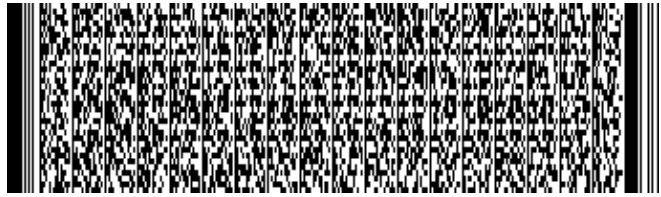




2300411514



Georgia Form **500** (Rev. 06/22/22)  
Individual Income Tax Return  
Georgia Department of Revenue  
**2022** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE **GA**  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

070420109

YOUR FIRST NAME  
1. DIVYA

MI YOUR SOCIAL SECURITY NUMBER  
051-65-1530

LAST NAME (For Name Change See IT-511 Tax Booklet)  
SINGH

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED  
2. 401 E 32ND STREET

APT NO 2212

CITY (Please insert a space if the city has multiple names)  
3. CHICAGO

STATE ZIP CODE  
IL 60616

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... **4. 3**

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. A**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse 6c. **1**

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... **7a.**

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REV 01/03/23 PRO



2300411524

YOUR SOCIAL SECURITY NUMBER  
 051-65-1530

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

**First Name, MI.** **Last Name**  
  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
  
**Social Security Number** **Relationship to You**

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 68753  
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..... 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.  
 (See IT-511 Tax Booklet)
  - b. Self: 65 or over?      Blind?      Total      x 1,300=..... 11b.
  - Spouse: 65 or over?      Blind?
  - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.  
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
  - a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
  - b. Less adjustments: (See IT-511 Tax Booklet) ..... 12b.
  - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



2300411534

YOUR SOCIAL SECURITY NUMBER  
051-65-1530

**Page 3**

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total .....	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	4556
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	4556
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....	16.	115
17. Low Income Credit	17a.	17b.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....	18.	
19. Credits used from IND-CR Summary Worksheet .....	19.	
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	22.	115

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
X W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
061454513											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
2214871HF											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
5164											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
143											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**This Page (3) is required for processing**

REV 01/03/23 PRO



**YOUR SOCIAL SECURITY NUMBER**  
 051-65-1530

**Page 4**

(INCOME STATEMENT D)			(INCOME STATEMENT E)			(INCOME STATEMENT F)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
	W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN	
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
23. Georgia Income Tax Withheld on Wages and 1099s .....	23.		143					
(Enter Tax Withheld Only and include W-2s and/or 1099s)								
24. Other Georgia Income Tax Withheld .....	24.							
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)								
25. Estimated Tax paid for 2022 and Form IT-560 .....	25.							
26. Schedule 2B Refundable Tax Credits.....	26.							
(Cannot be claimed unless filed electronically)								
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.		143					
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.							
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.		28					
30. Amount to be credited to 2023 ESTIMATED TAX .....	30.		0					
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.							
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.							
33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.							
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.							
35. Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.							
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.							
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.							
38. Realizing Educational Achievement Can Happen (REACH) Program .....	38.							
(No gift of less than \$1.00)								



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**YOUR SOCIAL SECURITY NUMBER**  
051-65-1530

**Page 5**

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. Penalty: Late Payment and/or Late Filing..... 41.
- 42. Interest ..... 42.
- 43. (If you owe) Add Lines 28, 31 thru 42 ..... 43.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,  
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740399 ATLANTA, GA 30374-0399**

44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29  
**THIS IS YOUR REFUND..... 44. 28**  
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740380 ATLANTA, GA 30374-0380**

**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

44a. Direct Deposit (U.S. Accounts Only) Type: Checking  Savings  
Routing Number 071921891 Account Number 4685286408

**Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.**

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

Taxpayer's Signature (Check box if deceased) Spouse's Signature (Check box if deceased)  
Taxpayer's Date of Death Spouse's Date of Death

Taxpayer's Signature Date Taxpayer's Phone Number 773-673-7146 Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number  
678-965-9522

Preparer's FEIN  
84-3171965

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703



2307411514

YOUR SOCIAL SECURITY NUMBER

051-65-1530

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Table with 3 columns: FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A), INCOME NOT TAXABLE TO GEORGIA (COLUMN B), and GEORGIA INCOME (COLUMN C). Rows include WAGES, INTEREST, BUSINESS INCOME, OTHER INCOME, TOTAL INCOME, ADJUSTMENTS, ADJUSTED GROSS INCOME, RATIO, and DEDUCTIONS/EXEMPTIONS.

## Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

### Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

### Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at [www.ct.gov/TSC](http://www.ct.gov/TSC) using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NRPY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
  - For all tax returns with payment:
    - Department of Revenue Services
    - PO Box 2977
    - Hartford CT 06104-2977
  - For refunds and tax returns without payment:
    - Department of Revenue Services
    - PO Box 2976
    - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

### Do not send this sheet with your return.

NRPY1222V011555



Form CT-1040NR/PY - 2022
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/22)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS
051 - 65 - 1530 - -

DIVYA SINGH N Dec. N P
N Dec. Y N

401 E 32ND ST N CT-8379 N CT-2210 N CT-19IT

APT 2212 USA N CT-1040 CRC N Federal Form 1310

CHICAGO IL 60616 - •

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 for income calculation, ending with a total tax of 344.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



NRPY1222V011555



Form CT-1040NR/PY, Page 2 of 4

NRPY1222V021555



• 051651530

19. Amount from Line 18

19. • 344

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	06 - 1454513	• 6980	• N	468
20b.	-	• 0	•	0
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 468

21. All 2022 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 468

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 124

25. Amount of Line 24 you want applied to your 2023 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 124

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y Ck. N Sv. 27b. Rout. # 071921891 27c. Acct. # 4685286408

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 0.00

**Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.**

Your signature	Date	Home/cell telephone number
•	•	7736737146
Spouse's signature (if joint return)	Date	Daytime telephone number
•	•	•
Paid preparer's signature	Date	Telephone number
• SYAM PRIYA RAM SAGAR GU	• 041623	• 6789659522
Paid preparer's name	Paid Preparer's PTIN	
SYAM PRIYA RAM SAGAR GUPTA TALL	P02082703	
Firm's name, address and ZIP code	FEIN	
GLOBAL TAXES LLC	843171965	
245 ROONEY CT	Self-employed	
E BRUNSWI NJ 08816 -	N	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

NRPY1222V021555

Sign Here  
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1222V031555



• 051651530

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
<b>40. Total additions:</b> Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2022 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100% of pension or annuity income.	50b.	0
51. Other - specify •	51.	0
<b>52. Total subtractions:</b> Add Lines 41 through 51.	52.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

53. Connecticut AGI during residency portion of taxable year	53.	0
	<b>Col. A</b>	<b>Col. B</b>
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1222V031555



NRPY1222V041555



• 051651530



**Schedule 3 - Individual Use Tax**

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

**Schedule 4 - Contributions to Designated Charities**

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. <b>Total Contributions:</b> Add Lines 63a through 63h.	63.	0

Taxpayer email



NRPY1222V041555



# Schedule CT-SI

## Nonresident or Part-Year Resident

### Schedule of Income From Connecticut Sources



# 2022

**Complete this schedule if you were a nonresident or part-year resident of Connecticut** and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial <b>DIVYA</b>	Last name <b>SINGH</b>	Your Social Security Number <b>0 5 1 : 6 5 : 1 5 3 0</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

Visit [portal.ct.gov/DRS/Individuals/Individual-Income-Tax](https://portal.ct.gov/DRS/Individuals/Individual-Income-Tax) before completing this schedule.

**Part 1 - Connecticut Income - Part-Year Residents:** Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.  
**Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc. ....	▶ 1.	6,980	
2. Taxable interest .....	▶ 2.		
3. Ordinary dividends .....	▶ 3.		
4. Alimony received .....	▶ 4.		
5. Business income or (loss) .....	▶ 5.		
6. Capital gain or (loss) .....	▶ 6.		
7. Other gains or (losses) .....	▶ 7.		
8. Taxable amount of IRA distributions .....	▶ 8.		
9. Taxable amounts of pension and annuities .....	▶ 9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	▶ 10.	0	
11. Farm income or (loss) .....	▶ 11.		
12. Unemployment compensation .....	▶ 12.		
13. Taxable amount of social security benefits .....	▶ 13.		
14. Other income: See instructions. ....	▶ 14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14. ....	▶ 15.	6,980	00

**Part 2 - Adjustments to Connecticut Income -** Enter adjustments **directly** related to income reported above.

16. Educator expenses .....	▶ 16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials .....	▶ 17.		
18. Health savings account deduction .....	▶ 18.		
19. Moving expenses for members of the armed forces .....	▶ 19.		
20. Deductible part of self-employment tax .....	▶ 20.		
21. Self-employed SEP, SIMPLE, and qualified plans .....	▶ 21.		
22. Self-employed health insurance deduction .....	▶ 22.		
23. Penalty on early withdrawal of savings .....	▶ 23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____	▶ 24.		
25. IRA deduction .....	▶ 25.		
26. Student loan interest deduction .....	▶ 26.		
27. Archer MSA deduction .....	▶ 27.		
28. Other adjustments .....	▶ 28.		
29. Total adjustments: Add Lines 16 through 28. ....	▶ 29.		
30. <b>Income from Connecticut sources:</b> Subtract Line 29 from Line 15. Enter the amount here and on <b>Form CT-1040NR/PY</b> , Line 6. ....	▶ 30.	6,980	00

**Employee Apportionment Worksheet -** Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut .....	A		
B. Working days (or other basis) inside Connecticut .....	B		
C. Total working days: Add Line A and Line B. ....	C		
D. Nonworking days (Holidays, weekends, etc.) .....	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. ....	E		
F. Total income being apportioned .....	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. .... Basis, if other than working days: _____	G		





24 Total tax from Page 1, Line 23.

24 2,824.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 3,189.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 3,189.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 365.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

- 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 365.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 365.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 0 7 1 9 2 1 8 9 1 X Checking or Savings
Account number 4 6 8 5 2 8 6 4 0 8

- b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

- 41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here: Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number (773) 673-7146
Paid Preparer Use Only: Print/Type paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM, Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date (mm/dd/yyyy) 04/16/2023, Check if self-employed, Paid Preparer's PTIN P02082703
Firm's name GLOBAL TAXES LLC, Firm's FEIN 843171965
Firm's address 245 ROONEY CT E BRUNSWICKNJ 08816, Firm's phone (678) 965-9522
Third Party Designee: Designee's name (please print), Designee's phone number, Check if the Department may discuss this return with the third party designee shown in this step.

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; and
• you paid income tax to another state on income you earned while you were an Illinois resident; and
• the income subject to the other state's tax is included in your Illinois base income; and
• you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should not file this schedule if

- you were a nonresident of Illinois during the entire tax year; or
• you did not pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note: If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

DIVYA SINGH

Your name as shown on your Form IL-1040

0 5 1 - 6 5 - 1 5 3 0
Your Social Security number

Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A Total (Whole dollars only)
Column B Non-Illinois Portion (Whole dollars only)

Read the instructions before completing this step.

Table with 3 columns: Line number, Description, Column A Total, Column B Non-Illinois Portion. Includes rows for Wages, interest, dividends, etc., and a total line 16.

Continue with Step 2 on Page 2

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.



	Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
17 Enter the amounts from Page 1, Line 16.	17 68,753.00	12,144.00
<b>Adjustments to Income</b>		
18 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	18 .00	.00
19 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	19 .00	.00
20 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	20 .00	.00
21 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	21 .00	.00
22 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	22 .00	.00
23 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)	23 .00	.00
24 Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 17)	24 .00	.00
25 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	25 .00	.00
26 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	26 .00	.00
27 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	27 .00	.00
28 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	28 .00	.00
29 RESERVED	29	
30 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	30 .00	.00
31 Other adjustments. <b>See instructions.</b>	31 .00	.00
32 Add Columns A and B, Lines 18 through 31.	32 .00	.00
33 Subtract Columns A and B, Line 32 from Line 17.	33 68,753.00	12,144.00

### Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
<b>Illinois Adjustments</b>		
34 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	34 .00	.00
35 Other additions (Form IL-1040, Line 3)	35 .00	.00
36 Add Columns A and B, Lines 33, 34, and 35.	36 68,753.00	12,144.00
37 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	37 .00	.00
38 Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	38 .00	
39 Other subtractions (Form IL-1040, Line 7)	39 .00	.00
40 Add Columns A and B, Lines 37 through 39.	40 .00	.00
41 Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	41 68,753.00	12,144.00

Continue to Page 3 →





## Step 4: Figure your Schedule CR decimal

		Column A	Column B
<b>Decimal</b>	42	68,753.00	12,144.00
	43		0.177

## Step 5: Part-year residents only (Full year residents, go to Step 6.)

<b>Part-Year Only</b>	44	.00
	45	.00
	46	.00
	47	.00
	48	.00
	49	.00

## Step 6: Figure your credit

<b>Credit for Tax Paid to Other States</b>	50	If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin	
	51	Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include <b>only</b> : <ul style="list-style-type: none"> <li>• State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2.</li> <li>• City or local government withholding from Form W-2 when a tax return is not required to be filed.</li> </ul>	
	52	3,283.00	
	53	0.177	
	54	581.00	
	55	459.00	



**Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.**





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	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

DIVYA SINGH

Your name as shown on Form IL-1040

0 5 1 - 6 5 - 1 5 3 0  
Your Social Security number

Column A Form type	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
1 W	06-1454513-000	\$ 76,180.00	\$ 66,398.00	\$ 3,189.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

## 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

Column A Form type	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		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .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 \$ 3,189.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

DIVYA SINGH 0 5 1 - 6 5 - 1 5 3 0
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
401 E 32nd street 2212
Mailing address
CHICAGO IL 60616 (773) 673-7146
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [ ] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 66,328 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 3,283 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 3,189 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 365 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 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): 0 7 1 9 2 1 8 9 1
8 Account no. (AN): 4 6 8 5 2 8 6 4 0 8
9 Type of account: [X] Checking [ ] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] 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 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 04/16/2023 Date Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3 Your PTIN
245 ROONEY CT Mailing address 8 8 - 2 1 4 5 4 8 7 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.

