid by the RRB included in federal AGI. Enter total of lines 14b.....	14	00
15 Special capital gains/extraordinary dividend deduction [attach Form 4797N; a copy of Federal Schedule D; and Form 8949 (or Federal Schedule B when claiming extraordinary dividend deduction)] (see instructions).....	15	00
16 Nebraska College Savings Program contribution (see instructions).....	16	00
17 Employer contribution to the Nebraska Educational Savings Plan (see instructions).....	17	00
18 Nebraska Enable plan contributions. List the account number and annual contribution amount for each account you contributed to during this tax year (list below or attach schedule)		
a Account Number: _____	b Amount: \$ _____	
Enter total Nebraska Enable plan contributions.....	18	00
19 S corp and LLC Non-Nebraska income (attach Federal schedules K-1 and Nebraska Schedules K-1N,.....	19	00
20 Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions).....	20	00
21 Income earned by a Native American Indian in Indian country.....	21	00
22 Claim of right repayment.....	22	00
23 Nebraska NOL carryforward (attach the Nebraska NOL Worksheet for each loss year claimed on this line).....	23	00
24 Nebraska agricultural revenue bond interest.....	24	00
25 Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds.....	25	00
26 Interest from federally taxable Build America Bonds issued by Nebraska governmental units.....	26	00
27 Social Security included in Federal AGI (see instructions) Attach pages 1 and 2 of your federal income tax return	27	00
28 Military retirement benefits (Attach supporting documentation, see instructions).....	28	00
29 Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation).....	29	00
30 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions).....	30	00
31 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions).....	31	00
32 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions).....	32	00
33 Total adjustments decreasing federal AGI (total lines 10 and 13 through 32). Enter here and on line 13, Form 1040N.....	33	00

Name on Form 1040N

ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

Social Security Number

7 5 8 | 7 6 | 4 8 6 4

Nebraska Schedule III —

Computation of Nebraska Tax for PARTIAL-YEAR RESIDENTS AND NONRESIDENTS ONLY

- You must complete lines 1 through 14, Form 1040N. If you have state, local, or federal bond interest or other adjustments, complete Parts A and B of Nebraska Schedule I. Use Schedule III to calculate your Nebraska tax liability.
- You do not have to provide a copy of other state returns when filing Schedule III.

<p>1 Income derived from Nebraska sources. Include income from wages, interest, dividends, business, farming, Nebraska unemployment payments, severance payments connected to Nebraska employment, partnerships, S corporations, limited liability companies, estates and trusts, gain or loss, rents, royalties, and financial institution tax credit amount. If there is no Nebraska income or loss, enter -0-.</p> <p>a List type: <u>Wages</u> b Amount: \$ <u>87,056.</u> List type: <u>See Income Derived from Nebraska Sources</u> Amount: <u>0.</u> Total income derived from Nebraska sources. Enter total of lines 1b.....</p>		1	87,056.	00
<p>2 Adjustments as applied to Nebraska income, if any (see instructions)</p> <p>a List type: <u>Health savings account</u> b Amount: \$ <u>0.</u> List type: _____ Amount: _____ Total adjustment as applied to Nebraska income. Enter total of lines 2b.....</p>		2	0.	00
<p>3 Nebraska adjusted gross income (line 1 minus line 2).....</p>		3	87,056.	00
<p>4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):</p> <p style="text-align: center;">Line 3 <u>87,056.</u> <u>87,056.</u> (Form 1040N, Line 5 + Line 12 – Line 13) = <u>239,296.</u> + <u> </u> – <u> </u> = <u>239,296.</u></p>		4	0.	3 6 3 8 0
<p>5 Nebraska Taxable Income (line 14, Form 1040N)</p>		5	224,596.	00
<p>6 Nebraska tax calculation (see instructions)</p> <p>a Tax on Nebraska Taxable Income from line 5..... 6 a \$ <u>13,458.</u> b Partial-year residents, enter Nebraska nonrefundable credit for the elderly or disabled... 6 b \$ _____ c Partial-year residents, enter Nebraska child/dependent care nonrefundable credit..... 6 c \$ _____ d Subtotal credits (add lines 6b and 6c)..... 6 d \$ _____ Line 6a minus line 6d</p>		6	13,458.	00
<p>7 Multiply Nebraska personal exemption credit of \$146 by the number of Nebraska personal exemptions on line 4, Form 1040N.....</p>		7	292.	00
<p>8 Tax after Nebraska personal exemption credit (line 6 minus line 7). If less than \$0, enter -0- here, and if you have any other tax due, apply any unused Nebraska personal exemption credit against that tax on line 10e ...</p>		8	13,166.	00
<p>9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on line 15, Form 1040N.....</p>		9	4,790.	00
<p>10 Nebraska other tax calculation:</p> <p>a Federal Tax on Lump Sum Distributions (Form 4972)..... 10 a \$ _____ b Federal tax on early distributions (lesser of Form 5329 or line 8, Schedule 2, Federal Form 1040 or 1040-SR)..... 10 b \$ _____ c Subtotal (add lines 10a and 10b)..... 10 c \$ _____ d Tax calculation. Multiply line 10c by 29.6% (x .296)..... 10 d \$ _____ e Enter any unused Nebraska personal exemption credit from the calculation on line 8 10 e \$ _____ f Subtract line 10e from line 10d..... 10 f \$ _____ Multiply line 10f by line 4 ratio. Enter result here and on line 16, Form 1040N.</p>		10		00
<p>11 Earned income credit (Partial-Year Residents Only)</p> <p>a Number of qualifying children. Enter here and on line 34, box 97, Form 1040N..... 11 a _____ b Enter federal earned income credit from federal tax return here and on line 34, box 98, Form 1040N 11 b \$ _____ Multiply line 11b amount by 10% (x .10). Enter the result here (see instructions).</p>		11		00
<p>12 Nebraska earned income credit. Multiply line 11 by the ratio you computed on line 4 (Attach a copy of federal tax return pages 1 and 2 to your return). Enter result here and on line 34, Form 1040N</p>		12		00

Additional Information From 2022 Nebraska Tax Return

Form 1040N: Schedules I, II, and III

Income Derived from Nebraska Sources

Continuation Statement

List Type	Amount
Dividends	0.
Capital gain or loss	0.
Rents and royalties	0.
Total	0.

2022 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 18, 2023. Type or print in blue or black ink.

1. Filer's First Name ROHAN RAJ	M.I.	Last Name MADISHETTY	2. Filer's Full Social Security No. (Example: 123-45-6789) 758 — 76 — 4864	
If a Joint Return, Spouse's First Name MANASA	M.I.	Last Name VINNAKOTA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 147 — 99 — 6844	
Home Address (Number, Street, or P.O. Box) 18349 WEST 13 MILE ROAD, APT. 22			4. School District Code (5 digits – see page 60) 63200	
City or Town SOUTHFIELD		State MI	ZIP Code 48076	
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.	
7. 2022 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 20px;"></div>			8. 2022 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.	

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	2	x	\$5,000	9a.	10000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,900	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$5,000	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	10000	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.					239296	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	12.					239296	00
13. Subtractions from Schedule 1, line 30. Include Schedule 1	13.						00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					239296	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.					10000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					229296	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					9745	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	4790	00	18b.	3328	00
19. Michigan Historic Preservation Tax Credit (see instructions).....	19a.		00	19b.		00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.			20.	6417	00

Filer's Full Social Security Number

758 — 76 — 4864

21. Enter amount of Income Tax from line 20.....	21.	6417	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	6417	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	7089	00
31. Estimated tax, extension payments and 2021 credit forward	31.		00
32. 2022 AMENDED RETURNS ONLY. Taxpayers completing an original 2022 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.			00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.	7089	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	34.		00
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
YOU OWE			
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.	672	00
36. Credit Forward. Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return ...	36.		00
37. Subtract line 36 from line 35.....	37.	672	00

DIRECT DEPOSIT

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

a. Routing Transit Number	b. Account Number	c. Type of Account	
211391825	42090159	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2022 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

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

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
678-965-9522

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

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 34 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2022 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name ROHAN RAJ	M.I.	Last Name MADISHETTY	2. Filer's Full Social Security No. (Example: 123-45-6789) 758 — 76 — 4864
If a Joint Return, Spouse's First Name MANASA	M.I.	Last Name VINNAKOTA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 147 — 99 — 6844

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		27-3498916	EMPRO SYSTEMS	166802	00	7089	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	7089 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	7089 00

Name as Shown on Return ROHAN RAJ MADISHETTY & MANASA VINNAKOTA	Social Security Number 758-76-4864
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- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ► NE
Jurisdiction name Nebraska

1	Income earned in another state or locality subject to Michigan tax	1	<u>81,708.</u>
2	Enter the amount from Form MI-1040, line 14.	2	<u>239,296.</u>
3	Divide line 1 by line 2	3	<u>0.3415</u>
4	Enter the amount from Form MI-1040, line 17.	4	<u>9,745.</u>
5	Multiply line 4 by line 3	5	<u>3,328.</u>
6	Enter the amount of tax imposed by another state or locality	6	<u>4,790.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>3,328.</u>