

▼ 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.....▶	801.
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REV 03/22/23 INTUIT.CG.CFP.SP

1555

150-06-3244                      823-94-2089  
SRINIVAS MADICHETTI  
KALPANA MADICHETTI  
6123 ASTER VIEW LN  
FREDERICK MD 21703-2985

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

150063244 VA MADI 30 0 202312 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2023**

## 2023 Form 1040-ES Payment Voucher 2

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

Amount of estimated tax  
you are paying by check  
or money order.....▶

801.

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

1555

150-06-3244                      823-94-2089  
SRINIVAS MADICHETTI  
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LOUISVILLE KY 40293-1100

150063244 VA MADI 30 0 202312 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2023**

# 2023 Form 1040-ES Payment Voucher 3

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

Amount of estimated tax  
you are paying by check  
or money order.....▶

801.

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

1555

150-06-3244                      823-94-2089  
SRINIVAS MADICHETTI  
KALPANA MADICHETTI  
6123 ASTER VIEW LN  
FREDERICK MD 21703-2985

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

150063244 VA MADI 30 0 202312 430

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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.....▶	801.
--	------

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

1555

150-06-3244                      823-94-2089  
SRINIVAS MADICHETTI  
KALPANA MADICHETTI  
6123 ASTER VIEW LN  
FREDERICK MD 21703-2985

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

150063244 VA MADI 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:

Personal information section including name (Srinivas Madichetti), social security number (150-06-3244), spouse's name (Kalpana Madichetti), and address (6123 Aster View Ln, Frederick, MD 217032985).

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)? [ ] Yes [X] No

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

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

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

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Income section table continuation with rows 2a through 15, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Adjustments to income, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, Subtract line 14 from line 11.

Table with columns for line number, description, and amount. Includes Tax and Credits sections with lines 16-24.

Table with columns for line number, description, and amount. Includes Payments section with lines 25-33.

Table with columns for line number, description, and amount. Includes Refund section with lines 34-36.

Table with columns for line number, description, and amount. Includes Amount You Owe section with lines 37-38.

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

Sign Here section with signature lines for taxpayer and spouse, including occupation and date fields.

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
Srinivas & Kalpana Madichetti

Your social security number  
150-06-3244

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	15,051.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	15,051.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	1,064.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .	<b>26</b>	1,064.



**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](http://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  
Srinivas & Kalpana Madichetti

Your social security number  
150-06-3244

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	2,127.
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Reserved for future use . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>
			2,127.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor <b>Srinivas Madichetti</b>		Social security number (SSN) <b>150-06-3244</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Consulting Services</b>	<b>B</b> Enter code from instructions <b>5 4 1 5 1 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) <b>6123 Aster View Ln</b> City, town or post office, state, and ZIP code <b>Frederick, MD 21703-2985</b>		
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2022, check here <input checked="" type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	20,160.
<b>2</b>	Returns and allowances	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1	<b>3</b>	20,160.
<b>4</b>	Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	20,160.
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6	<b>7</b>	20,160.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b>	Advertising	<b>8</b>		<b>18</b>	Office expense (see instructions)	<b>18</b>	
<b>9</b>	Car and truck expenses (see instructions)	<b>9</b>		<b>19</b>	Pension and profit-sharing plans	<b>19</b>	
<b>10</b>	Commissions and fees	<b>10</b>		<b>20</b>	Rent or lease (see instructions):	<b>20a</b>	
<b>11</b>	Contract labor (see instructions)	<b>11</b>		<b>a</b>	Vehicles, machinery, and equipment	<b>20b</b>	
<b>12</b>	Depletion	<b>12</b>		<b>b</b>	Other business property	<b>21</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	639.	<b>21</b>	Repairs and maintenance	<b>22</b>	
<b>14</b>	Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b>	Supplies (not included in Part III)	<b>23</b>	3.
<b>15</b>	Insurance (other than health)	<b>15</b>		<b>24</b>	Travel and meals:	<b>24a</b>	
<b>16</b>	Interest (see instructions):			<b>a</b>	Travel	<b>24b</b>	475.
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>		<b>b</b>	Deductible meals (see instructions)	<b>25</b>	2,562.
<b>b</b>	Other	<b>16b</b>		<b>25</b>	Utilities	<b>26</b>	
<b>17</b>	Legal and professional services	<b>17</b>	166.	<b>26</b>	Wages (less employment credits)	<b>27a</b>	1,264.
				<b>27a</b>	Other expenses (from line 48)	<b>27b</b>	
				<b>b</b>	<b>Reserved for future use</b>		
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a			<b>28</b>		<b>28</b>	5,109.
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7			<b>29</b>		<b>29</b>	15,051.
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30						
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29.			<b>31</b>		<b>31</b>	15,051.
	<ul style="list-style-type: none"> <li>If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b>, and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>If a loss, you <b>must</b> go to line 32.</li> </ul>						
<b>32</b>	If you have a loss, check the box that describes your investment in this activity. See instructions.						
	<ul style="list-style-type: none"> <li>If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b>, and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul>						
	<b>32a</b> <input type="checkbox"/> All investment is at risk.						
	<b>32b</b> <input type="checkbox"/> Some investment is not at risk.						

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  **Yes**     **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Apps/software/web services		267.
Computers		2.
Other business expenses		995.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	1,264.

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

**2022**  
Attachment  
Sequence No. **17**

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) <b>Srinivas Madichetti</b>	Social security number of person with self-employment income <b>150-06-3244</b>
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**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	<b>1b</b>	( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

<b>2</b> Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	<b>2</b>	15,051.
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	15,051.
<b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4a</b>	13,900.
<b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	<b>4b</b>	
<b>c</b> Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue	<b>4c</b>	13,900.

<b>5a</b> Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income	<b>5a</b>	
<b>b</b> Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	<b>5b</b>	0.
<b>6</b> Add lines 4c and 5b	<b>6</b>	13,900.
<b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	<b>7</b>	147,000
<b>8a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11	<b>8a</b>	89,564.
<b>b</b> Unreported tips subject to social security tax from Form 4137, line 10	<b>8b</b>	
<b>c</b> Wages subject to social security tax from Form 8919, line 10	<b>8c</b>	
<b>d</b> Add lines 8a, 8b, and 8c	<b>8d</b>	89,564.
<b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	<b>9</b>	57,436.
<b>10</b> Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)	<b>10</b>	1,724.
<b>11</b> Multiply line 6 by 2.9% (0.029)	<b>11</b>	403.
<b>12</b> <b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040), line 4</b>	<b>12</b>	2,127.
<b>13</b> <b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter here and on <b>Schedule 1 (Form 1040), line 15</b>	<b>13</b>	1,064.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$9,060, **or (b)** your net farm profits<sup>2</sup> were less than \$6,540.

<b>14</b> Maximum income for optional methods	<b>14</b>	6,040
<b>15</b> Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,040. Also, include this amount on line 4b above	<b>15</b>	

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,540 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

<b>16</b> Subtract line 15 from line 14	<b>16</b>	
<b>17</b> Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above	<b>17</b>	

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

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

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

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
150-06-3244

Srinivas Madichetti

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

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

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b> 0.
<b>3</b>	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b> 7,300.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b> 0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b> 7,300.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	<b>6</b> 2,967.
<b>7</b>	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	<b>7</b>
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b> 2,967.
<b>9</b>	Employer contributions made to your HSAs for 2022 . . . . .	<b>9</b> 2,967.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b> 2,967.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b> 0.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b> 0.

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

<b>14a</b>	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	<b>14a</b> 841.
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b> 841.
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b> 841.
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>16</b> 0.
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	<b>17b</b>

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

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

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>Srinivas &amp; Kalpana Madichetti</b>	Business or activity to which this form relates <b>Sch C Consulting Services</b>	Identifying number <b>150-06-3244</b>
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**Part I Election To Expense Certain Property Under Section 179**

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

1 Maximum amount (see instructions) . . . . .	<b>1</b>	1,080,000.
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	2,700,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 . . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	<b>14</b>	639.
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2022 . . . . .	<b>17</b>	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

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

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

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

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	639.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	



22PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

150063244

Your Social Security Number

823942089

If Joint Return, Spouse's Social Security Number

SRINIVAS

Your First Name

MI

MADICHETTI

Your Last name

KALPANA

If Joint Return, Spouse's First Name

MADICHETTI

Spouse's Last Name

6123 ASTER VIEW LN

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

FREDERICK

City or Town

MD

State

21703 2985

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: 2023
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order.

Dollars 226 Cents 00

Make your check or money order payable to "Comptroller of Maryland" and mail to:  
Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.





22PTPV013

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150063244

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823942089

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SRINIVAS

Your First Name

MI

MADICHETTI

Your Last name

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150063244

Your Social Security Number

823942089

If Joint Return, Spouse's Social Security Number

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Your First Name

MI

MADICHETTI

Your Last name

KALPANA

If Joint Return, Spouse's First Name

MADICHETTI

Spouse's Last Name

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**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: 2023
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order.

Dollars 226 Cents 00

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Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

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22PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

150063244

Your Social Security Number

823942089

If Joint Return, Spouse's Social Security Number

SRINIVAS

Your First Name

MI

MADICHETTI

Your Last name

KALPANA

If Joint Return, Spouse's First Name

MADICHETTI

Spouse's Last Name

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City or Town

MD

State

21703 2985

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: 2023
- 1a.  First time filer or change in filing status
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- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order.

Dollars 226 Cents 00

Make your check or money order payable to "Comptroller of Maryland" and mail to:  
Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



225020013

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

150063244 Your Social Security Number 823942089 Spouse's Social Security Number

SRINIVAS Your First Name MI

MADICHETTI Your Last Name

KALPANA Spouse's First Name MI

MADICHETTI Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

6123 ASTER VIEW LN Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

FREDERICK MD 21703 2985 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2022 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1104 CITY OF FREDERICK 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

6123 ASTER VIEW LN Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

FREDERICK MD 21703 2985 FREDERICK City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2022 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:



225020113

NAME SRINIVAS & KALPANA MADICHETTI SSN 150063244

**EXEMPTIONS**  
See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

**A.**  **Yourself** ▶  **Spouse** . . . . . Enter number checked  See Instruction 10 **A. \$** 6400 .00

**B.** ▶  65 or over ▶  65 or over

▶  Blind ▶  Blind . . . . . Enter number checked  X \$1,000 . . . . . **B. \$** \_\_\_\_\_ .00

**C.** Enter number from line 3 of Dependent Form 502B . . . . . ▶  See Instruction 10 **C. \$** \_\_\_\_\_ .00

**D. Enter Total Exemptions (Add A, B and C.)** . . . . . ▶  **Total Amount. . . . . D. \$** 6400 .00

**MARYLAND HEALTH CARE COVERAGE**  
See Instruction 3.

Check here ▶  If you do not have health care coverage DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here ▶  If your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here ▶  I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ \_\_\_\_\_

**INCOME**  
See Instruction 11.

**1.** Adjusted gross income from your federal return . . . . . ▶ 1. 111280 .00

**1a.** Wages, salaries and/or tips . . . . . ▶ 1a. 97217 .00

**1b.** Earned **income** . . . . . ▶ 1b. \_\_\_\_\_ .00

**1c.** Capital Gain or (loss) . . . . . ▶ 1c. \_\_\_\_\_ .00

**1d.** Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) ▶ 1d. \_\_\_\_\_ .00

**1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300 . . . . .** ▶

**ADDITIONS TO MARYLAND INCOME**  
See Instruction 12.

**2.** Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . ▶ 2. \_\_\_\_\_ .00

**3.** State retirement pickup. . . . . ▶ 3. \_\_\_\_\_ .00

**4.** Lump sum distributions (from worksheet in Instruction 12.) . . . . . ▶ 4. \_\_\_\_\_ .00

**5.** Other additions (Enter code letter(s) from Instruction 12.) ▶ L \_\_\_\_\_ .00

**6.** Total additions (Add lines 2 through 5. See instructions.) . . . . . ▶ 6. 613 .00

**7.** Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . ▶ 7. 111893 .00

**SUBTRACTIONS FROM MARYLAND INCOME**  
See Instruction 13.

**8.** Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . ▶ 8. \_\_\_\_\_ .00

**9.** Child and dependent care expenses . . . . . ▶ 9. \_\_\_\_\_ .00

**10a.** Pension exclusion from worksheet (13A) . . . . . **Yourself** ▶  **Spouse** ▶  . . . . . ▶ 10a. \_\_\_\_\_ .00

**10b.** Pension exclusion from worksheet (13E) . . . . . **Yourself** ▶  **Spouse** ▶  . . . . . ▶ 10b. \_\_\_\_\_ .00

**11.** Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . ▶ 11. \_\_\_\_\_ .00

**12.** Income received during period of nonresidence (See Instruction 26.) . . . . . ▶ 12. \_\_\_\_\_ .00

**13.** Subtractions from attached Form 502SU . . . . . ▶ AB \_\_\_\_\_ .00

**14.** Two-income subtraction from worksheet in Instruction 13. . . . . ▶ 14. 1200 .00

**15.** Total subtractions (Add lines 8 through 14. See instructions.) . . . . . ▶ 15. 1213 .00

**16.** Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . ▶ 16. 110680 .00

**DEDUCTION METHOD**  
See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

**STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

▶  **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

**17a.** Total federal itemized deductions (from line 17, federal Schedule A) . . . . . ▶ 17a. \_\_\_\_\_ .00

**17b.** State and local income taxes (See Instruction 14.) . . . . . ▶ 17b. \_\_\_\_\_ .00

Subtract line 17b from line 17a and enter amount on line 17.

**17.** Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . ▶ 17. 4850 .00

**18.** Net income (Subtract line 17 from line 16.) . . . . . ▶ 18. 105830 .00

**19.** Exemption amount from Exemptions area (See Instruction 10.) . . . . . ▶ 19. 6400 .00

**20.** Taxable net income (Subtract line 19 from line 18.) . . . . . ▶ 20. 99430 .00



225020213

NAME SRINIVAS & KALPANA MADICHETTI SSN 150063244

<b>MARYLAND TAX COMPUTATION</b>	<b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	4670	.00
	<b>22. Earned income credit (EIC)</b> (See Instruction 18.) . . . . .	22.		.00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.			
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.			
	<b>23. Poverty level credit</b> (See Instruction 18.) . . . . .	23.		.00
	<b>24. Other income tax credits for individuals</b> from Part AA, line 14 of Form 502CR ( <b>Attach Form 502CR.</b> )	24.		.00
	<b>25. Business tax credits</b> . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>			
	<b>26. Total credits</b> (Add lines 22 through 25.) . . . . .	26.		.00
<b>27. Maryland tax after credits</b> (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .	27.	4670	.00	
<b>LOCAL TAX COMPUTATION</b>	<b>28. Local tax</b> (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0296</b> or use the Local Tax Worksheet . . . . .	28.	2943	.00
	<b>29. Local earned income credit</b> (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	29.		.00
	<b>30. Local poverty level credit</b> (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	30.		.00
	<b>31. Local tax credit</b> from Part BB, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .	31.		.00
	<b>32. Total credits</b> (Add lines 29 through 31.) . . . . .	32.		.00
	<b>33. Local tax after credits</b> (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	33.	2943	.00
	<b>34. Total Maryland and local tax</b> (Add lines 27 and 33.) . . . . .	34.	7613	.00
<b>CONTRIBUTIONS</b> See Instruction 20.	<b>35. Contribution to Chesapeake Bay and Endangered Species Fund</b> . . . . .	35.		.00
	<b>36. Contribution to Developmental Disabilities Services and Support Fund</b> . . . . .	36.		.00
	<b>37. Contribution to Maryland Cancer Fund.</b> . . . . .	37.		.00
	<b>38. Contribution to Fair Campaign Financing Fund</b> . . . . .	38.		.00
<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	39.	7613	.00	
	<b>40. Total Maryland and local tax withheld</b> (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .	40.	7472	
	<b>41. 2022 estimated tax payments, amount applied from 2021 return, payment made with an extension request, and Form MW506NRS</b> . . . . .	41.		
	<b>42. Refundable earned income credit</b> (from worksheet in Instruction 21) . . . . .	42.		
	<b>43. Refundable income tax credits</b> from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.)	43.		
	<b>44. Total payments and credits</b> (Add lines 40 through 43.) . . . . .	44.	7472	
	<b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .	45.	141	
	<b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .	46.		
<b>REFUND</b>	<b>47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX.</b> . . . . .	47.		
	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>	48.		
	<b>49. Check here</b> <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____	49.		
<b>AMOUNT DUE</b>	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .	50.	141	



225020313

NAME SRINIVAS & KALPANA MADICHETTI SSN 150063244

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **For Splitting Direct Deposit**, use Form 588.

▶  Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶  Check here if this refund will go to an account outside of the United States.

**51a.** Type of account: ▶  Checking  Savings **51b.** Routing Number (9-digits) ▶ \_\_\_\_\_

**51c.** Account Number ▶ \_\_\_\_\_

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

▶ 2027705906 \_\_\_\_\_ ▶ \_\_\_\_\_  
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here ▶  if you authorize your paid preparer not to file electronically. Check here ▶  if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your signature Date

\_\_\_\_\_  
Spouse's signature Date

\_\_\_\_\_  
Printed name of the Preparer / or Firm's name

\_\_\_\_\_  
Street address of preparer or Firm's address

**SELF-PREPARED**  
Signature of preparer other than taxpayer **(Required by Law)**

\_\_\_\_\_  
City, State, ZIP Code + 4

▶ \_\_\_\_\_  
Telephone number of preparer Preparer's PTIN **(Required by Law)**

**For returns filed without payments, mail your completed return to:**

**To make an online payment, scan the QR code below and follow instructions.**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

**MARYLAND  
FORM  
500DM**

**DECOUPLING  
MODIFICATION**



22500N013

**2022**

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

SRINIVAS & KALPANA MADICHETTI

150063244

Name of taxpayer(s)

Taxpayer Identification Number

Use this form only if the Maryland return is affected by the use (for any tax year) of any of the following federal provisions from which Maryland has decoupled (Decoupled Provisions):

- Certain provisions of the federal CARES Act of 2020 have an impact on business interest expense deductions, limitation on excess business losses for non-corporate taxpayers, net operation losses (NOLs), and qualified improvement property (QIP) bonus depreciation. For more information, see Tax Alert 7-24 at [www.marylandtaxes.gov](http://www.marylandtaxes.gov).
- Special Depreciation Allowance under the federal Job Creation and Worker Assistance Act of 2002 (JCWAA) as increased and extended under the federal Jobs and Growth Tax Relief Reconciliation Act of 2003 (JGTRRA); and subsequent federal legislation, including the American Recovery and Reinvestment Act of 2009 (ARRA).
- Carryover of a net operating loss (NOL) under IRC Section 172 without regard to an election under IRC Section 172(b)(1)(H) for a carryback period of up to 2 years (Farming loss only).
- Federal Section 179 depreciation deductions taken for a tax year beginning on or after January 1, 2003. For Maryland tax purposes, a taxpayer only is allowed to expense up to \$25,000, reduced dollar-for-dollar by the amount over \$200,000, of the cost of Section 179 property that is purchased and put in service for a trade or business for the tax year. For vehicles placed in service after May 31, 2004, Maryland also has decoupled from the higher depreciation deduction for certain heavy duty SUVs allowed under Internal Revenue Code Section 280F.
- Deferral of recognition of income from discharge of indebtedness under the ARRA.
- Deferral of deduction for original issue discount in debt for debt exchanges under the ARRA.

**Read instructions and complete the worksheet.**

	Column 1 Federal Return as Filed	Column 2 Federal Return without Decoupled Provisions	Column 3 Difference Increase/ Decrease (-)
1. <b>Depreciation Deductions</b> Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).	639 .00	26 .00	613 .00
2. <b>NOL Deductions</b> Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).	.00	.00	.00
3. <b>Original Issue Discounts</b> Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).	.00	.00	.00
4. <b>Discharge of Business Indebtedness</b> Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).	.00	.00	.00
5. <b>Other Changes</b> (See instructions.)			0 .00
6. <b>Net Decoupling Modification</b> Net the amounts on lines 1 through 5 of Column 3. This is the Decoupling Modification. Enter here and include as a positive number on the appropriate line of the Maryland return being filed. Also enter the applicable letter code(s) on the lines provided on the return. See table on page 2.			613 .00
7. <b>Decoupling from PTE.</b> Enter code letter dp. (See instructions.)			.00





22502S013

Print Using Blue or Black Ink Only

SRINIVAS Your First Name

MADICHETTI MI Your Last Name

150063244 Your Social Security Number

KALPANA Spouse's First Name

MADICHETTI MI Spouse's Last Name

823942089 Spouse's Social Security Number

Subtractions from income. Determine which subtractions from income apply to you. See Instruction 13 in Resident Booklet for more information.

- a. Payments from a pension system to firemen and policemen for job-related injuries or disabilities (but not more than the amount included in your total income) . . . . . a. \_\_\_\_\_ .00
b. Net allowable subtractions from income from pass-through entities not attributable to decoupling . b. \_\_\_\_\_ .00
c. Net subtractions from income reported by a fiduciary . . . . . c. \_\_\_\_\_ .00
d. Distributions of accumulated income by a fiduciary, if income tax has been paid by the fiduciary to the State (but not more than the amount included in your total income) . . . . . d. \_\_\_\_\_ .00
e. Profit (without regard to losses) from the sale or exchange of bonds issued by the State or local governments of Maryland. . . . . e. \_\_\_\_\_ .00
f. Benefits received from a Keogh plan on which State income tax was paid prior to 1967. Attach statement . . . . . f. \_\_\_\_\_ .00
g. Amount of wages and salaries disallowed as a deduction due to the work opportunity credit allowed under the Internal Revenue Code Section 51 . . . . . g. \_\_\_\_\_ .00
h. Expenses up to \$5,000 incurred by a blind person for a reader, or up to \$1,000 incurred by an employer for a reader for a blind employee. . . . . h. \_\_\_\_\_ .00
i. Expenses incurred for reforestation or timber stand improvement of commercial forest land . . . . . i. \_\_\_\_\_ .00
j. The amount added to taxable income for the use of an official vehicle by a member of a state, county or local police or fire department. The amount is listed separately on your W-2. . . . . j. \_\_\_\_\_ .00
k. Up to \$6,000 in expenses incurred by parents to adopt a child with special needs through a public or nonprofit adoption agency; up to \$5,000 for adoption of a child without special needs . . . . . k. \_\_\_\_\_ .00
l. Purchase and installation costs of certain enhanced agricultural management equipment. Attach a copy of the certification. . . . . l. \_\_\_\_\_ .00
m. Deductible artist's contribution. Complete and attach Form 502AC . . . . . m. \_\_\_\_\_ .00
n. Payment received under a fire, rescue, or ambulance personnel length of service award program that is funded by any county or municipal corporation of the State . . . . . n. \_\_\_\_\_ .00
o. Value of farm products you donated to a gleaning cooperative. Attach a copy of the certification. . . . . o. \_\_\_\_\_ .00
p. Overseas military subtraction (Use worksheet from Instruction 13.) . . . . . p. \_\_\_\_\_ .00
q. Unreimbursed vehicle travel expenses. Complete and attach Form 502V . . . . . q. \_\_\_\_\_ .00
r. Amount of pickup contribution shown on Form 1099R from the State retirement or pension systems included in federal adjusted gross income. . . . . r. \_\_\_\_\_ .00
s. Amount of interest and dividend income (including capital gain distributions) of a dependent child that is included in the parent's federal gross income under the Internal Revenue Code Section 1(g)(7). . . . . s. \_\_\_\_\_ .00
t. Relocation and assistance payments received from the State of Maryland under Title 12 Subtitle 2 of the Real Property Article . . . . . t. \_\_\_\_\_ .00
u. Military Retirement Income. Individuals at least 55 years of age on the last day of the taxable year may claim up to \$15,000 of military retirement income, including death benefits, received in the taxable year. Individuals under the age of 55 on the last day of the taxable year may claim up to \$5,000 of military retirement income received in the taxable year. . . . . u. \_\_\_\_\_ .00
v. Up to \$15,000 in income from an employee retirement system that is attributable to service as a public safety employee for a taxpayer who is age 55 or older on the last day of the taxable year. To qualify, you must be a retired correctional officer, law enforcement officer, or fire, rescue, or emergency services personnel of the United States, Maryland, or a political subdivision of Maryland.



22502S113

NAME SRINIVAS & KALPANA MADICHETTI SSN 150063244

Table with 2 columns: Description of subtraction and Amount. Rows include items v through jj, such as 'Only subtract income that you included on your federal return as taxable income received as a pension, annuity or endowment...' and 'The Honorable Louis L. Goldstein Volunteer Fire, Rescue and Emergency Medical Services Personnel Subtraction Modification Program...'.



NAME SRINIVAS & KALPANA MADICHETTI SSN 150063244

- kk. Qualified conservation program expenses up to \$500 for an application approved by the Department of Natural Resources to enter into a Forest Conservation and Management Plan . . . . kk. \_\_\_\_\_ .00
ll. Payment received as a result of a foreclosure settlement negotiated by the Maryland Attorney General . . . . ll. \_\_\_\_\_ .00
mm. Amount received by a claimant for noneconomic damages as a result of a claim of unlawful discrimination . . . . mm. \_\_\_\_\_ .00
nn. Amount of student loan indebtedness discharged Attach notice . . . . nn. \_\_\_\_\_ .00
oo. Up to \$5,000 of income earned by a law enforcement officer residing in the Maryland political subdivision in which the officer is employed if the crime rate in that political subdivision exceeds the State's crime rate . . . . oo. \_\_\_\_\_ .00
pp. The value of any medal given by the International Olympic Committee, the International Paralympic Committee, the Special Olympics International Committee, or the International Committee of Sports for the Deaf AND any prize money or honoraria received from the United States Olympic Committee from a performance at the Olympic Games, the Paralympic Games, the Special Olympic Games, or the Deaflympic Games . . . . pp. \_\_\_\_\_ .00
qq. Amount of qualified principal residence indebtedness included in federal adjusted gross income that was allowable as an exclusion under the Mortgage Forgiveness Debt Relief Act of 2007, as amended . . . . qq. \_\_\_\_\_ .00
rr. Up to \$50,000 of compensation received by an individual during the taxable year in exchange for the sale of a perpetual conservation easement on real property located in Maryland. Any amount included in federal adjusted gross income for the first \$50,000 of compensation received by an individual during the taxable year in exchange for the sale of a perpetual conservation easement on real property located in the State of Maryland. . . . rr. \_\_\_\_\_ .00
ss. Up to \$10,000 of certain qualified unreimbursed expenses paid or incurred attributable to the donation of certain organs for organ transplantation by a living individual . . . . ss. \_\_\_\_\_ .00
tt. Up to \$250 of certain unreimbursed expenses paid or incurred by a full time K-12 teacher for the purchase of certain classroom supplies . . . . tt. \_\_\_\_\_ .00
uu. Gain recognized as the result of the sale of property for the redevelopment within Laurel Park, Pimlico Race Course, and/or Bowie Race Course Training Center, and for the amount of income recognized directly or indirectly by the state investment in the sites. . . . uu. \_\_\_\_\_ .00
vv. The value of a subsidy for rental expenses received by a resident of Howard County under the "Live Where You Work" program of the Downtown Columbia Plan. For more information, visit www.marylandtaxes.gov. . . . vv. \_\_\_\_\_ .00
ww. First Time Homebuyer Savings Account authorizes first time homebuyers to allow a subtraction up to \$5,000 of the amount contributed to such an account and the earnings on the account . . . . ww. \_\_\_\_\_ .00
xx. Allows a subtraction up to \$1,000 for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts made by a taxpayer during the taxable year to certain qualified charitable entities. Attach documentation. . . . xx. \_\_\_\_\_ .00
ya. Allows a subtraction up to \$100,000 for resident taxpayers who are at least 100 years of age at the end of the taxable year (See Instructions.) . . . . ya. \_\_\_\_\_ .00
yb. Allows a certain subtraction for the amount of ordinary and necessary expenses for State licensed cannabis businesses (See Instructions.) . . . . yb. \_\_\_\_\_ .00
1. TOTAL. Add lines a. through yb. and enter this amount on line 13 of Form 502 with the appropriate code letters. . . . TOTAL 1. \_\_\_\_\_ 13 .00

**Federal/State Adjustment Summary**

**2022**

Name as Shown on Return <b>SRINIVAS &amp; KALPANA MADICHETTI</b>	Social Security Number <b>150063244</b>
---	--

<b>Schedule C</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit
Consulting Services	15,051.	613.		15,664.	15,664.	15,051.

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) . . . . . 613.

<b>Schedule E</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

<b>Schedule F</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

<b>Form 4835</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

**Federal/State Adjustment Summary**

**2022**

Name as Shown on Return <b>SRINIVAS &amp; KALPANA MADICHETTI</b>	Social Security Number <b>150063244</b>
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<b>Schedule K-1 Partnership</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . \_\_\_\_\_

<b>Schedule K-1 S Corporation</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) . . . . . \_\_\_\_\_

<b>Schedule K-1 Estates &amp; Trusts</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) . . . . . \_\_\_\_\_

<b>Form 2106</b>		<b>(C)</b> Depreciation Adjustment	<b>(D)</b> Other Adjustments	<b>(E)</b> Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) . . . . . \_\_\_\_\_

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. . . . . \_\_\_\_\_

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. . . . . \_\_\_\_\_

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation . . . . . \_\_\_\_\_

**Federal/State Adjustment Summary**

**2022**

Name as Shown on Return <b>SRINIVAS &amp; KALPANA MADICHETTI</b>	Social Security Number <b>150063244</b>
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<b>Schedule A</b>		<b>(C)</b> Depreciation Adjustment	<b>(D)</b> Other Adjustments	<b>(E)</b> Total Adjustment (Column C + Column D)
SCHEDULE A				
Total Schedule A Depreciation Adjustment (Sum of Column E) . . . . .				

**Total Depreciation Adjustment**

Depreciation Adjustment Included in Adjusted Gross Income . . . . .	613.
Depreciation Adjustment Included in Schedule A <b>Not</b> Subject to 2% Limitation . . . . .	_____
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation . . . . .	_____

**Asset Dispositions**

<b>(A)</b> Description of Asset Sold		<b>(B)</b> If reported on, Ck Box:		<b>(C)</b> Federal Gain/Loss	<b>(D)</b> Accumulated Depreciation		<b>(E)</b> Gain Adjustment	<b>(G)</b> Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252	Form 8824		<b>(1)</b> State	<b>(F)</b> Other Adjustments		
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					

Passive/At-Risk/Other Adjustments . . . . .	_____
Total Sale of Asset Adjustment . . . . .	_____