Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Idea	ntification Number (SID)				
Taxpayer's name	<u> </u>	Social s	ecurity num	ber	
PAVAN KUMA	AR KARANAM	597	-08-250	5	
Spouse's name		Spouse	's social sec	urity number	
Part I Tax	x Return Information — Tax Year Ending December 31, 20:	 22 (Enter year y	ou are au	thorizina.)	
	lars only on lines 1 through 5.	22 (=:::0:) 00::)		<u></u>	
	10-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	d gross income		. 1	62	,006.
-	· · · · · · · · · · · · · · · · · · ·				,414.
3 Federal in	ncome tax withheld from Form(s) W-2 and Form(s) 1099		. 3	8	,121.
4 Amount	you want refunded to you		. 4		,707.
5 Amount	you owe		. 5		
Part II Tax	xpayer Declaration and Signature Authorization (Be sure you 🤉	get and keep a	copy of y	our retur	'n)
to send my return for any delay in pr Agent to initiate a payment of my fer authorization is to payment, I must business days pri- taxes to receive personal identifica	amended) I am now authorizing. I consent to allow my intermediate service provide to the IRS and to receive from the IRS (a) an acknowledgement of receipt or rearccessing the return or refund, and (c) the date of any refund. If applicable, I auth an ACH electronic funds withdrawal (direct debit) entry to the financial institution a deral taxes owed on this return and/or a payment of estimated tax, and the financial remain in full force and effect until I notify the U.S. Treasury Financial Agent at contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel for to the payment (settlement) date. I also authorize the financial institutions invoconfidential information necessary to answer inquiries and resolve issues related to the payment (settlement) are signature for the income tax return (original or an Withdrawal Consort.	ason for rejection of lorize the U.S. Treas account indicated in cial institution to deb to terminate the aut ellation requests mu blved in the processi ed to the payment.	the transmi ury and its the tax pre- it the entry horization. Ist be receing of the e I further ac	ssion, (b) the designated I paration soft to this according revoke (conved no late lectronic parakinowledge	e reason Financial tware for unt. This cancel) a r than 2 yment of that the
	Withdrawal Consent.				
	l: check one box only	. 500	8 2	5 0 5	
✓ I autho	orize GLOBAL TAXES LLC to enter or ERO firm name	generate my PIN		digits, but	as my
signatu	ure on the income tax return (original or amended) I am now authorizing.		don't ente	er all zeros	
	nter my PIN as my signature on the income tax return (original or amendare entering your own PIN and your return is filed using the Practitioner				
Your signature		Date ►			
Snouse's PIN:	check one box only				
☐ I autho	-	generate my PIN			as my
	ERO firm name	generate my r mv	Enter five	digits, but	asiny
signatu	ure on the income tax return (original or amended) I am now authorizing.		don't ente	er all zeros	
	nter my PIN as my signature on the income tax return (original or amendare entering your own PIN and your return is filed using the Practitioner				
Spouse's signat	ture ►	Date ►			
	Practitioner PIN Method Returns Only—contin	ue below			
Part III Ce	rtification and Authentication — Practitioner PIN Method Only	/			
ERO's EFIN/PII	N. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 Don	9 6 6 't enter all z	1 9 8 eros	9
authorized to file	above numeric entry is my PIN, which is my signature for the electronic individual for tax year indicated above for the taxpayer(s) indicated above. I confirm that the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings.	I am submitting this	s return in	accordance	
ERO's signature		Date ▶			
	ERO Must Retain This Form — See Instru				
	Don't Submit This Form to the IRS Unless Reques				

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

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately (l	MFS)	Head of	hous	ehold (HOF	d)		ifying survi ise (QSS)	iving
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If you o	hecke	ed the HOH or	r QSS	S box, ente	r the c	hild's	name if the	e qualifying
Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial security	/ number
PAVAN KU	JMAR		KARA	NAM					5	597-08-2505		
If joint return, sp	pouse's	first name and middle initial	Last nai	me					Sp	ouse's	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.	- 1			n Campaign
		ory Grove Rd						A203			ere if you, o	or your ly, want \$3
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Stat	е		code			this fund.	
							ow will not	change				
Foreign country	name			Foreign province/state/	county	/	Fore	ign postal co	de yo	ur tax	or refund.	Spouse
Digital		y time during 2022, did you: (a) red										V N -
Assets		ange, gift, or otherwise dispose of					asse	t)? (See ins	struction	ons.)	Yes	⊠ No
Standard Deduction		eone can claim:	•			a dependent						
Age/Blindness	You:	Were born before January 2,	1958	Are blind Spe	ouse:	☐ Was bo		fore Janua			☐ Is bli	
Dependents	s (see	instructions):		(2) Social security	/	(3) Relationsh	nip	(4) Check th	e box if	qualif	ies for (see i	nstructions):
If more	more (1) First name Last name number to you Child tax cr			Child tax credit		t	Credit for other dependents					
than four dependents,									<u></u>			
see instructions	s ——							L				
and check here									<u> </u>			
<u> </u>	4 -	Tatal and a superficient Farmar(a) M/O h	1 /	- :				L		4-		0 417
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not r	,	,			•			1a 1b	0	8,417.
Attach Form(s)	C	Tip income not reported on line 1					•			1c		
W-2 here. Also	d	Medicaid waiver payments not re	•	,			•			1d		
attach Forms W-2G and	e	Taxable dependent care benefits		. ,	·					1e		
1099-R if tax	f	Employer-provided adoption bene		· ·						1f		
was withheld. If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form	h	Other earned income (see instruction								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	see instr	ructions)		1i	i					
manuchona.	z	Add lines 1a through 1h	. , .	,						1z	6	8,417.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interes	t			2b		38.
if required.	3a	Qualified dividends	3a		b O	dinary divide	nds			3b		2.
	4a	IRA distributions	4a		b Ta	xable amoun	ıt .			4b		
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	ıt.			5b		
Deduction for— Single or	6a	Social security benefits	6a			xable amoun	ıt .			6b	_	
Married filing separately,	С	If you elect to use the lump-sum		•	•	,			. 📙			
\$12,950	7	Capital gain or (loss). Attach Sche							. Ц	7		9.
Married filing jointly or	8	Other income from Schedule 1, lin								8		6,460.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-	•						9	6	2,006.
\$25,900	10	Adjustments to income from Scho								10	+ -	0.005
 Head of household, 	11	Subtract line 10 from line 9. This i	•	-			٠			11		2,006.
\$19,400	12	Standard deduction or itemized					٠			12	+ 1	2,950.
If you checked any box under	13	Qualified business income deduc								13	1	2 050
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If ze								15		<u>2,950.</u> 9,056.
see instructions.		Casado into 14 nom mio 11. Il 26	. 5 01 1050	o, onto o . mis is j	, Jui Li	andoic illouil				13	1 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	6,414.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	6,414.
	19	Child tax credit or credit for o	ther dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	2,000.
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	4,414.
	23	Other taxes, including self-em	iployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax					24	4,414.
Payments	25	Federal income tax withheld f							
-	а	Form(s) W-2				25a	8,121		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	8,121.
If	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit fi	rom Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31.					ts	32	
	33	Add lines 25d, 26, and 32. Th	•	-	-			33	8,121.
Defined	34	If line 33 is more than line 24,						34	3,707.
Refund	35a	Amount of line 34 you want re						35a	3,707.
Direct deposit?	b	Routing number 0 4 4				X Checking [Savings		
See instructions.	d	Account number 1 1 0							
	36	Amount of line 34 you want ap			ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.					
You Owe	38	For details on how to pay, go Estimated tax penalty (see ins	_			s		37	
Third Party		you want to allow another							
Designee		tructions					. Complete	e below.	× No
Doorginoo		signee's		Phone			ersonal ider		
	naı			no.		n	umber (PIN)	1	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here	Yo	ur signature		Date	Your occupation	1			nt you an Identity
Joint return?					ENGINEER			ee inst.)	IN, enter it here
See instructions.	Sp	ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occup	ation	If t	he IRS se	nt your spouse an
Keep a copy for your records.							I .	•	ection PIN, enter it here
your records.							(SE	ee inst.)	
		one no. (937)956-4132		Email address	PAVANKARAI	NAM10@GMAIL.			T
Paid		·	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				02/03/202	3 P024	70833	Self-employed
Use Only	Fire	m's name GLOBAL TAX					Ph	one no. (678)965-9522
	Fir	n's address 245 ROONEY	CT E BRU	NSWICK NO	J 08816		Fir	m's EIN	88-2145487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the latest	information.		BAA	REV 01/28/23 PR	RO		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Part I Additional Income

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
597-08-2505

			_	
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	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. Atta	ach Schedule E .	5	-6,460.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	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		
- 1	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t				
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-6,460.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
13	Health savings account deduction. Attach Form 8889	[13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[17	
18	Penalty on early withdrawal of savings	[18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	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:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
İ	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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
25 26	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 an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

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 PAVAN KUMAR KARANAM

Your social security number 597-08-2505

Par	Nonrelundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	•		2	
3	Education credits from Form 8863, line 19			3	2,000.
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	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			
I	Amount on Form 8978, line 14. See instructions	6I			
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 line 20	-SR, 	or 1040-NR,	8	2,000.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	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:			
а	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		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	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 line 31		15	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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**

	(s) shown on return VAN KUMAR KARANAM			1		ecurity number
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona			_		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	ee ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	510.	501.			9.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 5	Short-term gain from Form 6252 and short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,			5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions				6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	9.
Pai	Long-Term Capital Gains and Losses—Ge	nerally Assets H	leld More Than	One Year	(see	instructions)
lines This	e instructions for how to figure the amounts to enter on the so below. s form may be easier to complete if you round off cents to ole dollars. (d) Proceeds (sales price) (or other basis) (g) Adjustment to gain or loss form(s) 8949, P			s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a				45	,

Schedule D (Form 1040) 2022 Page **2**

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 9. • 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 • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **12A**

Name(s) shown on return				Social secu	rity number o	r taxpayer identifica	ation number
PAVAN KUMAR KARANAM 597-08-2505							
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form 1						
Part I Short-Term. Transainstructions). For load	actions invo ng-term trai	olving capita	al assets you h	eld 1 year or le	ess are ge	nerally short-te	rm (see
Note: You may agg reported to the IRS Schedule D, line 1a	regate all sl and for whi	hort-term tr ich no adjus	ansactions rep stments or cod	es are required	d. Enter th	e totals directly	y on
You must check Box A, B, or C to complete a separate Form 8949, profer one or more of the boxes, com	page 1, for ea	ach applicabl	e box. If you have	e more short-te	rm transac	hort-term transa tions than will fit	ctions, on this page
★ (A) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	sis was reported	to the IRS	(see Note above	e)
(B) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	sis wasn't report	ted to the II	RS	
(C) Short-term transactions	not reported	to you on F	orm 1099-B				
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	510.	501.			9.

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) .

510. 501.

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.

9.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. **13**

Your social security number

OMB No. 1545-0074

PAV	AN KUMAR KARANAM						597-0	8-2505	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			C See	inetru	ctions If you	are an indi	idual ren	ort farm
	rental income or loss from Form 4835 on page 2, line 40.	ty, use	Scriedule	C . 366	ilistiu	ctions. If you a	are arrinun	riduai, rep	Ortianni
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. Y e	s 🛛 No
	If "Yes," did you or will you file required Form(s) 1099? .								s No
1a	Physical address of each property (street, city, state, ZII								
Α	BANGAGANAPALLE KURNOOL ANDHRA PRADESH	IN 5	518124						
В			, , , , , ,						
C									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Qu			Α		310	Du	0	П
В	if you meet the requirements to f			 B		310			
C	qualified joint venture. See instru	ıctions	S	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial	tai	6 Roya			Other (desc	riha)		
	Walti-i arilly residence 4 Commercial		O HOYE	11103					
						Propert	ies:		
Incor	ne:			Α		В			С
3	Rents received	3		4	80.				
4	Royalties received	4							
	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		6	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			50.				
15	Supplies	15		1,7	60.				
16	Taxes	16		1 6	2.0				
17	Utilities	17		1,6	30.				
18	Depreciation expense or depletion	18							
19	Other (list)	19		6 0	4.0				
20	Total expenses. Add lines 5 through 19	20		0,9	40.				
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		-6,4	60.				
22	Deductible rental real estate loss after limitation, if any,			-, -					
	on Form 8582 (see instructions)	22	(6.46	50.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a	\	480.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e		5,940.		
24	Income. Add positive amounts shown on line 21. Do no						. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	otal losses he	-	(6,460.
26	Total rental real estate and royalty income or (loss).							`	.,
_5	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26		-6,460.

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form8863 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **50**

597-08-2505

PAVAN KUMAR KARANAM Complete a separate Part III on page 2 for each student for whom you're claiming either credit before

you complete Parts I and II.

Your social security number

JAO II					
Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all Pa	arts II	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5			
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6			6	
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)		.)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8			
Part	II Nonrefundable Education Credits				
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	10,800.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	62,006.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	27,994.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	10,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round least three places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	nstructions) .	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	Limit	Worksheet (see		

instructions) here and on Schedule 3 (Form 1040), line 3

2,000.

19

Name(s) shown on return

PAVAN KUMAR KARANAM

597-08-2505



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.					
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown (on page 1 of			
	PAVAN KUMAR	your tax return)					
	KARANAM	597-08-2505					
	Educational institution information (see instructions)						
а	Name of first educational institution	b. Name of second educational institut	ion (it a	any)			
	UNIVERSITY OF THE CUMBERLANDS 1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.	O hov	City town or			
,	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.					
	6178 COLLEGE STATION DRIVE	mandenona.					
	WILLIAMSBURG KY 40769						
	2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098	_T				
	from this institution for 2022?	from this institution for 2022?		Yes No			
(;	B) Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked?		Yes No			
(4	1) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortunit	ty credit or if you			
	61-0470593						
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	\square Yes — Stop! Go to line 31 for this student. \bowtie No	– Go t	to line 24.			
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		– Sto his stu	p! Go to line 31 dent.			
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	▼ Yes — Stop! Go to line 31 for this student. □ No	– Go t	to line 26.			
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?			nplete lines 27 for this student.			
CAUT	You can't take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't don		in the	same year. If			
	American Opportunity Credit						
27	Adjusted qualified education expenses (see instructions). Dor		27				
28	Subtract \$2,000 from line 27. If zero or less, enter -0	28					
29	Multiply line 28 by 25% (0.25)		29				
30	If line 28 is zero, enter the amount from line 27. Otherwise, a						
	enter the result. Skip line 31. Include the total of all amounts f Lifetime Learning Credit	rom all Parts III, line 30, on Part I, line 1.	30				
24	<u> </u>	ude the total of all amounts from all Dorts					
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	10,800.			

or for fiscal year ending	/	
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

	IIIIII NOCENI-CHARLOS PARTOS ENTRE PROPERTO DE LA CONTRACTORIO DE LA C	AP-FIJIO ENGLU-A-P.	RECLEVALINGS IN LIT
59	97-08-2505 1994 1994		
PI	AVAN KUMAR KARANAM KARANAM		
		7504750	753 W
17	700 W Hickory Grove Rd A203		8819931AE
DIJ	INLAP IL 61525 PEORIA		
	PAVANKARANAM10@GMAIL.COM		I NAMES A POST III
ВЕ	Filing status: X Single Married filing jointly Married filing separately Widowed Head of	household	
СС	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	Spouse	
D C	Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident -	Attach Sch	. NR
			e dollars only)
1	tep 2: Income Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	62,006.00
2		2	.00
3	Other additions. Attach Schedule M.	3	.00
. 4	Total income. Add Lines 1 through 3.	4	62,006 _{.00}
	tep 3: Base Income		
5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	.00	
6	· · · · · · · · · · · · · · · · · · ·	.00	
	Schedule 1, Ln. 1. 6	.00	
2 7		.00	
8 9	···	8 9	.00 62,006 ₀₀
\sim		<u> </u>	32733.00
•	tep 4: Exemptions O a Enter the exemption amount for yourself and your spouse. See instructions. a2,42	25.00	
ָר ב <u>ַּ</u>	b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b		
Ĭ	c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c		
ב ט	d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	0.00	
2	Attach Schedule IL-E/EIC. d Exemption allowance. Add Lines 10a through 10d.	<u> </u>	
, <u>c</u>		10	2,425 _{.00}
	ten 5: Net Income and Tax	10	2,425.00
	tep 5: Net Income and Tax 1 Residents: Net income. Subtract Line 10 from Line 9.	10	2,425 _{.00}
	 tep 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule 		2,425 _{.00} 59,581 _{.00}
11	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. 	NR. 11	59,581.00
12	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. 	NR. 11	59,581 _{.00} 2,949 _{.00}
12	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. 	NR. 11 12 13	59,581.00
12 12 13 14	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. 	NR. 11	59,581 _{.00} 2,949 _{.00} .00
12 12 13 14	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. tep 6: Tax After Nonrefundable Credits 	NR. 11 12 13	59,581 _{.00} 2,949 _{.00} .00
12 12 13 14 St	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. tep 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. 	NR. 11 12 13 14 .00	59,581 _{.00} 2,949 _{.00} .00
12 12 13 14 St 15 16	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. tep 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 	NR. 11 12 13 14	59,581 _{.00} 2,949 _{.00} .00
11 12 13 14 Sign 15 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 16 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 	NR. 11	59,581.00 2,949.00 .00 2,949.00
12 12 13 14 St 15 16	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 	NR. 11 12 13 14	59,581 _{.00} 2,949 _{.00} .00
11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 	NR. 11	59,581.00 2,949.00 .00 2,949.00
11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Other Taxes Household employment tax. See instructions. 	NR. 11	59,581.00 2,949.00 .00 2,949.00
11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Tep 7: Other Taxes Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table 	NR. 11	59,581.00 2,949.00 .00 2,949.00 0.00 2,949.00
11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Tep 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Tep 7: Other Taxes Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	NR. 11	59,581.00 2,949.00 .00 2,949.00 0.00 2,949.00



24 To	tal tax from Page 1, Line 23.								24	2,949.00
Step 8:	Payments and Refunda	ble Credit								
	ois Income Tax withheld. Atta mated payments from Forms						25	3,	387.00	
	uding any overpayment applie		*				26		.00	
	s-through withholding. Attach		.00							
28 Pas	s-through entity tax credit. Att	ach Schedule K-1	-P or K-1-T.				28		.00	
	ned Income Credit from Sche	-			hedule IL-	E/EIC.	29		.00	
	al payments and refundable	credit. Add Lines	25 through	29.					30	3,387.00
Step 9:										
	ne 30 is greater than Line 24, s								31	438.00
	ne 24 is greater than Line 30, s								32	.00
-): Underpayment of Estim		-	ations	i					
	e-payment penalty for underp	-					33		.00	
_	Check if at least two-thirds				•	uraina	homo			
_	Check if you or your spoused Check if your income was n		•	•	•	•		ncome c	on Form II -221	0
C [Attach Form IL-2210.	ot received evenly	during the y	cai aii	a you an	ilualize	sa your i	ilcome c	7111 O1111 1L-22 1	0.
dГ	Check if you were not requi	ired to file an Illino	is Individual	Income	Tax retu	ırn in t	he previ	ous tax	vear.	
_	intary charitable donations. A						34		.00	
	al penalty and donations. A								35	.00
Step 11	: Refund or Amount you	ı owe								
•	ou have an amount on Line 3 ⁻		is greater th	an Line	35. sub	ract Li	ine 35 fr	om Line	31.	
-	s is your overpayment .		9						36	438.00
37 Amo	ount from Line 36 you want re	funded to you. Ch	neck one box	on Lin	e 38. Se	e instru	uctions.		37	438.00
38 I ch	oose to receive my refund by									
	direct deposit - Complete		low if you ch	neck this	s box.					
	You may also contribute	Routing number	0 4 4 0	0 0	0 3	7	×	Checkir	ng or Savir	ngs
	to college savings funds	Account number			. 5 1	-			9	
	paper check.)		0 :					20	00
	ount to be credited forward. S				tructions				39	.00
-	ou have an amount on Line 32									
-	ou have an amount on Line 3.								40	00
Sub	tract Line 31 from Line 35. Th	is is the amount y	/ ou owe . Se	e instru	ctions.				40	.00
Step 12	2: Health Insurance Che	ckbox and Sign	nature							
41 🗌	Check this box if IDOR may							es in ord	der to determin	е
	your eligibility for health insu	rance benefits. Se	e instruction	s for mo	ore infori	mation				
Signati	ure - Note: If this is a joint retu	urn both you and w	our coouco m	auct ciar	a bolow					
	enalties of perjury, I state th					t of m	v knowl	edae iti	is true correct	and complete
	1						y	Jugo, 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, and complete
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature			Date (mm/	dd/yyyy)	Daytime phone	number
Here									(937) 956	-4132
Deid	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)									Paid Preparer's PTIN
Paid Preparer	VENKATA SAI PAVAN KUMAR DUDIPALLI 02/03/2023									P02470833
Use Only									88214548	7
	Firm's address > 245 ROONEY CT E BRUNSWICKNJ 08816 Firm's phone >									-9522
Third	Designee's name (please print)			Designe	ee's phon	e numb	er		Check if the	e Department may
Party								turn with the third		
Designee								e shown in this step.		
	Refer to the 202	22 IL-1040 Ins	struction	s for	the ac	Idres	es to n	nail vo	our return	

IL-1040 Back (R-12/22) DR_____ AP___ RR DC IR ID ID: 3WM REV 01/10/23 PRO





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Form Type Letter Code for Column A		Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	1099-R R		S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

PA	VAN KUMAR KA	RANAM	5 9	7		0 8		2 5	0	5		
You	ur name as shown	on Form IL-1040	Your Socia	Your Social Security number								
Column A Column B Form type Employer/Payer Identification Number			Colu Federal Wages, Distributions, Co			Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld		
1	W	32-0537088 000	_ \$	42,465 ₀00		\$	42,4	165 •00	\$	2,1	.02 .00	
2	W	82-0602482 000	_ \$	<u>25,952•00</u>		\$	25,9	52 •00	\$	1,2	85 •00	
3			_ \$	<u>•00</u>		\$		<u>•00</u>	\$		<u>•00</u>	
4			_ \$	•00		\$		<u>•00</u>	\$		<u>•00</u>	
5			_ \$	<u>•00</u>		\$		<u>•00</u>	\$		<u>•00</u>	

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Colum Form t	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
6		_ \$	•00	\$	•00	\$	•00		
7	 	_ \$	<u>•00</u>	\$	•00	\$	<u>•00</u>		
8	 	_ \$	<u>•00</u>	\$	•00	\$	•00		
9	 	_ \$	<u>•00</u>	\$	•00	\$	•00		
10	 	_ \$	•00	\$	<u>•00</u>	\$	•00		

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 3,387**.00**

→ Attach all Schedules IL-WIT to your IL-1040. ←





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	_	S	uhmi	ssion	ı ID						

Step 1: Provide taxpayer information PAVNA KUMAR So 9 7 - 0 8 - 2 5 0 5 Fresh tarme and middle initial Spouse's first name (and last name (in different) Least name Spouse's Social Security number Spouse's Spouse's Social Security number Spouse's Spouse's Social Security number Spouse's Spouse's Spouse's Social Security number Spouse's S		(Do not mail Form IL-8453 to the	Illinois Departmen	t of Revenue unles	s it is requested for review.)
Type Malling addresses Septiment Spots Septiment Sep	Step		KARANAM		5 9 7 - 0 8 - 2 5 0 5
Species Socies Society numbers Step 2: Complete Information from tax return Choose one: IL-1040 IL-1040 X		•	d last name if different)	Last name	Social Security number
Step 2: Complete information from tax return Net income from Form IL-1040 or IL-1040-X, Line 11 Net income from Form IL-1040 or IL-1040-X, Line 14 1	Prin				
Step 2: Complete Information from tax return Choose one:	type	Mailing address			
Step 2: Complete information from tax return Choose one: IL-1040					
1 Next income from From IL-1040 or IL-1040-X, Line 11		City	State	ZIP	Daytime phone number
Tax from Form IL-1040 or IL-1040-X, Line 14 Tax from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) Tax from Form IL-1040 or IL-1040 or IL-1040-X, Line 35 Tax from Form IL-1040 Line 36 or IL-1040-X, Line 35 Tax from Form IL-1040 Line 36 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 36 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 Line 40 or IL-1040-X, Line 38 Tax from Form IL-1040 or IL-1040-X, Line 40 or IL-1040-X, and the information of provided the information on provided to my electronic Form IL-1040 or IL-1040-X, and the information of provided to my electronic Form IL-1040-X, and the information of provided to my electronic Form IL-1040-X, and the information of provided to my electron	Step	2: Complete information from tax retu	urn	Choose one: X IL-	1040 IL-1040-X
1 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X. Line 25 only (enter "0" if none) 4 Overpayment from Form IL-1040, Line 36 or IL-1040-X. Line 35 Total amount due from Form IL-1040, Line 36 or IL-1040-X. Line 35 Total amount due from Form IL-1040, Line 36 or IL-1040-X. Line 35 Total amount due from Form IL-1040, Line 36 or IL-1040-X. Line 38 Total amount due from Form IL-1040, Line 36 or IL-1040-X. Line 38 Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those on funded by international Infuds, Electronic payments will not be accepted and refunds will be via paper check 7. Routing no. (RN):	1 1	Net income from Form IL-1040 or IL-1040-X,	Line 11	<u>—</u>	1 59,581 00
Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7 Routing no. (RN): 1 1 0 8 5 1 5 1 3 9 Type of account: X Checking Savings 10 Date the payment is to be electronically withdrawn:	2	Tax from Form IL-1040 or IL-1040-X, Line 14			
Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 6 Filling status:	3	Ilinois Income Tax withheld from Form IL-104	0 or IL-1040-X, Line 2	5 only (enter " 0 " if none	-,
Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7 Routing no. (RN): 0 4 4 0 0 0 3 3 7 8 Account no. (AN): 1 1 0 8 5 1 5 1 3 9 Type of account: Checking Savings		1 7			
Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR willow) perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7 Routing no. (RN): 0 4 4 0 0 0 0 0 3 7 9 8 Account no. (AN): 1 1 0 8 5 1 5 1 3 9 9 Type of account: Checking Savings 10 Date the payment is to be electronically withdrawn: 100 12 Name on account: Checking Savings 11 Consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. Withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual nacem Ear return. Lauthorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic form L1-1040 or IL-1040-X and the information Information return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Step 5: Electronic return originator (ERO) and paid preparer declaration and signature Check if paid preparer: (See instructions.)					•
To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check Routing no. (RN): 0 4 4 0 0 0 0 3 3 7 8 Account no. (AN): 1 1 0 8 5 1 5 1 3 3	6	Filing status: 🗶 Single Married filing jo	intly Married filing	g separately Widov	ved Head of household
I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic form knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign Possignature Date Spouse's signature (if joint return, both must sign) Date	within 7 1 8 7 9 1 1 1 1 1 1 1 1 1	The United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or those not funded by interpretation of the United States or the U	rnational funds. Electro 0 3 7 5 1 3 ngs rawn://	onic payments will not be	e accepted and refunds will be via paper check.
I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic form knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign Possignature Date Spouse's signature (if joint return, both must sign) Date			(Sign only offer on	mpleting Step 2 and	if applicable Stan 2 \
withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO's signature BERO's signature O2/03/2023 Date Check if paid preparer: Referral employer identification number (FEIN) Mailing address ENONEY CT BRO'S SIGNATION NUMBER (FEIN)	_	I consent that my refund may be directly de	eposited as designated	d in Step 3 and declare	the information on Lines 7 through 9 is
Under penalties of perjury, I declare the information on my electronic Form IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign here Your signature Date Date Spouse's signature (if joint return, both must sign) Date Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO's signature Date Check if paid preparer: (See instructions.) ERO's signature Date Check if paid preparer: (See instructions.) ERO'S signature Base - 2 1 4 5 4 8 7 O 8 3 3 3 Federal employer identification number (FEIN) Milling address ERONEY CT Mailing address My 08816		withdrawal as designated in the electronic p financial institutions involved in the process	ortion of my 2022 Illino sing of an electronic ov	ois Original or Amended verpayment of taxes to r	Individual Income Tax return. I authorize the
return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign Nere Date Spouse's signature (if joint return, both must sign) Date		I do not want direct deposit of my refund, o	or an electronic funds v	vithdrawal (direct debit)	of my balance due.
Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO's signature 02/03/2023 Date Check if paid preparer:	return and a	n originator (ERO) are identical. To the best of maccompanying information may be sent to IDOR	ly knowledge, my return by my ERO. I authorize	is true, correct, and come IDOR to inform my ERC	pplete. I consent that my return, this declaration, and/or the transmitter when my return has
Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO's signature Date Check if paid preparer:	Sigr	Nous circulature	Data	Chausa's signature (if is	int vature had must size)
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ERO's signature Date Date Properties Properti	I dec	lare that I have examined this taxpayer's electination. I have followed all requirements of this	tronic Form IL-1040 or s program and declare	IL-1040-X, the information in th	tion on this Form IL-8453, and accompanying
P O 2 4 7 O 8 3 3		EDO's signature			Check if paid preparer: 🗵 (See instructions.)
Vour PTIN Self-employed Your PTIN Self-employed Your PTIN Self-employer Your PTIN Your PTIN Self-employer Your PTIN Self-employer Your PTIN		· ·		Dale	
use only 245 ROONEY CT 8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN) 7 E BRUNSWICK NJ 08816 (678) 965-9522	ERO				<u>P</u> <u>U</u> <u>2</u> <u>4</u> <u>7</u> <u>U</u> <u>8</u> <u>3</u> <u>3</u>
Mailing address E BRUNSWICK NJ 08816 Federal employer identification number (FEIN) (678) 965-9522					8 8 - 2 1 4 5 4 8 7
	only				
		E BRUNSWICK	NJ	08816	(678) 965-9522
		City	State		Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

