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.

	9-58-5335 19 RUN	96	KODUMI	JRU		PART CONTRACTOR			
100	3 W STOUGHTON	ST		1					
URI	BANA	IL	61801	CHAM:	PAIGN		on et particul		
		7	VEE2196@GN	MAIL.COM	[
B Fi	ing status: X Single	е 🔲 Ма	arried filing joi	ntly Ma	arried filing :	separately Wido	wed Head of	household	
C CI	neck If someone can cl	aim you,	or your spous	e if filing joir	ntly, as a de _l	pendent. See instructi	ons. 🗌 You 📗	Spouse	
D Ch	neck the box if this app	olies to y	ou during 202	2: Non	resident - A	Attach Sch. NR P	art-year resident	- Attach Sch.	NR
	ep 2: Income		· ·	· -		_	•		dollars only)
1	Federal adjusted gro	ss incom	ne from vour fe	deral Form	1040 or 104	I0-SR. Line 11.		1	1,678.00
2	Federally tax-exemp	t interes	t and dividend			eral Form 1040 or 10	40-SR, Line 2a.	2	.00
3	Other additions. Atta							3	.00 1,678 _{.00}
4	Total income. Add L	ines i ti	nrough 3.					4	17070.00
5	ep 3: Base Income Social Security bene	ofite and	certain retiren	nent nlan in	come				
	received if included i			•			5	.00	
6	Illinois Income Tax ov					1040-SR,			
7	Schedule 1, Ln. 1.		Nala a alcel a NA				6	.00	
2 7 8	Other subtractions. And Lines 5, 6, and			our subtract	tions		<i>I</i>	<u>.00</u> 8	.00
9	Illinois base incom							9	1,678 <u>.00</u>
Ste	ep 4: Exemptions								
-	a Enter the exemptionb Check if 65 or oldc Check if legally bl	der: lind:	You +	Spouse Spouse	# of chec # of chec	kboxes X \$1,000 kboxes X \$1,000	= c	.00	
<u>ַ</u>	Attach Schedule II		enis, enier ine a	amount non	i Scriedule i	L-E/EIC, Step 2, Line	d	0.00	
ra L	Exemption allowan		Lines 10a thre	ough 10d.				10	2,425 _{.00}
Ste	ep 5: Net Income ar	nd Tax							
11	Residents: Net inco								_
١ ,	-					ome from Schedule N	R. Attach Schedule	e NR. 11	0.00
12	Residents: Multiply Nonresidents and							12	0.00
13	Recapture of investr					oddio 1411.	`	13	.00
14								14	0.00
Sto	ep 6: Tax After Non	refunda	able Credits						
15							15	.00	
16	Property tax and K-1 Attach Schedule ICI		ation expense	credit amol	unt from Sc	hedule ICR.	16	.00	
§ 17	Credit amount from		e 1299-C. Att a	ach Schedu	ıle 1299-C.		17	.00	
18	Add Lines 15, 16, an	nd 17. Th	is is the total o	of your cred	its. Cannot		nt on Line 14.	18	0.00
19	Tax after nonrefund	dable cr	edits. Subtrac	t Line 18 fr	om Line 14			19	0.00
,	p 7: Other Taxes								
20	1 7				uraha f	omo I IT \\/o=\	LIT Toble	20	.00
21	Use tax on internet, in the instructions. D			ıı-oı-state p	urchases fr	om OT Worksneet or	OT TABLE	21	0.00
22				rogram Act	and sale of	assets by gaming lice	ensee surcharges.	22	.00
_	Total Tax. Add Lines					, , , , , , , , , , , , , , , , , , , ,	3	23	0.00



24 Tot	tal tax from Page 1, Line 23.						24	0.00		
Step 8:	Payments and Refundab	le Credit								
	ois Income Tax withheld. Attac mated payments from Forms I					25	83.00			
	uding any overpayment applied					26	.00			
	s-through withholding. Attach	27								
28 Pass	s-through entity tax credit. Atta	28	.00							
29 Earr	ned Income Credit from Sched	ule IL-E/EIC, Step	4, Line 8. At	ttach Sc	hedule IL-E/EIC	. 29	.00			
30 Tota	al payments and refundable	credit. Add Lines	25 through	29.			30	83.00		
Step 9:	Total									
	ne 30 is greater than Line 24, su						31	83.00		
	ne 24 is greater than Line 30, su						32	.00		
Step 10): Underpayment of Estima	ated Tax Penalt	y and Don	ations	3					
	e-payment penalty for underpa	-				33	.00			
_	Check if at least two-thirds o				•					
	Check if you or your spouse		-	-	-	-	E !! 004	0		
C L	Check if your income was no Attach Form IL-2210.	t received evenly	during the y	ear and	a you annualiz	zea your income oi	n Form IL-221	0.		
4 [Check if you were not requir	ed to file an Illino	ie Individual	Income	Tav return in	the previous tax v	oar			
	Intary charitable donations. At			IIICOIIIC	e lax letaill iii	34	.00			
	al penalty and donations. Ad					·	<u></u> 35	.00		
	: Refund or Amount you									
-	u have an amount on Line 31		is areater the	an I ine	35 subtract l	ine 35 from Line 3	21			
-	is your overpayment .	and this amount	is greater the	all Lillo	oo, sabilact i	Line oo nom Line (36	83.00		
	ount from Line 36 you want ref	unded to you . Ch	neck one box	on Line	e 38. See inst	ructions.	37	83.00		
	pose to receive my refund by	•								
	direct deposit - Complete to	he information be	low if you ch	eck this	s box.					
_		outing number				X Checkin	g or Covir			
	to college savings funds			_		A Checkin	g or Savir	igs		
	here. See instructions!	ccount number	3 8 8 0	0 6	5 1 7 8	4 9 6				
b□	paper check.									
	ount to be credited forward. Su	ubtract Line 37 fro	om Line 36. S	See inst	tructions.		39	.00		
40 If vo	u have an amount on Line 32,	add Lines 32 an	d 35. - or -							
•	u have an amount on Line 31			Line 35	,					
-	tract Line 31 from Line 35. This						40	.00		
Sten 13	2: Health Insurance Chec	khov and Sign	ature							
	Check this box if IDOR may s	_		with of	har Illinaia ata	to aganaias in ard	ar ta datarmin			
	your eligibility for health insura						er to determin	е		
	, car englishing recommend									
	ure - Note: If this is a joint retur									
Under p	enalties of perjury, I state tha	t I have examine	d this return	and, to	the best of r	ny knowledge, it is	s true, correct	, and complete.		
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	nature		Date (mm/dd/yyyy)	Daytime phone	number		
Here	Tour oignature		- P			Date (mm/dd/yyyy))-4543		
	Print/Type paid preparer's name		Paid preparer	r's signat	ture	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN		
Paid	SYAM PRIYA RAM SAGAR GUPTA TA		P02082703							
Preparer		02/22/2023 Firm's FEIN								
Use Only	Firm's name GLOBAL	84317196								
Third	Firm's address 245 ROC	DNEY CT E	BRUNSWICE			Firm's phone	(678) 965			
Third Party	Designee's name (please print)			Designe	ee's phone num	nber	Check if the Department may discuss this return with the third			
Designee	()							party designee shown in this step.		
23.5.100	Refer to the 202	2 II -1040 Ind	struction	s for	the addre	es to mail vo				
	TIGICI TO LITE ZUZ		,., 4011011	5 101	addi C	oo to man yo	ai ictuiii.			

IL-1040 Back (R-12/22) DR______ AP____ RR DC IR ID ID: 3WM REV 02/01/23 PRO





VARUN KODUMURU

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

3

83.00

11 \$___

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

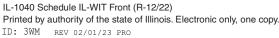
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

3

our name as shown o	on Form IL-1040		Your Social Security number							
Column A Column B Form type Employer/Payer Identification Number		Federal Wag	olumn C es, Winnings, Gross , Compensation, etc.	Co Illinois Wage Distributions,	s Illino	Column E Illinois Income Tax Withheld				
W .	37-6013590	\$	1,678 .00	\$	1,678 •00	\$	83 • 0			
		\$	•00	\$	•00	\$	•0			
		\$	•00	\$	•00	\$	•0			
		\$	•00	\$	•00	\$				
		\$	•00	\$	<u>•00</u>	\$	•0			
tep 2: Provide s	pouse's withholding re		your spouse's S			nois wit	hholdin			
tep 2: Provide s	pouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer	ecords (inclu Co Federal Wag	Your spouse's S Dlumn C es, Winnings, Gross	Gocial Security Co Illinois Wage	number Ilumn D s, Winnings, Gros	Col	umn E			
tep 2: Provide s our spouse's name as Column A Form type	pouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer Identification Number	ecords (inclu Co Federal Wag Distributions	Your spouse's S Dlumn C es, Winnings, Gross , Compensation, etc.	Social Security Co Illinois Wage Distributions,	number lumn D s, Winnings, Gros Compensation, e	Col s Illino c. Tax	umn E is Income Withheld			
tep 2: Provide s our spouse's name as Column A Form type	pouse's withholding restaurable in the second second in the second in th	ecords (inclusive conditions) Control Federal Wag Distributions	Your spouse's Solumn C es, Winnings, Gross , Compensation, etc.	Gocial Security Co Illinois Wage Distributions,	number lumn D s, Winnings, Gros Compensation, e	Col s Illino c. Tax	umn E is Income Withheld			
tep 2: Provide s our spouse's name as Column A Form type	pouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer Identification Number	Cords (inclusive cords) Control Federal Wagner constraints and the cords are cords ar	Your spouse's Solumn C es, Winnings, Gross , Compensation, etc. •00 •00	Gocial Security Co Illinois Wage Distributions, \$	number Slumn D s, Winnings, Gros Compensation, e	Col	umn E is Income Withheld •0			
column A Form type	pouse's withholding restaurable in the second second in the second in th	Cords (included in the cords) Control of the cords (included in the cords) Federal Wag Distributions Suppose the cords (included in the cords)	Your spouse's Solumn C es, Winnings, Gross , Compensation, etc. •00 •00 •00	Co Illinois Wage Distributions, \$ \$	number lumn D s, Winnings, Gros Compensation, et	Col s Illino c. Tax' \$ \$	umn E is Income Withheld •0			
tep 2: Provide s	pouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer Identification Number	Cords (inclusive cords) Federal Wag Distributions \$	Your spouse's Solumn C es, Winnings, Gross , Compensation, etc. •00 •00	Gocial Security Co Illinois Wage Distributions, \$	number Slumn D s, Winnings, Gros Compensation, e	Col s Illino c. Tax' \$ \$	umn E is Income Withheld •0 •0 •0			

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.

8



Illinois Department of Revenue

		_								_							
Submission ID																	

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	1			nless it is requested for review.)
Step	1: Provide taxpayer information VARUN		JMURU	8 3 9 _ 5 8 _ 5 3 3 5
		name (and last name if differ		Social Security number
Print	1003 W STOUGHTON ST 1	name (and last name it allies	2401141110	Cook Cooking Names
or type				Spouse's Social Security number
type	URBANA	IL	61801	(603) 560-4543
	City	State	ZIP	Daytime phone number
Stan	2: Complete information from t	av return	Choose one: X] IL-1040 IL-1040-X
	Net income from Form IL-1040 or IL-1		Choose one.	101_00_
	Tax from Form IL-1040 or IL-1040-X, I	,		2 0 0
	Ilinois Income Tax withheld from Form		Line 25 only (enter "0" if	
	Overpayment from Form IL-1040, Line		- `	483
	Total amount due from Form IL-1040,			5
	Filing status: X Single Married			/idowed Head of household
To in does within 7 F 8 7 9 10 F 11 F 1	not support international ACH transac	on, the information in tions. IDOR will only per by international funds. O 4 9 5 O 6 1 7 8 4 Savings Ly withdrawn:/	this Step must be include rform direct transactions (a Electronic payments will n	ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check.
	4: Taxpayer declaration and sig	nature (Sign only af	ter completing Step 2	and, if applicable, Step 3.)
	correct. If I have filed a joint return, I authorize the Illinois Department withdrawal as designated in the electronic financial institutions involved in the necessary to answer inquiries and	this is an irrevocable a of Revenue (IDOR) and ctronic portion of my 200 processing of an elect resolve issues related	ppointment of the other sport its designated financial as 22 Illinois Original or Amenonic overpayment of taxes to the payment.	lare the information on Lines 7 through 9 is couse as an agent to receive the refund. gent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the s to receive confidential information
L	I do not want direct deposit of my r		•	
return and a	n originator (ERO) are identical. To the baccompanying information may be sent accepted or rejected. If rejected, I authorized.	est of my knowledge, m to IDOR by my ERO. I a	y return is true, correct, and uthorize IDOR to inform my	and the information I provided to my electronic decomplete. I consent that my return, this declaration, ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
	Your signature	Date	Spouse's signature	e (if joint return, both must sign) Date
I dec inforr		r's electronic Form IL-1 ts of this program and o	040 or IL-1040-X, the info declare, under penalties of and complete.	ermation on this Form IL-8453, and accompanying i perjury, that to the best of my knowledge the
	ERO's signature		02/22/2023 Date	Check if paid preparer: (See instructions.)
	-		Date	
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Your} \frac{0}{PTIN} \frac{2}{VOU} \frac{0}{VOU} \frac{8}{VOU} \frac{2}{VOU} \frac{0}{VOU} \frac{3}{VOU} $
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).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

