

▼ 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.....▶

1,842.

REV 03/22/23 INTUIT.CG.CFP.SP

1555

815-89-9439 314-63-2786
SHRAVAN ALISHALA
MANOIGNYA MUTTINENI
12025 EAGLEVIEW DR
ZIONSVILLE IN 46077-4621

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

815899439 AH ALIS 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.....▶

1,842.

REV 03/22/23 INTUIT.CG.CFP.SP

1555

815-89-9439 314-63-2786
SHRAVAN ALISHALA
MANOIGNYA MUTTINENI
12025 EAGLEVIEW DR
ZIONSVILLE IN 46077-4621

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

815899439 AH ALIS 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.....▶

1,842.

REV 03/22/23 INTUIT.CG.CFP.SP

1555

815-89-9439 314-63-2786
SHRAVAN ALISHALA
MANOIGNYA MUTTINENI
12025 EAGLEVIEW DR
ZIONSVILLE IN 46077-4621

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

815899439 AH ALIS 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.....▶	1,842.
--	--------

REV 03/22/23 INTUIT.CG.CFP.SP

1555

815-89-9439 314-63-2786
SHRAVAN ALISHALA
MANOIGNYA MUTTINENI
12025 EAGLEVIEW DR
ZIONSVILLE IN 46077-4621

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

815899439 AH ALIS 30 0 202312 430

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:

Form fields for personal information: Your first name and middle initial (SHRAVAN), Last name (ALISHALA), Your social security number (815-89-9439), Spouse's social security number (314-63-2786), Home address (12025 Eagleview Dr, Zionsville, IN 460774621), etc.

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)? [X] 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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents). Includes entries for KRITHI ALISHALA (Daughter) and ADHRITH ALISHALA (Son).

Main income table with columns for description and amount. Rows include: 1a Total amount from Form(s) W-2, box 1 (259,704); 2a Tax-exempt interest (57); 2b Taxable interest (546); 3a Qualified dividends (2,505); 3b Ordinary dividends (2,814); 1z Add lines 1a through 1h (262,464); 7 Capital gain or (loss) (11,010); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8 (276,909); 11 Subtract line 10 from line 9 (276,001); 12 Standard deduction or itemized deductions (25,900); 14 Add lines 12 and 13 (25,908); 15 Subtract line 14 from line 11 (250,093).

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	46,477.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	46,477.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	235.
	21	Add lines 19 and 20	21	4,235.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	42,242.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	943.
	24	Add lines 22 and 23. This is your total tax	24	43,185.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	40,096.
	b	Form(s) 1099	25b	40.
	c	Other forms (see instructions)	25c	0.
	d	Add lines 25a through 25c	25d	40,136.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	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	40,136.

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

Refund	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 <input type="checkbox"/>	35a																	
Direct deposit? See instructions.	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
X	X	X	X	X	X	X	X	X	X											
	d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	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	3,049.
	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)

--	--	--	--	--	--

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 Software Developer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Physician	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Phone no. (317) 993-0120	Email address								

Paid Preparer Use Only

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

**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
SHRAVAN ALISHALA & MANOONYA MUTTINENI

Your social security number
815-89-9439

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	0.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
	Other Income from box 3 of 1099-Misc 75.			75.
9	Total other income. Add lines 8a through 8z		9	75.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	75.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	908.
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	908.

**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
SHRAVAN ALISHALA & MANOIGNYA MUTTINENI

Your social security number
815-89-9439

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	397.
12	Net investment income tax. Attach Form 8960	12	546.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

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

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Your social security number
815-89-9439

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	35.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	200.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	235.

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **08**

Name(s) shown on return

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Your social security number

815-89-9439

**Part I
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: CUSTOMERS BANK GOLDMAN SACHS BANK USA Citibank, N.A. Barclays Bank Robinhood Markets Inc. as agent for Robinhood Securities CITIBANK, N.A. CITIBANK, N.A.	108.42 142.49 141.19 28.58 14.45 42.87 67.99
2	Add the amounts on line 1	545.99
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	545.99

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer: VANGUARD MARKETING CORPORATION VANGUARD BROKERAGE JP MORGAN BROKER-DEALER HOLDINGS INC. JP MORGAN SECURITIES LLC Apex Clearing	1,946.02 565.60 302.24
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	2,813.86

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements	X	
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: IN India		
8	During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Your social security number

815-89-9439

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	2,194,667.	2,212,636.		-17,969.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	33,506.	34,109.	1,458.	855.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	906.	2,000.		-1,094.
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 (1,981.)
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 -20,189.

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	65,114.	34,049.		31,065.
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	134.	0.	0.	134.
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 31,199.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	11,010.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815-89-9439

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	00847G705 AGENUS INC. COMMON STOCK 1.000000000000000000	10/12/21	02/02/22	3.	6.			-3.
	AMD 02/11/2022 CALL \$127.00 1.000000000000000000	02/01/22	02/02/22	390.	246.			144.
	AMD 02/04/2022 CALL \$128.00 1.000000000000000000	02/02/22	02/03/22	-12.	0.			-12.
	HOOD 02/04/2022 PUT \$11.00 1.000000000000000000	02/02/22	02/03/22	110.	0.			110.
	83304A106 SNAP INC. 200.000000000000000000	02/04/22	02/04/22	6,706.	5,892.			814.
	SPY 02/14/2022 PUT \$441.00 2.000000000000000000	02/10/22	02/11/22	942.	296.			646.
	DIS 02/18/2022 CALL \$160.00 2.000000000000000000	VARIOUS	02/11/22	108.	472.	W	143.	-221.
	DIS 02/18/2022 PUT \$135.00 2.000000000000000000	VARIOUS	02/11/22	12.	459.	W	220.	-227.
	DIS 02/11/2022 CALL \$160.00 2.000000000000000000	02/11/22	02/14/22	194.	0.			194.
	DIS 02/11/2022 PUT \$135.00 2.000000000000000000	02/11/22	02/14/22	174.	0.			174.
	SPY 02/14/2022 PUT \$436.00 2.000000000000000000	02/11/22	02/14/22	-420.	0.			-420.
	UNG 04/14/2022 CALL \$14.00 1.000000000000000000	02/10/22	02/16/22	218.	101.			117.
	RBLX 02/25/2022 CALL \$88.00 1.000000000000000000	02/15/22	02/16/22	8.	286.			-278.
	ABNB 02/25/2022 CALL \$197.50 2.000000000000000000	02/15/22	02/17/22	229.	606.			-377.
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).			8,662.	8,364.		363.	661.

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815-89-9439

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	RBLX 02/18/2022 CALL \$80.00 1.000000000000000000	02/16/22	02/17/22	393.	0.			393.
	UNG 04/14/2022 CALL \$16.00 1.000000000000000000	02/16/22	02/17/22	-67.	0.			-67.
	AKAM 02/25/2022 CALL \$120.00 2.000000000000000000	02/15/22	02/18/22	12.	298.	W	95.	-191.
	AKAM 02/25/2022 PUT \$100.00 2.000000000000000000	02/15/22	02/18/22	164.	271.	W	29.	-78.
	AENB 02/18/2022 CALL \$190.00 2.000000000000000000	02/17/22	02/18/22	699.	0.			699.
	M 03/04/2022 PUT \$22.50 1.000000000000000000	02/16/22	02/22/22	51.	64.			-13.
	AKAM 02/18/2022 CALL \$120.00 2.000000000000000000	02/18/22	02/22/22	128.	0.			128.
	AKAM 02/18/2022 PUT \$100.00 2.000000000000000000	02/18/22	02/22/22	122.	0.			122.
	M 02/25/2022 PUT \$22.50 1.000000000000000000	02/22/22	02/23/22	25.	0.			25.
	AENB 03/25/2022 CALL \$220.00 1.000000000000000000	02/16/22	02/25/22	10.	274.	W	264.	0.
	HD 03/04/2022 CALL \$377.50 2.000000000000000000	02/17/22	02/25/22	2.	332.			-330.
	SPY 02/25/2022 CALL \$457.00 3.000000000000000000	02/25/22	02/25/22	357.	0.			357.
	SPY 02/25/2022 CALL \$452.00 3.000000000000000000	VARIOUS	02/25/22	0.	729.			-729.
	RIVN 03/04/2022 CALL \$73.00 1.000000000000000000	02/10/22	02/28/22	127.	317.			-190.
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).			2,023.	2,285.		388.	126.

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815-89-9439

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	RIVN 03/04/2022 CALL \$80.00 1.000000000000000000	02/10/22	02/28/22	35.	173.			-138.
	AENB 03/25/2022 CALL \$210.00 1.000000000000000000	02/25/22	02/28/22	448.	0.			448.
	SPY 03/04/2022 PUT \$426.00 1.000000000000000000	02/25/22	03/01/22	494.	241.			253.
	SPY 03/04/2022 PUT \$435.00 1.000000000000000000	02/25/22	03/01/22	916.	479.			437.
	RIVN 03/04/2022 CALL \$78.00 2.000000000000000000	02/28/22	03/01/22	308.	0.			308.
	SPY 03/04/2022 PUT \$428.00 2.000000000000000000	03/01/22	03/02/22	-580.	0.			-580.
	GOOGL 03/11/2022 CALL \$2,710.0 1.000000000000000000	02/11/22	03/04/22	1,646.	8,040.			-6,394.
	GOOGL 03/11/2022 CALL \$2,730.0 1.000000000000000000	03/04/22	03/07/22	5,805.	0.			5,805.
	AMZN 03/11/2022 PUT \$2,795.00 1.000000000000000000	03/07/22	03/09/22	3,930.	6,339.			-2,409.
	SQ 03/11/2022 CALL \$110.00 2.000000000000000000	03/07/22	03/10/22	263.	228.			35.
	AMZN 03/11/2022 PUT \$2,800.00 1.000000000000000000	03/09/22	03/10/22	2,419.	0.			2,419.
	SQ 03/11/2022 CALL \$118.00 2.000000000000000000	03/09/22	03/11/22	0.	254.			-254.
	SQ 03/11/2022 CALL \$115.00 4.000000000000000000	VARIOUS	03/11/22	503.	0.			503.
	FB 03/18/2022 PUT \$215.00 2.000000000000000000	02/04/22	03/16/22	2,620.	1,383.			1,237.
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).			18,807.	17,137.			1,670.

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return: **SHRAVAN ALISHALA & MANOGNYA MUTTINENI**
Social security number or taxpayer identification number: **815-89-9439**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FB 03/18/2022 PUT \$230.00 2.00000000000000000000	02/04/22	03/16/22	5,582.	2,498.			3,084.
	TEAM 03/18/2022 CALL \$290.00 1.00000000000000000000	03/11/22	03/16/22	120.	158.			-38.
	TEAM 03/18/2022 CALL \$300.00 1.00000000000000000000	03/16/22	03/17/22	43.	0.			43.
	FB 03/18/2022 PUT \$225.00 4.00000000000000000000	03/16/22	03/17/22	-5,046.	0.			-5,046.
	ABNB 03/25/2022 CALL \$220.00 1.00000000000000000000	02/16/22	03/18/22	3.	515.			-512.
	ABNB 03/25/2022 PUT \$145.00 4.00000000000000000000	VARIOUS	03/18/22	259.	1,970.	W	542.	-1,169.
	ABNB 03/25/2022 CALL \$210.00 1.00000000000000000000	03/18/22	03/21/22	431.	0.			431.
	ABNB 03/25/2022 PUT \$155.00 4.00000000000000000000	03/18/22	03/21/22	1,556.	0.	W	50.	1,606.
	UNG 04/14/2022 CALL \$14.00 1.00000000000000000000	02/10/22	04/12/22	984.	101.			883.
	UNG 04/14/2022 CALL \$16.00 1.00000000000000000000	04/12/22	04/13/22	-740.	0.			-740.
	AAPL 05/20/2022 CALL \$165.00 1.00000000000000000000	05/09/22	05/13/22	8.	71.			-63.
	Apex Clearing - see attached statement			814.	1,010.	MW	115.	-81.
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).			4,014.	6,323.		707.	-1,602.

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return: SHRAVAN ALISHALA & MANOGNYA MUTTINENI
Social security number or taxpayer identification number: 815-89-9439

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	BTCUSD Bitcoin 0.054718210000000000	VARIOUS	12/30/22	906.	2,000.			-1,094.
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).			906.	2,000.			-1,094.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Your social security number

815-89-9439

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 1700 TERN PL SPRINGFIELD IL 62711

B
C

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 16,200.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,688.		
8 Commissions	8		
9 Insurance	9 798.		
10 Legal and other professional fees	10		
11 Management fees	11		
12 Mortgage interest paid to banks, etc. (see instructions)	12 2,324.		
13 Other interest	13		
14 Repairs	14 4,954.		
15 Supplies	15		
16 Taxes	16 3,992.		
17 Utilities	17		
18 Depreciation expense or depletion	18 3,305.		
19 Other (list) See Line 19 Other Expenses	19 5,651.		
20 Total expenses. Add lines 5 through 19	20 23,712.		
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 -7,512.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (0.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a 16,200.		
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 2,324.		
d Total of all amounts reported on line 18 for all properties	23d 3,305.		
e Total of all amounts reported on line 20 for all properties	23e 23,712.		
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 (0.)		
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 0.		

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815-89-9439

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . . []

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box . . . []

Part I Persons or Organizations Who Provided the Care—You must complete this part. If you have more than three care providers, see the instructions and check this box []

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2022?, (e) Amount paid. Row 1: Interactive Academy, 3795 S US HWY 421, Zionville IN 46077, 35-2110329, No, 7,910.

Did you receive dependent care benefits? No Complete only Part II below. Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II Credit for Child and Dependent Care Expenses 2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box []

Table with 4 columns: (a) Qualifying person's name, (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses. Rows: KRITHI ALISHALA, 296-25-2590, 2,178; ADHRITH ALISHALA, 683-29-3686, 732.

Summary table for lines 3-11. Line 3: 1,000; Line 4: 89,512; Line 5: 172,952; Line 6: 1,000; Line 7: 276,001; Line 8: X .20; Line 9a: 200; Line 9b: 0; Line 9c: 200; Line 10: 46,442; Line 11: 200.

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	7,760.
13	Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions	13	0.
14	If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	(0.)
15	Combine lines 12 through 14. See instructions	15	7,760.
16	Enter the total amount of qualified expenses incurred in 2022 for the care of the qualifying person(s)	16	7,910.
17	Enter the smaller of line 15 or 16	17	7,760.
18	Enter your earned income . See instructions	18	87,956.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	171,748.
20	Enter the smallest of line 17, 18, or 19	20	7,760.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions	21	5,000.
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	7,760.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	5,000.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	2,760.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6,000.
28	Add lines 24 and 25	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2021 expenses in 2022, see the instructions for line 9b	29	1,000.
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	2,910.
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	1,000.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815-89-9439

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	276,001.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	276,001.	
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. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • 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	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	4,000.	
	<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.			
13	Enter the amount from the Credit Limit Worksheet A	13	46,242.	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	4,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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	0.
b	Number of qualifying children under 17 with the required social security number: _____ 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 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.	20	

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 Next, enter the smaller of line 17 or line 26 on line 27.	26	

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		
-----------	--	--	--

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2022
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
314-63-2786

MANOGNYA MUTTINENI

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	2 908 .
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 6,392 .
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 6,392 .
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 908 .
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 908 .

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 4,243 .
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 4,243 .
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 4,243 .
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 0 .
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

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Your taxpayer identification number

815-89-9439

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Enterprise #1	815-89-9439	0.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 0.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 39.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 39.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 8.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 8.
11	Taxable income before qualified business income deduction (see instructions)	11 250,101.	
12	Net capital gain (see instructions)	12 13,515.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 236,586.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 47,317.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 8.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Additional Medicare Tax

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

Name(s) shown on return

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Your social security number

815-89-9439

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	294,104.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	294,104.		
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		44,104.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			397.

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			397.
-----------	---	-----------	--	--	------

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	4,265.		
20	Enter the amount from line 1	20	294,104.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,265.		
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.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Your social security number or EIN

815-89-9439

- Part I Investment Income** Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	546.
2	Ordinary dividends (see instructions)		2	2,814.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 0.	4c	0.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a 11,010.	5d	11,010.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	0.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	14,370.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d	
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c			
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	14,370.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 276,001.	16	14,370.
14	Threshold based on filing status (see instructions)	14 250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 26,001.		
16	Enter the smaller of line 12 or line 15			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	546.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	20	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a	21	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c			
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Identifying number

815-89-9439

Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0.		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(7,512.)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(3,754.)		
d Combine lines 1a, 1b, and 1c	1d			-11,266.

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-11,266.
--	----------	--	--	----------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	11,266.
5 Enter \$150,000. If married filing separately, see instructions	5	150,000.
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	276,001.
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	0.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
1700 TERN PL	0.	7,512.	3,754.		11,266.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	7,512.	3,754.		

For Paperwork Reduction Act Notice, see instructions.

BAA

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
1700 TERN PL	E Ln 22	11,266.	1.00000000	11,266.
Total		11,266.	1.00	11,266.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
1700 TERN PL	E Ln 22	11,266.	11,266.	0.
Total		11,266.	11,266.	0.

Additional Information From 2022 Federal Tax Return**Schedule E: Supplemental Income and Loss****Line 19 Other Expenses: Property (1)****Continuation Statement**

Expense Description	Amount
Plumbing and Dryer repairs	3,053.
HVAC repair and freon replacement	2,598.
Total	5,651.

Cut on line before mailing

Tax year ending: 12 31 2023
Taxpayer Name: SHRAVAN ALISHAL
Taxpayer Name: MANOGNYA MUTTIN

IT-40ES

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number	Due Date
1	04 18 2023
Your Taxpayer ID Number	Spouse's Taxpayer ID Number
815 89 9439	314 63 2786

E

State Income Tax	1.	<u>263.00</u>
Your County	<u>29</u>	County Tax 2. <u>92.00</u>
Spouse's County	<u> </u>	County Tax 3. <u>.00</u>
Total Estimated Payment		<u>355.00</u>

1555 REV 02/17/23 Intuit.cg.cfp.sp
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7225
INDIANAPOLIS, IN 46207-7225

088158994390000020100000115551231202306

Cut on line before mailing

Tax year ending: 12 31 2023
Taxpayer Name: SHRAVAN ALISHAL
Taxpayer Name: MANOGNYA MUTTIN

IT-40ES

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number	Due Date
2	06 15 2023
Your Taxpayer ID Number	Spouse's Taxpayer ID Number
815 89 9439	314 63 2786

E

State Income Tax	1.	<u>263.00</u>
Your County	<u>29</u> County Tax	2. <u>92.00</u>
Spouse's County	_____ County Tax	3. <u>.00</u>
Total Estimated Payment		<u>355.00</u>

1555 REV 02/17/23 Intuit.cg.cfp.sp
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7225
INDIANAPOLIS, IN 46207-7225

088158994390000020100000215551231202302

Cut on line before mailing

Tax year ending: 12 31 2023
Taxpayer Name: SHRAVAN ALISHAL
Taxpayer Name: MANOGNYA MUTTIN

IT-40ES

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number	Due Date
3	09 15 2023
Your Taxpayer ID Number	Spouse's Taxpayer ID Number
815 89 9439	314 63 2786

E

State Income Tax	1.	<u>263.00</u>
Your County	<u>29</u>	County Tax 2. <u>92.00</u>
Spouse's County	<u> </u>	County Tax 3. <u>.00</u>
Total Estimated Payment		<u>355.00</u>

1555 REV 02/17/23 Intuit.cg.cfp.sp
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7225
INDIANAPOLIS, IN 46207-7225

088158994390000020100000315551231202309

Cut on line before mailing

Tax year ending: 12 31 2023
Taxpayer Name: SHRAVAN ALISHAL
Taxpayer Name: MANOGNYA MUTTIN

IT-40ES

INDIVIDUAL ESTIMATED INCOME TAX

Voucher Number	Due Date
4	01 16 2024
Your Taxpayer ID Number	Spouse's Taxpayer ID Number
815 89 9439	314 63 2786

E

State Income Tax	1.	<u>263.00</u>
Your County	<u>29</u>	County Tax 2. <u>92.00</u>
Spouse's County	<u> </u>	County Tax 3. <u>.00</u>
Total Estimated Payment		<u>355.00</u>

1555 REV 02/17/23 Intuit.cg.cfp.sp
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7225
INDIANAPOLIS, IN 46207-7225

088158994390000020100000415551231202305

Cut on line before mailing

POST FILING COUPON

PFC

0912

1555

REV 02/17/23 Intuit.cg.cfp.sp

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

*SSN 1 815 89 9439
*SSN 2 314 63 2786
Period End Date 12 31 2022
Date Due 04 18 2023
Tax Type IND

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

SHRAVAN ALISHALA
MANOGNYA MUTTINENI
12025 EAGLEVIEW DR

Amount Due:

264.00

ZIONSVILLE IN 460774621

06000081589943902000020111231202203

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 815 89 9439

Spouse's Social Security Number 314 63 2786

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name SHRAVAN Initial Last name ALISHALA Suffix

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

Present address (number and street or rural route)

12025 EAGLEVIEW DR Place "X" in box if you are married filing separately.

City ZIONSVILLE State IN ZIP/Postal code 460774621

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 29 County where you worked 29 County where spouse lived 29 County where spouse worked 49

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** 1 276001 .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 3 276001 .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions** 4 2500 .00
5. Subtract line 4 from line 3 5 273501 .00
6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 **Indiana Exemptions** 6 7000 .00
7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income** 7 266501 .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) 8 8608 .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9 2932 .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes** 11 11540 .00

12. Enter credits from Schedule 5, line 12 (enclose schedule) _____	12	10276	.00
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13	1000	.00
14. Add lines 12 and 13 _____ Indiana Credits	14	11276	.00
15. Enter amount from line 11 _____ Indiana Taxes	15	11540	.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 style="width: 40px;" type="text"/> county tax to be applied _ \$	a		.00
Spouse's county code <input style="width: 40px;" 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 style="width: 100px;" type="text"/>			
b. Account Number <input style="width: 200px;" 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	264	.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	264	.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
-----------	------	--------------------	------

- 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.

Name(s) shown on Form IT-40

Your Social Security Number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815

89

9439

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 []

1 [] 2500 .00

2. Homeowner's residential property tax deduction

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

12025 EAGLEVIEW DR, ZIONSVILLE IN 460774621

Number of months lived there [12] Amount of property tax paid \$ [4905] .00

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

2 [] 2500 .00

3. State tax refund reported on federal return

3 [] .00

4. Interest on U.S. government obligations

4 [] .00

5. Taxable Social Security benefits

5 [] .00

6. Taxable railroad retirement benefits

6 [] .00

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

7 [] .00

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

8 [] .00

9. Indiana net operating loss deduction

9 [] .00

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

10 [] .00

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

a. Enter deduction name [] code no. [] 11a [] .00

b. Enter deduction name [] code no. [] 11b [] .00

c. Enter deduction name [] code no. [] 11c [] .00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40.

Total Deductions 12 [] 2500 .00

Name(s) shown on Form IT-40

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

Your Social Security Number

815 89 9439

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 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 x \$500 5 .00

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

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

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815 89 9439

Round all entries

1. Indiana state tax withheld: See instructions _____	1	8387	.00
2. Indiana county tax withheld: See instructions _____	2	1889	.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	10276	.00

Schedule IN-DONATE

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

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

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

Name(s) shown on Form IT-40

Your Social Security Number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815 89 9439

Round all entries

1. Credit for local taxes paid outside Indiana _____ 1 _____ .00

2. Community revitalization enhancement district credit _____ 2 _____ .00

3. Other Local Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name _____ code no. _____ 3a _____ .00

b. Enter credit name _____ code no. _____ 3b _____ .00

Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see Combined Limitation instructions)

4. College credit: attach Schedule CC-40 _____ 4 _____ .00

5. Credit for taxes paid to other states: enclose other state's return _____ 5 _____ .00

6. Other Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name 529 COLLEGECHOICE CREDIT code no. 837 6a 1000 .00

b. Enter credit name _____ code no. _____ 6b _____ .00

c. Enter credit name _____ code no. _____ 6c _____ .00

d. Enter credit name _____ code no. _____ 6d _____ .00

7. Enter the total credits from Schedule IN-OCC, line 16, and enclose that schedule _____ 7 _____ .00

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see Combined Limitation instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 _____ Total Offset Credits 8 1000 .00

Name(s) shown on Form IT-40

Your Social Security Number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815

89

9439

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

\$.

\$.

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

3179930120

Your

email address

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

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

ZIP Code

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

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

PTIN

Address

City

State

ZIP Code

Preparer's

signature SELF-PREPARED

Name(s) shown on Form IT-40

Your Social Security Number

SHRAVAN ALISHALA & MANOGNYA MUTTINENI

815 89 9439

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	266501.00	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	.0110000	2B	
----	----------	----	--

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

3A	2932.00	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	2932.00
---	---------

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	2932.00
---	---------



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

Your Social Security Number

SHRAVAN ALISHALA & MANOIGNYA MUTTINENI

815 89 9439

Enter information about contributions made by you and/or your spouse to Indiana's CollegeChoice 529 Education Savings Plan(s) during 2022.

Column A	Column B	Column C	Column D
Place "X" in box if you or your spouse <u>do not</u> own the account.	Enter Account #	Higher Education. Enter the amount contributed this year to offset current or future higher education expenses.	K-12 Education. Enter the amount contributed this year to offset current or future K-12 education expenses.
1. <input type="checkbox"/>	61506207701	5000.00	.00
2. <input type="checkbox"/>	61506207702	300.00	.00
3. <input type="checkbox"/>		.00	.00
4. <input type="checkbox"/>		.00	.00
5. <input type="checkbox"/>		.00	.00
6. <input type="checkbox"/>		.00	.00
7. <input type="checkbox"/>		.00	.00
8. <input type="checkbox"/>		.00	.00
9. <input type="checkbox"/>		.00	.00
10. Add lines 1C through 9C		5300.00	
11. Add lines 1D through 9D			.00
12. Add lines 10 and 11		5300.00	.00
13. Multiply line 12 by .20		1060.00	.00
14. Enter the lesser of the amount on line 13, 1000, or 500 if married filing separately		1000.00	.00
15. Enter the amount from Form IT-40 or Form IT-40PNR, line 8		8608.00	.00
16. Allowable credit. Enter the lesser of line 14 or line 15. Also enter under line 6 of Schedule 6 (if filing Form IT-40), or under line 6 of Schedule G (if filing Form IT-40PNR) Total Credit		1000.00	.00

**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

SHRAVAN ALISHALA & MANOIGNYA MUTTINENI

815 89 9439

1A. 1B.
 1C. 1D.
 1E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 1E

2A. 2B.
 2C. 2D.
 2E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 2E

3A. 3B.
 3C. 3D.
 3E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 3E

4A. 4B.
 4C. 4D.
 4E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 4E

5A. 5B.
 5C. 5D.
 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**

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return SHRAVAN ALISHALA & MANOGNYA MUTTINENI	Identifying number 815 89 9439
---	--

Part I 2022 Passive Activity Loss
Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0.	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(7,512.)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(3,754.)	
d Combine lines 1a, 1b, and 1c	1d		-11,266.

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2b	()	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c	2d		
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		-11,266.

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation
Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	11,266.
5 Enter \$150,000. If married filing separately, see instructions	5	150,000.
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	276,001.
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	0.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
1700 TERN PL	0.	7,512.	3,754.		11,266.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	7,512.	3,754.		

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
1700 TERN PL	E Ln 22	11,266.	1.00000000	11,266.
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
1700 TERN PL	E Ln 22	11,266.	11,266.	0.
Total				