## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	number ,
GEORGE ANTHONY	355-71-	8770
Spouse's name	Spouse's soci	al security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you ar	e authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1	
1 Adjusted gross income		<b>1</b> 69,272.
<b>2</b> Total tax	+	2 8,009.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 7,665.
4 Amount you want refunded to you		4
5 Amount you owe		<b>5</b> 344.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy	of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.A Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements and payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	tter, or electron ction of the tra S. Treasury an cated in the ta n to debit the the authoriza ests must be processing of ayment. I furth	nic return originator (ERO) ansmission, (b) the reason dits designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or generate r     ■ ERO firm name	Ente	8 7 7 0 as my
signature on the income tax return (original or amended) I am now authorizing.	uon	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.  Your signature ▶ Date ▶	od. The ERO	must complete Part III
Your signature ► Date ►	03/0	02/2023
Spouse's PIN: check one box only		
I authorize to enter or generate r	nv PIN	as my
ERO firm name	-	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.		
Spouse's signature ▶ Date ▶		
Practitioner PIN Method Returns Only—continue below		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6  Don't ente	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers of Incompany	tting this retur	n in accordance with the
ERO's signature ▶ Date ▶		
ERO's signature ► Date ►  ERO Must Retain This Form — See Instructions		

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022

OMB No. 1545-007

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

Filing Status	s 🗌 S	Single  Married filing jointly [	X Marrie	ed filing separately	(MFS)	Head of	household (HOI	H)		ifying surv	iving
Check only one box.	If vo	ou checked the MFS box, enter the r	name of v	our spouse If you	check	ed the HOH o	r OSS hav ente	or the c		ise (QSS) name if the	e qualifying
OHE DOX.		son is a child but not your depender		IUSHA BATTU	OHOON		QOO DOX, CITE	or tillo c	illa 3	name ii tir	c qualifying
Your first name	and m	iddle initial	Last nai					Y	our so	cial security	v number
GEORGE			ANTH							71-8770	
	pouse's	s first name and middle initial	Last nai					-	Spouse's social security number		
,, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									63-8272	•
Home address	(numbe	er and street). If you have a P.O. box, se	e instructio	ons.			Apt. no.	_			n Campaign
		ANA LANE					10111	t		nere if you,	
		ce. If you have a foreign address, also c	omplete si	paces below.	Sta	ite	ZIP code				tly, want \$3
PEORIA		, , , , , , , , , , , , , , , , , , , ,		,	II		61615			this fund. ( ow will not (	
Foreign country	v name		F	Foreign province/stat			Foreign postal co	_		or refund.	Jilaliye
<b>.</b>	,			3 p =		,	l of grant and			You	Spouse
Digital	Δt ar	ny time during 2022, did you: (a) red	reive (as	a reward award o	or navr	ment for prope	rtv or services)	· or (b)	sell		
Assets		nange, gift, or otherwise dispose of								Yes	⊠ No
Standard		neone can claim: You as a de					, (		/		
Deduction		Spouse itemizes on a separate retu	•	•		•					
				_							
		: Were born before January 2,	1958 _	Are blind S	pouse		rn before Janua			∐ Is bli	
Dependent				(2) Social secur	rity	(3) Relationsh	"P   ` '			•	instructions):
If more	(1) F	irst name Last name		number		to you	Child to	ax cred	it	Credit for oth	ner dependents
than four dependents,										L	╧
see instruction	s							<u> </u>		L	
and check	, —										
here	]								$\perp$	L	
Income	1a	Total amount from Form(s) W-2, I	,	,					1a	7	78 <b>,</b> 072.
Attack Farms(a)	b	Household employee wages not i							1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1							1c		
attach Forms	d	Medicaid waiver payments not re			e instru	uctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits							1e		
was withheld.	f	Employer-provided adoption ben		n Form 8839, line 2	29 .				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruc	,						1h		0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		1	i				
	Z	Add lines 1a through 1h	. i .						1z		78,072.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			2b	1	
if required.	3a	Qualified dividends	3a			-	nds		3b		
	4a	IRA distributions	4a			axable amoun			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			5b		
Single or	6a	Social security benefits	6a			axable amoun	t		6b		
Married filing separately,	c	If you elect to use the lump-sum						. 📙	_		
\$12,950	7 Capital gain or (loss). Attach Schedule D if required, if not required, check here						. Ц	7			
Married filing jointly or	8	Other income from Schedule 1, li							8		8,800.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		=					9	+ 6	59,272.
\$25,900	10	Adjustments to income from Scho							10	+	
Head of household,	11	Subtract line 10 from line 9. This	-	-					11		59 <b>,</b> 272.
\$19,400	12	Standard deduction or itemized							12		2,950.
If you checked any box under	13	Qualified business income deduc							13		0.050
Standard Deduction,	14	Add lines 12 and 13							14		2,950.
see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -U This is	your '	taxable incon	1e		15	5	66,322.

	D
16	Page <b>2</b>
. 16	8,009.
. 18	8,009.
	0,009.
. 19	
. 21	
. 22	8,009.
. 23	
. 24	0. 8,009.
5.	
. 25d	7,665.
. 26	·
. 32	7.005
. 33	7,665.
. 34 35a	
gs SSA	
. 37	344.
. 37 ete below.	X No

Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . Add lines 16 and 17 . . . . . . . . 18 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 . . . . . . . . 21 Add lines 19 and 20 . . . . . . . . . . . 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax 24 **Payments** 25 Federal income tax withheld from: 7,6 Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return If you have a 27 Earned income credit (EIC) . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 . . . . . . . . . . . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number X X X X X X X X X X X Direct deposit? b c Type: Checking Sav See instructions. d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Com Designee Designee's Phone Personal number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) BUSINESS ANALYST Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (309)981-6029Email address georgeanthony705@gmail.com Preparer's name PTIN Check if: Preparer's signature Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/03/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name Use Only

Firm's address

Form 1040 (2022)

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's EIN

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Your social security number GEORGE ANTHONY 355-71-8770 Part Additional Income 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 5 -8,800. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E... 5 6 6 7 7 8 Other income: 8a d8 8c Foreign earned income exclusion from Form 2555 . . . . . . . . 8d 8e 8f Alaska Permanent Fund dividends . . . . . . . . . . . . . . . . 8i Activity not engaged in for profit income . . . . . . . . . . . . . . . . 8i 8k 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 8m 8n Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 80 Section 461(I) excess business loss adjustment . . . . . . . . . . . 8p **q** Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t **u** Wages earned while incarcerated . . . . . . . . . . . . . . 8u **z** Other income. List type and amount: 

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

9

-8,800.

9

10

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	-
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	-
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
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)	24a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e	_	
f		24f	_	
g	, , , , , , , , , , , , , , , , , , , ,	24g	_	
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	- 41		
		24i	-	
j	•	24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k	-	
Z	Other adjustments. List type and amount:	N4_		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<del></del>	26	

#### **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. Go to www.irs.gov/ScheduleE for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 13

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

Your social security number 355-71-8770

GE O	RGE ANTHONY						355-7	1-8770	
Par	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	rty, use \$	Schedul						
	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF	P code)							
Α	H NO 1-119/11, GANDHI NAGAR GHATKESAR,	MEDCI	HAL H	YDERAI	BAD,	TELANGA	NA IN 5	501301	
В									
С									
1b	Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair	rental a	and		Fa	ir Rental Days	Persor Da	nal Use nys	QJV
Α	personal use days. Check the Q			Α		210		0	
В	if you meet the requirements to find a qualified joint venture. See instru			В					
С	qualifica joint venture. Gee institu	JOLIOI IS.		С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ıtal	5 Land 6 Roya			Self-Rental Other (desc			
						Propert	ies:		
Incor				Α		В			С
3	Rents received	3		5	40.				
<u>4</u>	Royalties received	4							
-	nses:	_							
5	Advertising								
6 7	Auto and travel (see instructions)	7		7	50.				
8	Commissions	8		- 1	50.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,1	40.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		-,-					
13	Other interest	13							
14	Repairs	14		2,5	00.				
15	Supplies	15		3,1	50.				
16	Taxes	16							
17	Utilities	17		1,8	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,3	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 <b>Form 6198</b>			-8,8	0.0				
22	Deductible rental real estate loss after limitation, if any,	-1		, -	•				
	on Form 8582 (see instructions)	22 (		8,80		(	) 540.	(	)
23a	Total of all amounts reported on line 3 for all rental prope Total of all amounts reported on line 4 for all royalty prop				23a 23b		J4U.		
b c	Total of all amounts reported on line 4 for all royalty prop Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 12 for all properties  Total of all amounts reported on line 18 for all properties				23d				
u e	Total of all amounts reported on line 20 for all properties				23e	(	9,340.		
24	Income. Add positive amounts shown on line 21. <b>Do no</b>				200		. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	tal losses he		(	8,800.)
26	Total rental real estate and royalty income or (loss).								2, 300.
20	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply t	to you,	also er	nter th	is amount			-8,800.

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.

GI AN 9" PE	55-71-8770 1991 CORGE SUSHA OI N LANTANA LANE ORIA IL	georgeanthony7									
	B Filing status: Single Married filing jointly Married filing separately Widowed Head of household  C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.										
	check the box if this applies t						NR				
		.o you during 2022.	I Normesia	ent - Attach Sch. Nn	ran-year resident						
1 2 3	Step 2: Income  1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.  2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.  3 Other additions. Attach Schedule M.  4 Total income. Add Lines 1 through 3.  (Whole dollars only)  1 69, 272.00  200  300  4 69, 272.00										
	tep 3: Base Income										
5 6	Social Security benefits a received if included in Lin Illinois Income Tax overpa	e 1. Attach Page 1 c	of federal retu	ırn.	5						
2 7	Schedule 1, Ln. 1. Other subtractions. <b>Attac</b>				6 7	.00					
8 9	Add Lines 5, 6, and 7. Thi Illinois base income. Su					8 9					
ŝs	tep 4: Exemptions										
. 1	<b>a</b> Enter the exemption an	nount for yourself and	l your spouse	. See instructions.	<b>a</b> 2,4						
י אייל מות	<ul> <li>b Check if 65 or older:</li> <li>c Check if legally blind:</li> <li>d If you are claiming depe</li> <li>Attach Schedule IL-E/E</li> </ul>	You + Spo You + Spo ndents, enter the amo	ouse # <b>o</b> f		0 = c	00.00					
otapie W-z an	<ul> <li>b Check if 65 or older:</li> <li>c Check if legally blind:</li> <li>d If you are claiming depe</li> <li>Attach Schedule IL-E/E</li> <li>Exemption allowance. A</li> </ul>	You + Spondents, enter the amount of the state of the sta	ouse # <b>o</b> o ount from Sch	checkboxes X \$1,000	0 = c e 1.	.00	2,425 <sub>.00</sub>				
Staple W-z all	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A	You + Spondents, enter the amount of the conditions and throught	ouse # <b>o</b> ount from Scho	checkboxes X \$1,000	0 = c e 1.	00.00	2,425.00				
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta I Residents: Net income. Nonresidents and part-	You + Spondents, enter the amount of the spondents, enter the amount of the spondents of th	buse # or bunt from School h 10d. m Line 9. or the <b>Illinois r</b>	f checkboxes <b>X</b> \$1,000 edule IL-E/EIC, Step 2, Lin	0 = c e 1. d	0 <u></u>	2,425 <sub>.00</sub> 66,847 <sub>.00</sub>				
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta I Residents: Net income.	You + Spondents, enter the amount of the Amo	buse # or bunt from School h 10d. m Line 9. r the <b>Illinois r</b> . Cannot be I	f checkboxes <b>X</b> \$1,000 edule IL-E/EIC, Step 2, Linuet income from Schedule ess than zero.	0 = c e 1. d	0 <u></u>					
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta 1 Residents: Net income. Nonresidents and part- 2 Residents: Multiply Line Nonresidents and part- 3 Recapture of investment	You + Spondents, enter the amount of the Amo	buse # or bunt from School h 10d. m Line 9. or the Illinois r . Cannot be I er the tax from chedule 425	ret income from Schedule ess than zero.  n Schedule NR.  5.	0 = c e 1. d		66,847 <sub>.00</sub> 3,309 <sub>.00</sub>				
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta I Residents: Net income. Nonresidents and part- Part Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1:	You + Spondents, enter the amount of the Amount of Spondents, enter the amount of the	buse # or bunt from School h 10d. m Line 9. or the Illinois r . Cannot be I er the tax from chedule 425	ret income from Schedule ess than zero.  n Schedule NR.  5.	0 = c e 1. d		66,847 <sub>.00</sub> 3,309 <sub>.00</sub>				
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta I Residents: Net income. Nonresidents and part- Part Recapture of investment Income tax. Add Lines 1: tep 6: Tax After Nonreful Income tax paid to another Property tax and K-12 ed Attach Schedule ICR. Credit amount from Sche	You + Spondents, enter the amount of the Amount of Spondents, enter the amount of the	buse # or bunt from Scholar from Schedule # or bunt from Schedule # or bunt from Schedule # or bunt from Schedule # or schedule	ret income from Schedule ess than zero. In Schedule NR. In Schedule NR. In Schedule CR. In Schedule CR. In Schedule ICR. In Schedule ICR. In Schedule ICR. In Schedule ICR.	0 = c		66,847 <sub>.00</sub> 3,309 <sub>.00</sub>				
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta I Residents: Net income. Nonresidents and part- Recapture of investment Income tax. Add Lines 1: tep 6: Tax After Nonreful Income tax paid to anothe Property tax and K-12 ed Attach Schedule ICR. Credit amount from Sche Add Lines 15, 16, and 17.	You + Spondents, enter the amount of the Amount of Spondents, enter the amount of the Amount of Spondents of the Amount of the A	buse # or bunt from Scholar the 10d.  In Line 9. In the Illinois rough the tax from chedule 4250 less than zero dit amount from Schedule 12 bur credits. Cour credits. Course cou	ret income from Schedule ess than zero. In Schedule NR. In Schedule NR. In Schedule CR. In Schedule ICR.	0 = c		3,309.00 .00 3,309.00				
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta I Residents: Net income. Nonresidents and part- Recapture of investment Income tax. Add Lines 1: tep 6: Tax After Nonreful Income tax paid to anothe Property tax and K-12 ed Attach Schedule ICR. Credit amount from Sche Add Lines 15, 16, and 17. Tax after nonrefundable tep 7: Other Taxes	You + Spondents, enter the amount of the Amo	buse # or bunt from Scholar the 10d.  In Line 9. In the Illinois rough the tax from chedule 4250 less than zero dit amount from Schedule 12 bur credits. Cour credits. Course cou	ret income from Schedule ess than zero. In Schedule NR. In Schedule NR. In Schedule CR. In Schedule ICR.	0 = c		0.00 3,309.00 0.00 3,309.00				
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta I Residents: Net income. Nonresidents and part- Recapture of investment Income tax. Add Lines 1: Income tax paid to anothe Property tax and K-12 ed Attach Schedule ICR. Credit amount from Sche Add Lines 15, 16, and 17. Tax after nonrefundable tep 7: Other Taxes Household employment to	You + Spondents, enter the amount of the Amount of Spondents, enter the amount of the Amount of Spondents, enter the Amount of t	buse # or bunt from Schount from Schount from Schount from Schount from Line 9.  The Illinois rough the tax from chedule 4258 less than zero chedule 4258 less than zero chedule 4259 less than zero chedule 4250 less than zero chedule 12 bur credits. Cone 18 from Line 18 from Lin	ret income from Schedule ess than zero. In Schedule NR. In Schedule CR. In Schedule ICR. In	0 = c		0.00 3,309.00 0.00 3,309.00				
	b Check if 65 or older: c Check if legally blind: d If you are claiming depe Attach Schedule IL-E/E Exemption allowance. A tep 5: Net Income and Ta I Residents: Net income. Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1: Income tax paid to anothe Property tax and K-12 ed Attach Schedule ICR. Credit amount from Sche Add Lines 15, 16, and 17. Tax after nonrefundable tep 7: Other Taxes Household employment to Use tax on internet, mail in the instructions. Do no	You + Spondents, enter the amount of the amo	buse # or bunt from Schount from Schount from Schount from Schount from Line 9.  The first the Illinois roughline 1. Cannot be I for the tax from chedule 425 less than zero is resident. Addit amount from Schedule 12 bur credits. Cone 18 from Line 18 fr	ret income from Schedule less than zero. In Schedule NR. In Schedule NR. In Schedule ICR. I	0 = c		0.00 3,309.00 0.00 3,309.00				



<b>24</b> Tot	al tax from Page 1, Line 23	3.					24	3,309 <u>.00</u>	
Step 8:	Payments and Refund	able Credit							
	ois Income Tax withheld. At mated payments from Form					<b>25</b> 3,	865 <u>.00</u>		
inclu	ıding any overpayment app	lied from a prior yea	ır return.			26	.00		
	s-through withholding. Attac					27	.00		
	s-through entity tax credit. A					28	.00		
	ned Income Credit from Sch	•			chedule IL-E/EIC	29	<u>.00</u> <b>30</b>	3,865.00	
Step 9:		ne credit. Add Lines	23 tillough	29.				3,003.00	
•	ne 30 is greater than Line 24	subtract Line 24 from	n Line 30				31	556.00	
	ne 24 is greater than Line 30						32	.00	
Step 10	: Underpayment of Esti	mated Tax Penalt	y and Don	ations	 S				
33 Late	-payment penalty for under	payment of estimate	ed tax.			33	.00		
а 🗆	Check if at least two-third	s of your federal gro	ss income is	from	farming.				
	Check if you or your spou		•	-	•	-			
С	Check if your income was Attach Form IL-2210.	not received evenly	during the y	ear an	id you annualiz	zed your income o	n Form IL-221	0.	
4 [	Check if you were not req	uired to file an Illinoi	ie Individual	Incom	a Tay raturn in	the previous tax y	/Δar		
_	ntary charitable donations.			IIICOIII	e iax ietuiii iii	<b>34</b>	.00		
	I penalty and donations.						35	.00	
Step 11	: Refund or Amount yo	ou owe							
<b>36</b> If yo	u have an amount on Line	31 and this amount	is greater tha	an Line	e 35, subtract l	Line 35 from Line	31.		
-	is your <b>overpayment</b> .						36	556 <sub>.00</sub>	
<b>37</b> Amo	ount from Line 36 you want i	<b>refunded to you</b> . Ch	eck <b>one</b> box	on Lir	ne 38. See inst	ructions.	37	556 <sub>.00</sub>	
<b>38</b> I cho	oose to receive my refund b	ру							
a⊵	direct deposit - Complet	e the information be	low if you ch	eck th	is box.				
	You may also contribute	Routing number	0 7 1 0	0	0 0 1 3	× Checkin	g or Savii	ngs	
	to college savings funds here. See instructions!	Account number	5 1 9 1	7	6 6 7 8				
ь г	7								
	paper check.  punt to be credited forward.	Subtract Line 37 fro	m Line 36 9	Saa ing	etructions		39	.00	
				366 II IS	structions.		39	.00	
•	u have an amount on Line u have an amount on Line			l ine 39	5				
•	ract Line 31 from Line 35.						40	.00	
	2: Health Insurance Ch	•							
	Check this box if IDOR ma	•		with o	thar Illinaia ata	oto ogonojoo in oro	lar ta datarmir		
	your eligibility for health ins						ier to determin	ie	
_	Ire - Note: If this is a joint re			_					
Under p	enalties of perjury, I state t	that I have examined	a this return	and, t	o the best of r	ny knowleage, it i	s true, correc	i, and complete.	
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	nature		Date (mm/dd/yyyy)	Daytime phone	e number	
Here							( )		
<b>.</b>	Print/Type paid preparer's nar	me	Paid prepare	r's signa	ature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN	
Paid Preparer	SYAM PRIYA RAM SAGAR GUPTA	self-employed	P02082703						
Use Only	"   Firm's name   ▶ CIORNI ΨΛΥΕς IIC					Firm's FEIN	84317196	5	
Firm's address > 245 ROONEY CT E BRUNSWICKNJ 08816 Firm's phone							(678) 965	5-9522	
Third	Designee's name (please prir	nt)		Design	nee's phone nun	nber	_	e Department may	
Party Designed				(	)		discuss this return with the third party designee shown in this step.		
Designee		100 II 1040 I	.tuat!	\ o <b>f</b> or	/ . <b>th</b> o cdd::-	to mail			
	Refer to the 20	<i>)22 IL-1040 IN</i> S	งแนบแบก	SIU	me addre	รร เบ เมลม yo	ur return.		

IL-1040 Back (R-12/22) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 02/01/23 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	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	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)

GEORGE ANTHONY			3 5	5 _	7 1	8	/ / 0
Your name as shown	on Form IL-1040		Your Social Se	ecurity numb	per		
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gross as, Compensation, etc.	Illinois W	Column D ages, Winnings, Groons, Compensation, 6		Column E Illinois Income Tax Withheld
1 <u>W</u>	84-1765729 000	\$	10,200 <b>.00</b>	\$	10,200 <b>.00</b>	\$_	505 <b>.00</b>
<b>2</b> W	84-1914227	\$	67 <b>,</b> 872 <b>•00</b>	\$	67,872 <b>•00</b>	\$_	3,360 <b>•00</b>
3		\$	<u>•00</u>	\$	•00	\$_	•00
4		\$	•00	\$	<u>•00</u>	\$_	•00
_		\$	•00	\$	•00	\$_	•00
ANUSHA BATTU	spouse's withholding re	ecords (incl					_
Step 2: Provide	spouse's withholding re	ecords (inc	lude all W-2 and	1099 forn	ns that show III	inois	withholding
ANUSHA BATTU	as shown on Form IL-1040		0 _7 Your spouse's	4 Social Secu	6 3 rity number		2 7 2
ANUSHA BATTU	Column B Employer/Payer Identification Number	( Federal Wa Distribution		4Social Secu		8	2 7 2  Column E  Illinois Income Tax Withheld
ANUSHA BATTU Your spouse's name a  Column A Form type  6	as shown on Form IL-1040  Column B  Employer/Payer	( Federal Wa Distribution	O 7 Your spouse's S	4 Social Secu Illinois W Distributio	6 3 –  rity number  Column D  ages, Winnings, Grosons, Compensation, 6	8	2 7 2  Column E  Illinois Income Tax Withheld
ANUSHA BATTU Your spouse's name a  Column A Form type	column B Employer/Payer Identification Number	Federal Wa Distribution  \$	Your spouse's Scolumn C Iges, Winnings, Gross Is, Compensation, etc.	4 Social Secu Illinois W Distributio	6 3 rity number  Column D ages, Winnings, Gros	8	2 7 2  Column E  Illinois Income Tax Withheld
ANUSHA BATTU Your spouse's name a  Column A Form type  6	Column B Employer/Payer Identification Number	Federal Wa Distribution  \$	O 7 Your spouse's Column C Iges, Winnings, Gross Ins, Compensation, etc.	4 Social Secu Illinois W Distributio \$ \$	6 3 –  rity number  Column D  ages, Winnings, Grosons, Compensation, 6	8 ss	2 7 2  Column E  Illinois Income Tax Withheld
ANUSHA BATTU Your spouse's name a  Column A Form type  6 7	column B Employer/Payer Identification Number	Federal Wa Distribution — \$ — \$	O 7 Your spouse's second of the spouse's seco	4 Social Secu Illinois W Distributio \$ \$	6 3 -  rity number  Column D ages, Winnings, Grosons, Compensation, 6	8 ss	2 7 2  Column E  Illinois Income Tax Withheld  •00

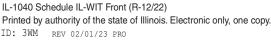
#### Step 3: Total Illinois withholding

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** \$ 3,865.00

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







		□.								-							
Submission ID																	

# 

	(Do not man Form 12-6455 to the	Illinois Departmen	t of Revenue unles	s it is requested for review.)
Step	1: Provide taxpayer information  GEORGE	ANTHONY		3 5 5 _ 7 1 _ 8 7 7 0
	First name and middle initial Spouse's first name (an	d last name if different)	Last name	Social Security number
Prin	<sup>†</sup> 9701 n Lantana lane 10111			
or type	Mailing address			Spouse's Social Security number
	PEORIA	IL	61615	( )
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax retu	ırn	Choose one: X IL-	1040 IL-1040-X
1	Net income from Form IL-1040 or IL-1040-X,	Line 11	_	<b>1</b> 66,847 _ <b>00</b>
2	Tax from Form IL-1040 or IL-1040-X, Line 14			<b>2</b> 3,309  <u>00</u>
3	Illinois Income Tax withheld from Form IL-104	0 or IL-1040-X, Line 25	only (enter "0" if none	
	Overpayment from Form IL-1040, Line 36 or I			4556 00
	Total amount due from Form IL-1040, Line 40			5
6	Filing status: Single Married filing jo	intly <u>×</u> Married filing	separately Widov	ved Head of household
withi 7 8 9 10	In the United States or those not funded by interpretation of the Nouting no. (RN): $\begin{array}{cccccccccccccccccccccccccccccccccccc$	rnational funds. Electro  0 1 3  6 7 8  ngs  rawn:/_ //		debit, deposit) with financial institutions located e accepted and refunds will be via paper check. —
11	Electronic funds withdrawal amount:	I <u>00</u> _		
12	Name on account:			
Ster	4: Taxpayer declaration and signature	(Sign only after cor	npleting Step 2 and	if applicable. Step 3.)
<u> </u>	_	eposited as designated	I in Step 3 and declare	the information on Lines 7 through 9 is
	I authorize the Illinois Department of Rever withdrawal as designated in the electronic p financial institutions involved in the process necessary to answer inquiries and resolve	ortion of my 2022 Illino sing of an electronic ov	is Original or Amended erpayment of taxes to	Individual Income Tax return. I authorize the
Г	I do not want direct deposit of my refund, o	r an electronic funds w	vithdrawal (direct debit)	of my balance due.
retur and	er penalties of perjury, I declare the information on originator (ERO) are identical. To the best of maccompanying information may be sent to IDOR accepted or rejected. If rejected, I authorize IDO	y knowledge, my return by my ERO. I authorize	is true, correct, and con IDOR to inform my ERC	nplete. I consent that my return, this declaration, D and/or the transmitter when my return has
Sig				
<u>her</u>	Your signature	Date	Spouse's signature (if jo	int return, <b>both</b> must sign) Date
I dec	5 5: Electronic return originator (ERO) clare that I have examined this taxpayer's electronic mation. I have followed all requirements of this ayer's return and accompanying information a	tronic Form IL-1040 or s program and declare,	IL-1040-X, the information under penalties of perj	tion on this Form IL-8453, and accompanying
	ERO's signature		03/03/2023 Date	Check if paid preparer: 🗵 (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERC	Firm's name or your name if self-employed			Your PTIN
use	245 ROONEY CT			8 8 - 2 1 4 5 4 8 7
only	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	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.

