▼ 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.

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 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.

REV 03/09/23 PRO 1555

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

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.

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

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	**Social security number**
ROHAN RAJ MADISHETTY	758-76-4864
Spouse's name	**Spouse's social security number**
MANASA VINNAKOTA	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 (**ERO firm name**) to enter or generate my PIN 6 4 8 6 4 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ Date ▶

Spouse's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 9 6 8 4 4 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ 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.

Form **1040-V** 2022

▼ **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.

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

Form 1040 — Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2022

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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:

Your first name and middle initial	Last name	Your social security number
ROHAN RAJ	MADISHETTY	758-76-4864
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
MANASA	VINNAKOTA	147-99-6844

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
18349 WEST 13 MILE ROAD	22

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
SOUTHFIELD	MI	48076

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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 ☒ 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

Dependents (see instructions):
If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.
Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	253,858.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	253,858.
2a	Tax-exempt interest	2a		2b	b Taxable interest:
3a	Qualified dividends	3a	16.	3b	b Ordinary dividends: 16.
4a	IRA distributions	4a		4b	b Taxable amount:
5a	Pensions and annuities	5a		5b	b Taxable amount:
6a	Social security benefits	6a		6b	b Taxable amount:
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	1,447.
8	Other income from Schedule 1, line 10			8	-16,025.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	239,296.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	239,296.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	25,900.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	213,396.

Tax and Credits

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	38,884.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	38,884.
19	Child tax credit or credit for other dependents from Schedule 8812		19	
20	Amount from Schedule 3, line 8		20	
21	Add lines 19 and 20		21	
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	38,884.
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	60.
24	Add lines 22 and 23. This is your **total tax**		24	38,944.

Payments

If you have a qualifying child, attach Sch. EIC.

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	28,541.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c	0.		
d	Add lines 25a through 25c			25d	28,541.
26	2022 estimated tax payments and amount applied from 2021 return			26	
27	Earned income credit (EIC) No	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	28,541.

Refund

Direct deposit? See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	
35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐			35a	
b	Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings				
d	Account number X X X X X X X X X X X X X X X X X				
36	Amount of line 34 you want **applied to your 2023 estimated tax**	36			

Amount You Owe

37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions			37	10,663.
38	Estimated tax penalty (see instructions)	38	260.		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
M. Rohan Raj		SOFTWARE ENGINEER	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	**If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)**
V. Manasa		QA ENGINEER	

Phone no. (207)400-5305 Email address ROHANRAJ9291@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/21/2023	P02082703	☐ Self-employed

Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522

Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965

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	**Your social security number**
ROHAN RAJ MADISHETTY & MANASA VINNAKOTA	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 ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
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.

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 ☐		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**	60.

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074
2022
Attachment Sequence No. **12**

Name(s) shown on return	**Your social security number**
ROHAN RAJ MADISHETTY & MANASA VINNAKOTA	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**

16 Combine lines 7 and 15 and enter the result . . . . **16** 1,447.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☒ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12A**

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.

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

1 (a) Description of property (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 *Column (e)* 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. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
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)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **13**

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)
A	3
B	
C	

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	365	0	☐
B			☐
C			☐

Type of Property:

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

			Properties: A	B	C
Income:					
3	Rents received	3	720.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	1,500.		
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11	1,250.		
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13	1,000.		
14	Repairs	14	3,845.		
15	Supplies	15	4,152.		
16	Taxes	16			
17	Utilities	17	2,015.		
18	Depreciation expense or depletion	18	2,983.		
19	Other (list)	19			
20	Total expenses. Add lines 5 through 19	20	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**	21	-16,025.		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(16,025.)	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	720.
b	Total of all amounts reported on line 4 for all royalty properties	23b	
c	Total of all amounts reported on line 12 for all properties	23c	
d	Total of all amounts reported on line 18 for all properties	23d	2,983.
e	Total of all amounts reported on line 20 for all properties	23e	16,745.
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(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	26	-16,025.

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.: 147-99-6844

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	☐ Self-only ☒ 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	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		

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 ☐		
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	

Form **8959**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074
2022
Attachment Sequence No. 71

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.

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.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2022
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
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.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	01/22	85,600.	27.5 yrs.	MM	S/L	2,983.
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,983.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

NEBRASKA
Good Life. Great Service.
DEPARTMENT OF REVENUE

Nebraska Individual Estimated Income Tax

Payment Voucher

FORM 1040N-ES
2023

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

- 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
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DEPARTMENT OF REVENUE

Nebraska Individual Estimated Income Tax

Payment Voucher

FORM 1040N-ES
2023

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

- 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.

CG REV 02/18/23 PRO

8-014-2022

NEBRASKA
Good Life. Great Service.
DEPARTMENT OF REVENUE

Nebraska Individual Estimated Income Tax

Payment Voucher

FORM 1040N-ES
2023

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

- 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.

CG REV 02/18/23 PRO

8-014-2022

NEBRASKA
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DEPARTMENT OF REVENUE

Nebraska Individual Estimated Income Tax

Payment Voucher

FORM 1040N-ES
2023

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

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:
Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.

CG REV 02/18/23 PRO

8-014-2022

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DEPARTMENT OF REVENUE

FORM 1040N-V
2022

Nebraska Individual Income Tax Payment Voucher

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 758 76 4864
Daytime Phone Number (207) 400-5305	Amount Remitted 69. 00	Spouse's Social Security Number 147 99 6844

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

CG REV 02/18/23 PRO

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DEPARTMENT OF REVENUE

Nebraska Individual Income Tax Return

for the taxable year January 1, 2022 through December 31, 2022 or other taxable year: , 2022 through ,

FORM 1040N
2022

Please Type or Print

Your First Name and Initial	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

Please Do Not Write In This Space

Your Social Security Number	Spouse's Social Security Number	High School District Code
758 76 4864	147 99 6844	

During 2022, did you receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? ☐ Yes ☒ No

(1) ☐ Farmer/Rancher (2) ☐ Active Military (1) ☐ Deceased Taxpayer(s) (first name & date of death): / / / /

1 Federal Filing Status:
(1) ☐ Single (3) ☐ Married, filing separately – Spouse's SSN: and Full Name (4) ☐ Head of Household
(2) X Married, filing jointly (5) ☐ Widow(er) with dependent children

2a Check if YOU were: (1) ☐ 65 or older (2) ☐ Blind
SPOUSE was: (3) ☐ 65 or older (4) ☐ Blind

2b Check here if someone (such as your parent) can claim you or your spouse as a dependent: (1) ☐ You (2) ☐ Spouse

3 Type of Return:
(1) ☐ Resident (2) ☐ Partial-year resident from / , 2022 to / , 2022 (attach Schedule III)
(3) X Nonresident (attach Schedule III)

4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):
a Yourself. If someone can claim you as a dependent, leave blank. . . . . **4 a** 1
b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank . . . . **4 b** 1
c

Dependents, if more than three, see instructions First Name	Last Name	Dependent's Social Security Number

Total number of dependents listed . . . . **4 c**

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 (Federal Form 4972) **16 a** $
b Federal tax on early distributions (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) **16 b** $
c Total (add lines 16a and 16b) . . . . . **16 c** $
Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16.
Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III **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 ☐ 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 ☐ Federal credit **98** $ .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** ☐	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** $ ___ State tax **92** $ ___ (purchases x 5.5%); Enter purchases subject to local tax **93** $ ___ Local tax **94** $ ___ (purchases x local rate of ___ %) **95** Local code__ __ __ (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 ☐ 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.

Direct Deposit

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 | ROHANRAJ9291@GMAIL.COM Email Address

Spouse's Signature (if filing jointly, **both** must sign) | (207) 400-5305 Daytime Phone

Keep a copy of this return for your records.

paid preparer's use only

SYAM PRIYA RAM SAGAR GUPTA TALLAM — Preparer's Signature | 03/21/2023 — Date | P02082703 — Preparer's PTIN

GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 — Print Firm's Name (or yours if self-employed), Address and Zip Code | 84-3171965 — EIN | (678) 965-9522 — Daytime Phone

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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.

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Nebraska Schedule I — Nebraska Adjustments to Income

(Nebraska Schedule II reverse side.)
• Attach this page to Form 1040N.

FORM 1040N Schedule I 2022

Name on Form 1040N	Social Security Number
ROHAN RAJ MADISHETTY & MANASA VINNAKOTA	758 76 4864

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

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Nebraska Schedule II — Credit for Tax Paid to Another State

FORM 1040N
Schedule II
2022

Name on Form 1040N	Social Security Number
ROHAN RAJ MADISHETTY & MANASA VINNAKOTA	758 76 4864

Nebraska Schedule II — Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONLY

- **Complete a separate Schedule II for each state.**
- **A complete copy of the return filed with another state must be attached. If the entire return is not attached, credit for tax paid to another state will not be allowed. Name of state:**

1 Total Nebraska tax (line 17, Form 1040N)	**1**		00
2 Adjusted gross income derived from another state (do not enter amount of taxable income from the other state – use Conversion Chart on the DOR's website)	**2**		00
3 Ratio $\frac{\text{Line 2}}{\text{(Form 1040N, Line 5 + Line 12 – Line 13)}} = \frac{\quad}{\quad + \quad - \quad} = \frac{\quad}{\quad} =$	**3**	.	
4 Calculated tax credit. Line 1 multiplied by line 3 ratio	**4**		00
5 Tax due and paid to another state (do not enter amount withheld for the other state – use Conversion Chart on the DOR's website)	**5**		00
6 Allowable tax credit (line 1, 4, or 5, whichever is least). Enter amount here and on line 19, Form 1040N	**6**		00

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Nebraska Schedule III — Computation of Nebraska Tax

FORM 1040N
Schedule III
2022

Name on Form 1040N: ROHAN RAJ MADISHETTY & MANASA VINNAKOTA

Social Security Number: 758 76 4864

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.**

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-.

a List type: Wages **b** Amount: $ 87,056.

List type: See Income Derived from Nebraska Sources Amount: 0.

Total income derived from Nebraska sources. Enter total of lines 1b **1** 87,056. 00

2 Adjustments as applied to Nebraska income, if any (see instructions)

a List type: Health savings account **b** Amount: $ 0.

List type: Amount:

Total adjustment as applied to Nebraska income. Enter total of lines 2b **2** 0. 00

3 Nebraska adjusted gross income (line 1 minus line 2) **3** 87,056. 00

4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):

$$\frac{\text{Line 3}}{\text{(Form 1040N, Line 5 + Line 12 – Line 13)}} = \frac{87{,}056.}{239{,}296. + \_\_\_ - \_\_\_} = \frac{87{,}056.}{239{,}296.} =$$ **4** 0.36380

5 Nebraska Taxable Income (line 14, Form 1040N) **5** 224,596. 00

6 Nebraska tax calculation (see instructions)

a Tax on Nebraska Taxable Income from line 5 .... **6 a** $ 13,458.

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 **6** 13,458. 00

7 Multiply Nebraska personal exemption credit of $146 by the number of Nebraska personal exemptions on line 4, Form 1040N **7** 292. 00

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 ... **8** 13,166. 00

9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on line 15, Form 1040N **9** 4,790. 00

10 Nebraska other tax calculation:

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. **10** 00

11 Earned income credit (Partial-Year Residents Only)

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). **11** 00

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 **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.

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

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
If a Joint Return, Spouse's First Name	MANASA
M.I.	
Last Name	VINNAKOTA
Home Address (Number, Street, or P.O. Box)	18349 WEST 13 MILE ROAD, APT. 22
City or Town	SOUTHFIELD
State	MI
ZIP Code	48076
2. Filer's Full Social Security No. (Example: 123-45-6789)	758 — 76 — 4864
3. Spouse's Full Social Security No. (Example: 123-45-6789)	147 — 99 — 6844
4. School District Code (5 digits – see page 60)	63200

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. ☐ Filer
b. ☐ Spouse

6. **FARMERS, FISHERMEN, OR SEAFARERS**
☐ Check this box if 2/3 of your income is from farming, fishing, or seafaring.

7. **2022 FILING STATUS.** Check one.
a. ☐ Single
b. ☒ Married filing jointly
c. ☐ Married filing separately*

* If you check box "c," complete line 3 and enter spouse's full name below:

8. **2022 RESIDENCY STATUS.** Check all that apply.
a. ☒ Resident
b. ☐ Nonresident *
c. ☐ 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.).

9a.	Number of exemptions (see instructions)	2	x $5,000	10000 00
9b.	Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled		x $2,900	00
9c.	Number of qualified disabled veterans		x $400	00
9d.	Number of Certificates of Stillbirth from MDHHS (see instructions)		x $5,000	00
9e.	Claimed as dependent, see line 9 NOTE above	☐		00
9f.	Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15			10000 00

10.	**Adjusted Gross Income** from your U.S. Form *1040* (see instructions)	239296 00
11.	Additions from Schedule 1, line 9. **Include Schedule 1**	00
12.	**Total.** Add lines 10 and 11	239296 00
13.	Subtractions from Schedule 1, line 30. **Include Schedule 1**	00
14.	**Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	239296 00
15.	**Exemption allowance.** Enter amount from line 9f or Schedule NR, line 19	10000 00
16.	**Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	229296 00
17.	**Tax.** Multiply line 16 by 4.25% (0.0425)	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. 6417 00

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Continue on page 2. This form cannot be processed if page 2 is not completed and included.

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

		FEDERAL		MICHIGAN	
25.	**Property Tax Credit. Include MI-1040CR or MI-1040CR-2**		25.		00
26.	**Farmland Preservation Tax Credit. Include MI-1040CR-5**		26.		00
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a. 00	27b.		00
28.	Michigan Historic Preservation Tax Credit (refundable). **Include Form 3581**		28.		00
29.	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. ☐ 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. ☐ 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.
Include interest ____ 00 and penalty ____ 00 **YOU OWE** 34. ____ 00

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. **REFUND** 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. [X] Checking 2. [ ] 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 — —

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

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

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

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

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**

Schedule W

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

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

A Enter "X" for: Filer	Spouse	B Employer's identification number (Example: 38-1234567)	C Box c — Employer's name	D Box 1 — Wages, tips, other compensation		E 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 Enter "X" for: Filer	Spouse	B Payer's federal identification number (Example: 38-1234567)	C Payer's name	D Taxable pension distribution, misc. income, etc. (see inst.)		E 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

REV 02/21/23 PRO

MI-1040
Line 18

Credit for Income Tax Paid to Another State

2022
Statement NE

Name as Shown on Return	Social Security Number
ROHAN RAJ MADISHETTY & MANASA VINNAKOTA	758-76-4864

- **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	81,708.
2	Enter the amount from Form MI-1040, line 14	2	239,296.
3	Divide line 1 by line 2	3	0.3415
4	Enter the amount from Form MI-1040, line 17	4	9,745.
5	Multiply line 4 by line 3	5	3,328.
6	Enter the amount of tax imposed by another state or locality	6	4,790.
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	3,328.

MIIW1801.SCR 04/30/15