

Federal Electronic Filing Instructions

Tax Year 2022

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to <https://www.taxact.com/ef/efile-center>. You will need to enter the primary social security number and last name on the return along with your ZIP code.

Self Select PIN: You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

Balance Due:

A direct withdrawal of the balance due (\$2,272) will be scheduled for April 17, 2023 once the return is accepted by the IRS.

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 names (Sreemoy, Sushree), social security numbers (138-23-7504, 657-82-9211), and address (205 Mockingbird Ln, Warsaw, IN 46580).

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

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

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

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

Main income table with rows 1a through 15. Includes sub-rows for tax-exempt interest, qualified dividends (274), IRA distributions, pensions, and social security benefits. Total taxable income is 102,446.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	13,753.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,753.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	4,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,753.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	9,753.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	7,481.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	7,481.
	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	0.
	33	Add lines 25d, 26, and 32. These are your total payments	33	7,481.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	0.
	b	Routing number XXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number XXXXXX		
	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	2,272.
	38	Estimated tax penalty (see instructions)	38	

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)
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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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
Adjunct Faculty			
Phone no. (574) 373-6868	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN

Credits for Qualifying Children and Other Dependents

2022

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **47**

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

Sreemoy and Sushree Mohan

138-23-7504

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	128,346.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c		2d	
3	Add lines 1 and 2d		3	128,346.
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 		9	400,000.
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 		10	
11	Multiply line 10 by 5% (0.05)		11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.		12	4,000.
13	Enter the amount from the Credit Limit Worksheet A		13	13,753.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		14	4,000.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>			
16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a		
b Number of qualifying children under 17 with the required social security number: <u>0</u> x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b		
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17 Enter the smaller of line 16a or line 16b	17		
18a Earned income (see instructions).	18a		
b Nontaxable combat pay (see instructions).	18b		
19 Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19		
20 Multiply the amount on line 19 by 15% (0.15) and enter the result.	20		
Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions			
22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22		
23 Add lines 21 and 22	23		
24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25 Subtract line 24 from line 23. If zero or less, enter -0-	25		
26 Enter the larger of line 20 or line 25	26		
Next, enter the smaller of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28			
27			

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

Sreemoy Mohan

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.

138-23-7504

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	
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	
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	2,644.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	2,644.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,656.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	
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 <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	

Indiana Electronic Filing Instructions

These instructions are provided to help you understand and complete the final steps for successfully filing your Indiana return electronically. We highly recommend that you print this for your reference.

You are responsible for confirming the status of your electronically filed return.

You can confirm the status of your return by going to <https://www.taxact.com/ef/efile-center>. You will need to enter the Primary Social Security Number, Last Name and ZIP Code on the return.

Balance Due Amount:

\$634

You have elected a direct debit of your balance due. A direct debit of the balance due will be scheduled for April 17, 2023.

Indiana income tax return:

You should keep Form IT-40, Form IT-8453OL, wage and tax statements, and accompanying forms and schedules until at least three (3) years from December 31st of the year the return was signed. **Do not mail Form IT-8453OL to the Indiana Department of Revenue.**

Attachments:

Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax for the Tax Year January 1 - December 31, 2022

**Do Not Mail
This Form
To DOR**

Submission ID - -

First Name and Middle Initial SREEMOY		Last Name MOHAN		Your Social Security Number 138 23 7504	
Spouse's First Name and Middle Initial SUSHREE		Spouse's Last Name MOHAN		Spouse's Social Security Number 657 82 9211	
Street Address 205 MOCKINGBIRD LN		City WARSAW	State IN	ZIP Code 46580	Daytime Telephone Number 5743736868

Part I. Tax Return Information (See instructions on next page)

1. Federal Adjusted Gross Income	1.	128346.00
2. Indiana Adjusted Gross Income	2.	120497.00
3. Total Indiana Tax	3.	5097.00
4. Total State Tax Withheld	4.	4060.00
5. Total County Tax Withheld	5.	403.00
6. Total Indiana Tax Credits	6.	4463.00
7. Refund	7.	
8. Amount You Owe	8.	634.00

Part II. Electronic Settlement

9. Type of settlement: Direct Deposit of Refund
 Direct Debit of Amount Owed Amount Date of Withdrawal

10. Routing number *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

11. Account number

12. Type of account: Checking Savings Hoosier Works MC

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

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund, or direct debit of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

Part III. Declaration

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2022 income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent to allow my transmitter to send my return, this declaration, and accompanying schedules and statements to the DOR. I also consent to the DOR sending an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Your Signature Date Spouse's Signature Date

**I
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A
N
A**

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

from to:

Place "X" in box
if amending

Your Social Security Number **138** **23** **7504**

Spouse's Social Security Number **657** **82** **9211**

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name **SREEMOY** Initial Last name **MOHAN** Suffix

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

Present address (number and street or rural route)

205 MOCKINGBIRD LN

Place "X" in box if you are married filing separately.

City **WARSAW**

State **IN**

ZIP/Postal code **46580**

Foreign country 2-character code (see instructions)



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

County where you lived **43** County where you worked **43**

County where spouse lived **43** County where spouse worked **43**

Round all entries

- | | | |
|---|--------------------------------------|--|
| 1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 | Federal AGI | <input type="text"/> 1 <input type="text"/> 128346 <input type="text"/> .00 |
| 2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 | Indiana Add-Backs | <input type="text"/> 2 <input type="text"/> .00 |
| 3. Add line 1 and line 2 | | <input type="text"/> 3 <input type="text"/> 128346 <input type="text"/> .00 |
| 4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 | Indiana Deductions | <input type="text"/> 4 <input type="text"/> 849 <input type="text"/> .00 |
| 5. Subtract line 4 from line 3 | | <input type="text"/> 5 <input type="text"/> 127497 <input type="text"/> .00 |
| 6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 | Indiana Exemptions | <input type="text"/> 6 <input type="text"/> 7000 <input type="text"/> .00 |
| 7. Subtract line 6 from line 5 | Indiana Adjusted Gross Income | <input type="text"/> 7 <input type="text"/> 120497 <input type="text"/> .00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) | | <input type="text"/> 8 <input type="text"/> 3892 <input type="text"/> .00 |
| 9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) | | <input type="text"/> 9 <input type="text"/> 1205 <input type="text"/> .00 |
| 10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) | | <input type="text"/> 10 <input type="text"/> .00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back | Indiana Taxes | <input type="text"/> 11 <input type="text"/> 5097 <input type="text"/> .00 |



12. Enter credits from Schedule 5, line 12 (enclose schedule) _____	12	4463.00	
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13		.00
14. Add lines 12 and 13 _____ Indiana Credits	14	4463.00	
15. Enter amount from line 11 _____ Indiana Taxes	15	5097.00	
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ Overpayment	18		.00
19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).			
Enter your county code <input type="text"/> county tax to be applied _ \$	a		.00
Spouse's county code <input type="text"/> county tax to be applied _ \$	b		.00
Indiana adjusted gross income tax to be applied \$	c		.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)	19d		.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		.00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 _____ Your Refund	21		.00
22. Direct Deposit (see instructions)			
a. Routing Number <input type="text"/>			
b. Account Number <input type="text"/>			
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add any amount to this on line 20 (see instructions) _____	23	634.00	
24. Penalty if filed after due date (see instructions) _____	24		.00
25. Interest if filed after due date (see instructions) _____	25		.00
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26	634.00	

Do not send cash. Make your check or money order payable to:
Indiana Department of Revenue. See instructions if paying with a credit card.

Sign and date this return after reading the Authorization statement on Schedule 7. Remember to enclose Schedule 7.

Signature	Date	Spouse's Signature	Date
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- Mail payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



15122121694

Name(s) shown on Form IT-40

Your Social Security Number

SREEMOY AND SUSHREE MOHAN

138

23

7504

1. Renter's deduction

Address where rented if different from the one on the front page (enter below)

[Empty box for address]

Amount of rent paid

Landlord's name and address (enter below)

[Empty box for landlord name and address]

\$ [] .00

Round all entries

Number of months rented Enter the lesser of \$3,000 (\$1,500 if married filing separately) or amount of rent paid [] .00

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

205 MOCKINGBIRD LN, WARSAW, IN 46580

Number of months lived there Amount of property tax paid \$.00

Enter the lesser of \$2,500 (\$1,250 if married filing separately) or amount of property tax paid **849** .00

3. State tax refund reported on federal return [] .00

4. Interest on U.S. government obligations [] .00

5. Taxable Social Security benefits [] .00

6. Taxable railroad retirement benefits [] .00

7. Military service deduction: \$5,000 maximum for qualifying person [] .00

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions) [] .00

9. Indiana net operating loss deduction [] .00

10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet) [] .00

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name code no. [] .00

b. Enter deduction name code no. [] .00

c. Enter deduction name code no. [] .00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40. **Total Deductions** **849** .00



Name(s) shown on Form IT-40

SREEMOY AND SUSHREE MOHAN

Your Social Security Number

138 23 7504

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

Round all entries

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

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 2 x \$1000 2 2000 .00
You **MUST** enclose Schedule IN-DEP.

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

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. 2 x \$1500 3 3000 .00

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

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs 0 x \$1000 4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

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

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs 0 x \$500 5 .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 0 x \$3000 6 .00
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 Total Exemptions 7 7000 .00



Name(s) shown on Form IT-40

Your Social Security Number

SREEMOY AND SUSHREE MOHAN

138 23 7504

Round all entries

1. Indiana state tax withheld: See instructions _____	1	4060	.00
2. Indiana county tax withheld: See instructions _____	2	403	.00
3. Estimated tax paid for 2022: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Adoption Credit _____	10		.00
11. 2022 Additional Automatic Taxpayer Refund: See instructions _____	11		.00
12. Add lines 1 through 11. Enter total here and on Form IT-40, line 12 Total Credits	12	4463	.00

Schedule IN-DONATE

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

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

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



Name(s) shown on Form IT-40

Your Social Security Number

SREEMOY AND SUSHREE MOHAN

138

23

7504

1. Federal filing information

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

2. Out-of-state income: Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$.00

\$.00

3. Extension of time to file

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

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

4. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

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

6. Date of death

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

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

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

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

7. Your daytime

telephone number

5743736868

Your

email address

SREEMOY.MOHAN@GMAIL.COM

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

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

ZIP Code

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

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

PTIN

Address

City

State

Zip Code

Preparer's signature



**Schedule IN-DEP Schedule IN-DEP: Dependent Information and Additional
Form IT-40/IT-40PNR
State Form 54815
(R11 / 9-22)**

Enclosure
Sequence No. **03A/04A**

2022

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

Your Social Security Number

SREEMOY AND SUSHREE MOHAN

138 23 7504

1A. Dependent's First Name
JASON

1B. Dependent's Last Name
MOHAN

1C. Dependent's Social Security Number
664 27 3943

1D. Dependent's Date of Birth (mm dd yyyy)
03 02 2014

1E. Place "X" in box if claiming dependent as an additional dependent child exemption 1E

2A. Dependent's First Name
JONAH

2B. Dependent's Last Name
MOHAN

2C. Dependent's Social Security Number
051 08 7388

2D. Dependent's Date of Birth (mm dd yyyy)
04 16 2019

2E. Place "X" in box if claiming dependent as an additional dependent child exemption 2E

3A. Dependent's First Name

3B. Dependent's Last Name

3C. Dependent's Social Security Number

3D. Dependent's Date of Birth (mm dd yyyy)

3E. Place "X" in box if claiming dependent as an additional dependent child exemption 3E

4A. Dependent's First Name

4B. Dependent's Last Name

4C. Dependent's Social Security Number

4D. Dependent's Date of Birth (mm dd yyyy)

4E. Place "X" in box if claiming dependent as an additional dependent child exemption 4E

5A. Dependent's First Name

5B. Dependent's Last Name

5C. Dependent's Social Security Number

5D. Dependent's Date of Birth (mm dd yyyy)

5E. Place "X" in box if claiming dependent as an additional dependent child exemption 5E

6. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) Box 6

7. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 2E, 3E, 4E, and 5E, if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) Box 7

Name(s) shown on Form IT-40

Your Social Security Number

SREEMOY AND SUSHREE MOHAN

138	23	7504
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1. Enter the amount from IT-40, line 7. **Note:** If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself		Column B - Spouse's	
1A	120497.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022 _____

2A	.0100000	2B	.
----	-----------------	----	----------

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero)

3A	1205.00	3B	.00
----	----------------	----	------------

4. Add lines 3A and 3B. Enter the total here. **Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4	1205.00
---	----------------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
---	------------

6. Multiply line 5 by .0181 and enter total here _____

6	.00
---	------------

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7	1205.00
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