or for fiscal year ending	/	
---------------------------	---	--

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

SR VEI 384 Au		014-45-8196 GADIPUDI GADIPUDI L 60504 SREENIVASULUGE Married filing jointly	KANE 49@GMAIL.COI	M ing separately ☐ Widowe	d Head of h	ousehold	
C C	heck If someone can claim	you, or your spouse if	filing jointly, as a	a dependent. See instruction	s. 🗌 You 🔲 S	Spouse	
D CI	neck the box if this applies	s to you during 2022:	Nonresiden	t - Attach Sch. NR 🔲 Part	t-vear resident - A	Attach Sch	ı. NR
		7 to you dog _0			. ,		le dollars only)
1 2 3 4	ep 2: Income Federal adjusted gross i Federally tax-exempt in Other additions. Attach Total income. Add Line	erest and dividend inc Schedule M.		1040-SR, Line 11. federal Form 1040 or 1040	-SR, Line 2a.	1 2 3 4	258,435.00 .00 .00 .00 258,435.00
5 6 7 8	ep 3: Base Income Social Security benefits received if included in L Illinois Income Tax overp Schedule 1, Ln. 1. Other subtractions. Atta Add Lines 5, 6, and 7.T	ine 1. Attach Page 1 consument included in fectors. Inch Schedule M. This is the total of your	of federal return leral Form 1040 subtractions.		5 6 7	.00 .00 .00	.00
9	Illinois base income. S	Subtract Line 8 from Lin	ne 4.			9	258,435 _{.00}
•	ep 4: Exemptions				4 0=		
10	a Enter the exemption ab Check if 65 or older:	☐ You + ☐ Spo	ouse # of cl	See instructions. heckboxes X \$1,000 = heckboxes X \$1,000 =		00.00 00. 00.	
iapie W.z.	c Check if legally blindd If you are claiming depAttach Schedule IL-E/	endents, enter the amo EIC.	unt from Sched	ule IL-E/EIC, Step 2, Line 1.	d4,85	0 _{.00}	9,700 _{.00}
Ste	 c Check if legally blind d If you are claiming dep Attach Schedule IL-E/ Exemption allowance. 	endents, enter the amo EIC. Add Lines 10a throug	unt from Sched				9,700 <u>.00</u>
	c Check if legally blindd If you are claiming depAttach Schedule IL-E/	pendents, enter the amo EIC. Add Lines 10a throug	unt from Schedu				9,700.00
11 12	c Check if legally blind d If you are claiming dep Attach Schedule IL-E/Exemption allowance. ep 5: Net Income and Residents: Net income Nonresidents and par Residents: Multiply Lin Nonresidents and par	rendents, enter the amore EIC. Add Lines 10a through Tax e. Subtract Line 10 from t-year residents: Enter e 11 by 4.95% (.0495) t-year residents: Enter	nunt from Schedunt 10d. m Line 9. r the Illinois net . Cannot be leser the tax from S	income from Schedule NR. s than zero.	d4,85	10 NR. 11 12	248,735 _{.00} 12,312 _{.00}
11 12 13	c Check if legally blind d If you are claiming dep Attach Schedule IL-E/Exemption allowance. ep 5: Net Income and Residents: Net income Nonresidents and par Residents: Multiply Lin Nonresidents and par Recapture of investments.	rendents, enter the amore EIC. Add Lines 10a through Tax B. Subtract Line 10 from t-year residents: Enter e 11 by 4.95% (.0495) t-year residents: Enter t tax credits. Attach Se	nunt from Schedon 10d. The Line 9. The Illinois net are the tax from Schedule 4255.	income from Schedule NR. s than zero.	d4,85	10 NR. 11 12 13	248,735.00 12,312.00
11 12 13 14	c Check if legally blind d If you are claiming dep Attach Schedule IL-E/Exemption allowance. ep 5: Net Income and Residents: Net income Nonresidents and par Residents: Multiply Lin Nonresidents and par Recapture of investmen Income tax. Add Lines	pendents, enter the amount of EIC. Add Lines 10a through the Add Lines 10a through through the Add Lines 10a through	nunt from Schedon 10d. The Line 9. The Illinois net are the tax from Schedule 4255.	income from Schedule NR. s than zero.	d4,85	10 NR. 11 12	248,735 _{.00} 12,312 _{.00}
11 12 13 14 Sto 15 16	c Check if legally blind d If you are claiming dep Attach Schedule IL-E/Exemption allowance. ep 5: Net Income and Residents: Net income Nonresidents and par Residents: Multiply Lin Nonresidents and par Recapture of investmen Income tax. Add Lines ep 6: Tax After Nonrefilncome tax paid to anot Property tax and K-12 e Attach Schedule ICR.	rendents, enter the amore EIC. Add Lines 10a through Tax e. Subtract Line 10 from t-year residents: Enter the 11 by 4.95% (.0495) t-year residents: Enter the tax credits. Attach Sofie and 13. Cannot be undable Credits the state while an Illing the ducation expense credits.	nunt from Schedunt from Schedu	income from Schedule NR. As than zero. Schedule NR. ach Schedule CR. I Schedule ICR.	d4,85	10	248,735.00 12,312.00
11 12 13 14 Sto 15 16 17 18 19	c Check if legally blind d If you are claiming dep Attach Schedule IL-E/Exemption allowance. ep 5: Net Income and Residents: Net income Nonresidents and par Residents: Multiply Lin Nonresidents and par Recapture of investment Income tax. Add Lines ep 6: Tax After Nonrefuncome tax paid to anot Property tax and K-12 e Attach Schedule ICR. Credit amount from Schedule IS, 16, and 1 Tax after nonrefundab	rendents, enter the amore EIC. Add Lines 10a through Tax a. Subtract Line 10 from t-year residents: Enter the entered that credits. Attach Soft and 13. Cannot be undable Credits ther state while an Illinow aducation expense credited to tax of the content of the content that content the there is the content that content	nunt from Schedunt 10d. In Line 9. In the Illinois net I. Cannot be lessed that the tax from Schedule 4255. Illess than zero. In the tax from Schedule 1299	income from Schedule NR. s than zero. Schedule NR. tach Schedule CR. s Schedule ICR.	d4,85	10	248,735.00 12,312.00
11 12 13 14 Sto 15 16 17 18 19	c Check if legally blind d If you are claiming dep Attach Schedule IL-E/Exemption allowance. ep 5: Net Income and Residents: Net income Nonresidents and par Residents: Multiply Lin Nonresidents and par Recapture of investmen Income tax. Add Lines ep 6: Tax After Nonref Income tax paid to anot Property tax and K-12 e Attach Schedule ICR. Credit amount from Schedd Lines 15, 16, and 1 Tax after nonrefundable p 7: Other Taxes Household employment Use tax on internet, ma	rendents, enter the amore EIC. Add Lines 10a through Tax e. Subtract Line 10 from t-year residents: Entered to 11 by 4.95% (.0495) t-year residents: Entered to 13. Cannot be and 13. Cannot be and 13. Cannot be and 14. Cannot be and 15. Cannot be and 16. Cannot be and 16. Cannot be and 17. This is the total of your lecredits. Subtract Line tax. See instructions. If order, or other out-of	nunt from Schedunt from Schedule 4.255. less than zero. Schedule 4.256 less than zero. Schedule 4.259 less than zero.	income from Schedule NR. s than zero. Schedule NR. tach Schedule CR. s Schedule ICR.	d4,85	10	248,735.00 12,312.00 .00 12,312.00 426.00 11,886.00
11 12 13 14 Sto 15 16 17 18 19 Sto 20	c Check if legally blind d If you are claiming dep Attach Schedule IL-E/Exemption allowance. ep 5: Net Income and Residents: Net income Nonresidents and par Residents: Multiply Lin Nonresidents and par Recapture of investmen Income tax. Add Lines ep 6: Tax After Nonrefile Income tax paid to anot Property tax and K-12 e Attach Schedule ICR. Credit amount from Schedd Lines 15, 16, and 1 Tax after nonrefundabep 7: Other Taxes Household employment Use tax on internet, main the instructions. Do net tax and total control of the c	rendents, enter the amore EIC. Add Lines 10a through Tax e. Subtract Line 10 from t-year residents: Entered to 11 by 4.95% (.0495) t-year residents: Entered to 13. Cannot be and 13. Cannot be and 13. Cannot be and 14. Cannot be and 15. Cannot be a track the state while an Illinot aducation expense created to 1299-C. Attach 7. This is the total of your lected to 1299-C. Attach 17. This is the total of your lected to 1299-C. Attach 18. Subtract Line tax. See instructions. Ill order, or other out-of ot leave blank.	nunt from Scheduck 10d. In Line 9. In the Illinois net Cannot be less the tax from Schedule 4255. Illess than zero. In Schedule 1299 our credits. Cannot 18 from Line In the tax from Schedule 1299 our credits. Cannot 18 from Line In the tax from Line In the tax from Line 18 from Line	income from Schedule NR. As than zero. Schedule NR. Schedule NR. Schedule CR. Schedule ICR. O-C. not exceed the tax amount of 14.	d4,85	10	248,735.00 12,312.00 .00 12,312.00 426.00 11,886.00



24	Total tax from Page 1, Line 23	3.							24	11,886.00
Step	8: Payments and Refund	lable Credit								
25 II	linois Income Tax withheld. At	ttach Schedule IL-W	ΊΤ.				25_	12	,322.00	
26 E	stimated payments from Forr	ns IL-1040-ES and I	L-505-I,							
	ncluding any overpayment app						26		.00	
	ass-through withholding. Atta						27_		.00	
	ass-through entity tax credit.			ul- 0	-11- 1- 111	TIO	28_		.00	
	arned Income Credit from Schotal payments and refundal				cneaule IL-E/I	EIC.	29_		<u>.00</u> 30	12,322.00
	9: Total	ole Credit. Add Lines	s 25 tillough	29.						12,322.00
•	Line 30 is greater than Line 24	l subtract Line 24 fro	m Line 30						31	436.00
	Line 24 is greater than Line 30								32	.00
	10: Underpayment of Est			ations	•					
-	ate-payment penalty for unde		-				33		.00	
	☐ Check if at least two-third	· ·		from f	farming.					
	Check if you or your spou				-	sing h	nome.			
С	☐ Check if your income was	not received evenly	during the y	ear an	d you annu	ıalized	d your	income	on Form IL-22	¹ 10.
	Attach Form IL-2210.									
	Check if you were not red			Incom	e Tax returr	n in th	-	ious tax	-	
	oluntary charitable donations otal penalty and donations.						34		<u>.00</u> 35	.00
			4.							.00
	11: Refund or Amount y		!	1	. 05		- 05 6		04	
	you have an amount on Line his is your overpayment .	31 and this amount	is greater tha	an Line	e 35, subtra	ict Lin	ie 35 fi	om Line	31. 36	436.00
	mount from Line 36 you want	refunded to you. Ch	neck one box	on Lin	ne 38. See i	nstruc	ctions		30 <u></u> 37	436.00
	choose to receive my refund	-	iook one box	011 2	.0 00. 000 1		J.101101		·	
	direct deposit - Comple	•	low if you ch	eck thi	is hox					
-	You may also contribute	Routing number		_		8	v	Checki		ingo
	to college savings funds			_					rig or Sav	vings
	here. See instructions!	Account number	2 9 1 0	1 8	8 9 7	8 5	4 8	3		
b	paper check.									
39 A	mount to be credited forward	. Subtract Line 37 fro	om Line 36. S	See ins	structions.				39	.00
40 If	you have an amount on Line	32, add Lines 32 an	d 35. - or -							
If	you have an amount on Line	31 and this amount	is less than l	_ine 35	5,					
s	ubtract Line 31 from Line 35.	This is the amount y	/ou owe . Se	e instru	uctions.				40	.00
Step	12: Health Insurance Cl	neckbox and Sigr	nature							
41 E	Check this box if IDOR ma	v share vour income	information	with o	ther Illinois	state	agenc	ies in or	der to determ	ine
	your eligibility for health in						J			
_	ature - Note: If this is a joint re		-	_		of mo	lenoue	ladaa it	io turio comuni	at and complete
	r penalties of perjury, I state	that I have examine	u iiiis reium	anu, u	o the best	OI IIIy	KIIOW	leuge, it	is true, corre	ct, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sigr	nature		Da	ate (mm	/dd/yyyy)	Daytime pho	ne number
Here									(312) 31	L6-1309
	Print/Type paid preparer's na	me	Paid preparer	's signa	ature	Da	ate (mm	/dd/yyyy)	Check if	
Paid	SYAM PRIYA RAM SAGAR GUPTA	A TALLAM	SYAM PRIYA RA	AM SAGA	R GUPTA TALI	LAM 0	4/06,	/2023	self-employe	d P02082703
Prepare Use On	Firm's name PICT OD	AL TAXES LLC				Fir	rm's FE	IN •	8431719	65
Jac Ull		ROONEY CT E	BRUNSWICE	0 UN	8816		rm's ph		(678) 96	55-9522
Third	Designee's name (please pri	nt)		Design	iee's phone r	numbe	er		Check if t	the Department may
Party				/	\				discuss this	return with the third
Design				()					nee shown in this step.
	Refer to the 2	022 IL-1040 Ins	structions	s for	the add	lres	s to i	mail y	our return	1_

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 ICR

Attach to your Form IL-1040

Illinois Credits

IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit See Publication 108.
- K-12 Education Expense Credit See Publications 112, 119, and 132.
- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax due.

		/ GADIPUDI me as shown on your Form IL-1040 You	ur Social Security		_ 5	_ 3 _ 9 _ 1
_	٠.	. O. Finance and a second property of the case of	1!4			
5	te	p 2: Figure your nonrefundable crec	IIτ			
1		ter the amount of tax from your Form IL-1040, Line 14.			1	12,312.00
2		ter the amount of credit for tax paid to other states from your Form II	1040, Line 15.		2	.00.
3	Su	btract Line 2 from Line 1.			3	12,312.00
Se	ectio	on A - Illinois Property Tax Credit (See instructions for direc	tions on how to	obtain your prop	erty nun	nber)
_	а	Enter the total amount of Illinois Property Tax paid during the				•
	-	tax year for the real estate that includes your principal residence.	4a	8,510.00		
	b	Enter the county and property number of your principal residence.	See instructions			
		4b KANE 123456				
		County Property number				
	С	Enter the county and property number of an adjoining lot, if include	ed in Line 4a.			
		4c Property number				
	d	Enter the county and property number of another adjoining lot, if in		a.		
		4d				
		County Property number				
	е	Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even				
		if you did not take the federal deduction.	4e	.00		
	f	Subtract Line 4e from Line 4a.	4f	8,510.00		
	g	Multiply Line 4f by 5% (.05).	4g	426.00		
5	_	mpare Lines 3 and 4g, and enter the lesser amount here.	-9 <u>——</u>		5	426 .00
6		btract Line 5 from Line 3.	6	11,886.00		
_						
		on B - K-12 Education Expense Credit				
		You must complete the K-12 Education Expense Credit Workshe				
		schedule and attach any receipt(s) you received from your student's acation expense credit.	s school to claim			
		Enter the total amount of K-12 education expenses from Line 11				
•	_	of the worksheet on the back of this schedule.	7a	.00		
	b	You may not take a credit for the first \$250 paid.	7b	250.00		
	С	Subtract Line 7b from Line 7a. If the result is negative, enter "zero."		.00.		
	d	Multiply Line 7c by 25% (.25). Compare the result and \$750, and				
		enter the lesser amount here.	7d	.00		
8	0-	mpare Lines 6 and 7d, and enter the lesser amount here.			8	.00.

IL-1040 Schedule ICR Front (R-12/22)
Printed by authority of the state of Illinois. Electronic only, one copy.
ID: 3WM REV 02/01/23 PRO

Form IL-1040, Line 16.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

426.00



K-12 Education Expense Credit Worksheet

<u>=Note</u>→ You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

10 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F School type (check only one) P = Public N = Non-public H = Home school	G Total tuition, book/lab fees
a			_		_ U U U	
b					Р N Н _ 🗆 🗆 🗆	
					P N H	
c					_	
					P N H	
d					_ U U U	
					P N H	
e			_		_ U U U	
f					р N Н _ 🗆 🗆 🗆	
					P N H	
g					_	
					P N H	
h					_	
					P N H	
i	·				_ ⊔ ⊔ ⊔	
					P N H	
j					_ 🗆 🗆 🗆	
11 Add the amounts in Column	G for Lines 10a through 10j (and t	he amounts fro	om Column G of anv		P N H	
additional pages you attache	ed). This is the total amount of your	qualified edu			.	
this year. Enter this amount h	here and on Step 2, Line 7a of this	schedule.			→ 11	.00

Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.





Illinois Department of Revenue 2022 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

Attach to your Form IL-1040

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

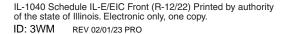
You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

<u>≡Note</u> If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Ilinois Dependent Exemption Allowance Step 2: Dependent information complete the table for each person you are claiming as a dependent. Note: If you and attach additional Dependent information tables. Dependent's first Dependent's last name Social Security Dependent's Dependent De	u are claimin	ng more	than ten	dependen	ts, comple
Step 2: Dependent information omplete the table for each person you are claiming as a dependent. Note: If you and attach additional Dependent information tables.	u are claimir	ng more	than ten	dependen	ts, comple
Step 2: Dependent information omplete the table for each person you are claiming as a dependent. Note: If you and attach additional Dependent information tables.	u are claimir	ng more	than ten	dependen	ts, comple
omplete the table for each person you are claiming as a dependent. Note: If you and attach additional Dependent information tables.	u are claimir	ng more	than ten	dependen	ts, comple
, Department's De					
Dependent's first Dependent's last name Social Security Dependent's De					
Dependent's first Dependent's last name Social Security Dependent's De	I			Number	Eligible
name ' number ' relationship da	ependent's ate of birth nm/dd/yyyy)	Full time student	Person with disability	of months living with you	for Earned Income Credit
ITYA CHOWDARY GADIPUDI 963-99-7898 Daughter 01/	/01/2011			12	
HAANVITHA GADIPUDI 963-99-7945 Daughter 06/	/03/2013			12	
Multiply the total number of dependents you are claiming by \$2,4252 X \$2,425 Enter the result here and on Form IL-1040, Line 10d.	•		1		4,850

Continue to Page 2 to calculate Illinois Earned Income Credit







Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. **The Proof of Section 1040** are **not claiming a qualifying child, do not complete the table below.**

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

001	ilpiete tile table for qua	illyllig crilidren that are i	ilot iliciaded ili ote	<i>J </i>					
	Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
]
]
]
]
]
4	Enter volum words colorie	as and time from your fode	ral Farm 1040 or 104	IO CD Line 17		1			.00
		es and tips from your fede come or (loss) from your			chedule 1, Line 3	_			.00
	If you report an amou	int on Line 2, you must	t answer the ques	tion in Line 2a	below.	2_			.00
		equire a city, state, or cour		_			Yes	No	
2b	If you answered " Yes " to or certification number.	o Line 2a, you must enter	the name of the iss	uing agency and	your license, regis	stration,			
	or certification number.	In code of Account			Bardatastia				7
		Issuing Agency		LI	cense, Registratio	n, or Certif	ication Num	ber	-
									-
									-
									-
									-
3	If you are filing your 202	22 federal return as marr	ried filing jointly but	are filing your 20	22 Illinois				
	9	separately, enter your fee	, ,	, ,	om your	0			00
За	*	eral Form 1040 or 1040- unt on Line 3, enter your			rom vour	3_			.00
	married filing jointly fed	-	opodoo o oodda. O		,	3a		·	
4	Is the statutory employee	box marked on your W-2	, Wage and Tax State	ement, Box 13?		4	Yes	No [
St	en 4: Figure v	our Illinois Ear	ned Income	Credit					
		deral Earned Income Cr			1040-SR, Line 2	27. 5 _			.00
6	Multiply the amount on	Line 5 by 18% (.18).	•			6			.00
7	Illinois residents: Ent		u the endergine of from	Cabadula ND I	in - 40	7			
8	-	rt-year residents: Ente lecimal on Line 7. This i				′ _			
-		and on your Form IL-10	-			→ 8_			.00
		=				-			

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act





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)

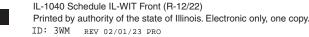
SRE	ENIVASULU G	ADIPUDI		7	8 4	_ 3	2 _	5	3	9 1
Your	r name as shown	on Form IL-1040		Your So	cial Security	number				
	Column A Form type	Column B Employer/Payer Identification Number	Federal W	Column C ages, Winnings, ons, Compensation		ois Wages	lumn D s, Winnings, Compensatio		Illin	olumn E ois Income x Withheld
1 .	W	36-4340266 000 6	_ \$	142,268.	<u>00</u> \$	<u> </u>	42,268 •0	<u>0</u>	\$	6,442 •00
2			_ \$	•(00 \$	5	<u>•0</u>	0	\$	<u>•00</u>
3			_ \$	•0	00 \$	5	•00	0	\$	<u>•00</u>
4			_ \$	•(00 \$	<u> </u>	•00	0	\$	•00
5			_ \$	•(00 \$	<u> </u>	•00	<u>0</u>	\$	•00
		spouse's withholding re	cords (inc	clude all W-2	and 1099					
VEN	IKATA LAKSHM		cords (inc	0	and 1099 $\frac{1}{2}$ $\frac{4}{2}$ Social $\frac{4}{2}$	_ 4	5			
VEN	IKATA LAKSHM	I GADIPUDI	Federal W	0	1 4 Duse's Social s	_ 4 Security Co	5	8 Gross	1 C	
VEN	IKATA LAKSHM: r spouse's name a Column A	I GADIPUDI as shown on Form IL-1040 Column B Employer/Payer	Federal W	O Your spo	1 4 Duse's Social s Gross Illing on, etc. Distri	_ 4 Security Co ois Wages butions,	5 number lumn D s, Winnings, 0	Gross on, etc.	1 C	9 6 olumn E ois Income
VEN Your	IKATA LAKSHM: r spouse's name a Column A	I GADIPUDI as shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal W	Column C ages, Winnings, ns, Compensation 118,777	1 4 Social Socia	_ 4 Security Co ois Wages butions,	5 – number lumn D s, Winnings, Compensatio	Gross on, etc.	1 C	9 6 olumn E ois Income x Withheld
VEN Your	IKATA LAKSHM: r spouse's name a Column A	Column B Employer/Payer Identification Number 13-3924155 000 4	Federal W	Column C 'ages, Winnings, 'ns, Compensation 118,777.	1 4 Duse's Social s Gross Illing On, etc. Distriction	_ 4 Security Cools Wages butions,	5 number lumn D s, Winnings, (Compensation .18 , 777 •00	Gross on, etc.	1 C	9 6 olumn E ois Income x Withheld 5,880,000
VEN Your	r spouse's name a Column A Form type	Column B Employer/Payer Identification Number 13-3924155 000 4	Federal W	Your sports of the control of the co	1 4 Duse's Social s Gross Illing On, etc. Distriction	_ 4 Security Co ois Wages butions,	5 number lumn D s, Winnings, 0 Compensation	Gross on, etc.	1 C	9 6 olumn E ois Income x Withheld 5,880,000

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 \$ 12,322**.00**







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				0	uhmi	eeior	חו						

<u></u>	(DO HOL Mail FORM		rtment of Revenue unl	ess it is requested for review.)
Step	1: Provide taxpayer in		I DIID T	7 0 4 2 2 5 2 0 1
		VENKATA LAKSHMI GAD1 Spouse's first name (and last name if differ	IPUDI rent) Last name	7 8 4 - 3 2 - 5 3 9 1 Social Security number
Print	3849 BAYBROOK DR	Spouse's mot name (and last name in unier	ent) Last name	0 1 4 - 4 5 - 8 1 9 6
or	Mailing address			Spouse's Social Security number
type	Aurora	IL	60504	(312) 316-1309
	City	State	ZIP	Daytime phone number
Sten	2: Complete information		Choose one: X	
	let income from Form IL-10		Choose one.	1248,7351_00_
	ax from Form IL-1040 or IL	*		2 12,312 00
		from Form IL-1040 or IL-1040-X,	Line 25 only (enter "0" if n	
		1040, Line 36 or IL-1040-X, Line	- `	4 436 00
		n IL-1040, Line 40 or IL-1040-X, L		5
		✓ Married filing jointly Marrie		<u> </u>
		posit of refund or electronic		
does within 7 F 8 A 9 T 10 E 11 E 12 N	not support international AC the United States or those Routing no. (RN): 0 8 ccount no. (AN): 2 9 ype of account: X Checoate the payment is to be electronic funds withdrawal lame on account:	CH transactions. IDOR will only per not funded by international funds. 1 9 0 4 8 0 8 1 0 1 8 9 7 8 5 cking Savings lectronically withdrawn://	erform direct transactions (e.g. Electronic payments will no	d within the electronic transmission. Illinois g., debit, deposit) with financial institutions located to be accepted and refunds will be via paper check.
×	I consent that my refund correct. If I have filed a jo	may be directly deposited as des oint return, this is an irrevocable a	signated in Step 3 and decla	are the information on Lines 7 through 9 is ouse as an agent to receive the refund.
	withdrawal as designated financial institutions invol	in the electronic portion of my 202	22 Illinois Original or Amend ronic overpayment of taxes	ent to initiate an ACH electronic funds ed Individual Income Tax return. I authorize the to receive confidential information
	I do not want direct depo	sit of my refund, or an electronic	funds withdrawal (direct del	oit) of my balance due.
return and a	originator (ERO) are identic ecompanying information ma	cal. To the best of my knowledge, m ay be sent to IDOR by my ERO. I au	y return is true, correct, and outhorize IDOR to inform my E	and the information I provided to my electronic complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has y be corrected and retransmitted if possible.
Sign				
	Your signature	Date		(if joint return, both must sign) Date
I decl	are that I have examined thation. I have followed all re		1040 or IL-1040-X, the inford declare, under penalties of p	mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the
	ERO's signature		Date	Check if paid preparer: (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-e	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.

