## 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)	Internal Revenue Service	Go to www.irs.gov/rormos/9 for the latest information.			
Spanse's name  Part II Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)  Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Submission Identific	cation Number (SID)			
Spouse's social security number	Taxpayer's name	Social	security n	umber	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS fifers use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1	NIKHIL CHAKRA	AVARTHY TADAKA 173	L-19-6	973	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Special form 1040-SS filters withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to make you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you you 9 Amount you want refunded to you 9 Amount you you 9 Amount you want refunded to make you 9 Amount you want refunded to the best of the processing of the amount you 9 Amount you want you 9 Amount you want you 9 Amount you want you 9 Amount you 9 Amo	Spouse's name	Spous	e's social s	security number	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	Part I Tax Re	eturn Information — Tax Year Ending December 31. 2022 (Enter year)	vou are	authorizing `	)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 1 4, 465. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 5, 792. 5 Amount you want refunded to you 4 1, 327. 5 Amount you want refunded to you 5 1 5			<u>, ou u.o</u>	4411011211191	<u>'</u>
1					
A mount you want refunded to you  A mount you owe  Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Lorder penalise of perjury, Ideoter that I have examined a copy of the income tax return (original or amended) I am now authorizing. And to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or on more underly in an owa underlying. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for ny drelay in processing the return or refund, and (c) the date of any refund. If applicable, lauthorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account included in the tax preparation software for any refund. If applicable, lauthorize the U.S. Treasury Financial Agent to initiate and account of the payment of my financial resolution and the properties of the payment of the payment of my financial Agent to initiate and account into the underly and the financial institution included institution included institution included institution included institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If further acknowledge that the payment of the section of the payment of the section of the payment of the payment of the section of the payment of the section o				<b>1</b>   51	,879.
Amount you want refunded to you  Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of which will not be the standard of the penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of send ny return to the IRS and to receive from the IRS of an activative declare that the amounts for Part I above are mounts from the income tax return (original or amended) I am now authorizing. I consent to sellow my intermediate service provider, transmister, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS of an activative of receipt or reason for rejection of the transmission. (b) the reason of the provider of the provider of the provider than the provider of the provider than the provider of the purpose of the electronic payment of the payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment of the payment (settlement) date. I also authorize the payment of the processing of the electronic payment of the payment (settlement) date. I also authorize the provider of the processing of the electronic payment of the processing of the electronic payment of the processing of the electronic payment of the processing of th			_		
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of penjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of your knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the mounts from the income tax return (original or amended) I am now authorizing, and to the best of or any delay in processing the return or refund, and (e) the date of any refund. Il applicable, I authorize the U.S. Treadary Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any delay in processing the return or refund, and (e) the date of any refund. Il applicable, I authorize the U.S. Treadary Financial Agent to the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a supprient. I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment. I must contact the U.S. Treasury Financial Agent at 18-88-835-837. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the subministry of the control of the payment of t	3 Federal incor	me tax withheld from Form(s) W-2 and Form(s) 1099	🦪	<b>3</b> 5	792.
S   September   S   September   S   September   S   September   S   September   September	4 Amount you	want refunded to you	🗔		
Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in PAI I above are the amounts from the income tax return (original or amended) I am now authorizing. Lonsent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated financial adjustment on a count indication of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury or financial and the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the text preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the text preparation software for payment of my federal taxes owed on this return and/or apayment for the payment of the transmission of the refure that 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the provelet carrier than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the provent carrier than 2 business days prior to the payment. I further acknowledge that the personal identification number (PIPI) below is my signature for the income tax return (original or amended) I am now authorizing. Check this box onl	5 Amount you	owe	🗔		
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I authorize GLOBAL TAXES LLC	to send my return to the for any delay in process Agent to initiate an AC payment of my federal authorization is to rempayment, I must control business days prior to taxes to receive confipersonal identification	he IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of ssing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treach electronic funds withdrawal (direct debit) entry to the financial institution account indicated in I taxes owed on this return and/or a payment of estimated tax, and the financial institution to denain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the act the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests me the payment (settlement) date. I also authorize the financial institutions involved in the process idential information necessary to answer inquiries and resolve issues related to the payment number (PIN) below is my signature for the income tax return (original or amended) I am now	f the trans asury and in the tax pubit the enuthorization ust be resing of the first I further	smission, (b) the its designated oreparation softer to this accomplete to the control of the con	e reason Financial tware for bunt. This cancel) a er than 2 yment of that the
I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ Date ▶  Spouse's PIN: check one box only □ I authorize □ to enter or generate my PIN □ I authorize □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶  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 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual income Tax Returns.  ERO's signature ▶  Date ▶  ERO Must Retain This Form — See Instructions	Taxpaver's PIN: ch	neck one box only			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶  Spouse's PIN: check one box only □ I authorize			<u>, [9]6</u>	5   9   7   3	as mv
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Spouse's PIN: check one box only	if you are e				
I authorize	Your signature ► _	Date ▶			
I authorize	Spouse's PIN: che	ck one box only			
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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.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions	if you are e		_		_
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.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions	Spouse's signature	▶ Date ▶			
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ERO Must Retain This Form — See Instructions	authorized to file for t	ax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting the	nis return	in accordance	
	ERO's signature ▶	Date ►			

## 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 Check only one box.		Single  Married filing jointly  uchecked the MFS box, enter the name		ed filing separately (Noor spouse. If you cl					spou	ifying survi ise (QSS) name if the	· ·
		on is a child but not your dependent	:								
Your first name	and mi	ddle initial	Last na	me						cial security	
_NIKHIL (	CHAKE	RAVARTHY	TADA	KA						9-6973	
If joint return, s	pouse's	first name and middle initial	Last nai	me				Sp	ouse's	social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pr	esider	ntial Electio	n Campaign
4033 SAI	4033 SARA ST							- 1		ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below.	Stat	e	ZIP code				tly, want \$3 Checking a
GRANITE	CITY	Z .			IL	ı	62040			w will not	
Foreign countr	y name		F	oreign province/state/	county	y	Foreign postal co	de yo	ur tax	or refund.	_
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a					-			□Yes	⊠ No
Standard		eone can claim: You as a de		<u></u>			, (				
Deduction		Spouse itemizes on a separate retur		•							
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua	ry 2, 1	958	☐ Is blir	nd
Dependent	s (see	instructions):		(2) Social security	.	(3) Relationsh	ip (4) Check th	e box if	qualif	es for (see i	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child to	x credi	: (	Credit for oth	er dependents
than four											<u> </u>
dependents, see instruction	s ——										]
and check	,										<u> </u>
here	]								$\perp$		<u> </u>
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	5	9,202.
	b	Household employee wages not re							1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f		
If you did not	9	Wages from Form 8919, line 6 .							1g	+	
get a Form W-2, see	h	Other earned income (see instructi	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i				4 -	0 000
	<u>z</u>	Add lines 1a through 1h	 		 				1z	+ - 3	82.
Attach Sch. B if required.	2a	'	2a	14.		axable interes			2b	+	
	3a		3a	14.		rdinary divide			3b	+	43.
24	4a 5a		4a 5a			axable amoun axable amoun			4b 5b	+	
Standard Deduction for—	6a		6a			axable amoun			6b	+	
Single or Married filing	C	If you elect to use the lump-sum e		method check here					OD		
separately,	7	Capital gain or (loss). Attach Sche			•	•		. 🗀	7	1	
\$12,950 Married filing	8	Other income from Schedule 1, lin						. Ш	8	<del>-</del>	7,448.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9		1,879.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•					10	+	<u> </u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	,						11	- 5	1,879.
household,	12	Standard deduction or itemized	•	-					12		2,950.
\$19,400 If you checked	13	Qualified business income deducti				5-A			13	T -	_,,,,,,,
any box under Standard	14	Add lines 12 and 13							14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer							15		8,929.

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	4,466.
Credits	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	4,466.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	ne 8						20	1.
	21	Add lines 19 and 20							21	1.
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					22	4,465.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	4,465.
<b>Payments</b>	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a	5	,792		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	5,792.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit				29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undab	le credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	5,792.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	1,327.
Retuna	35a	Amount of line 34 you want			s is attached, che	ck here	e		35a	1,327.
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type:	Chec	king 🗌	Savings		
See instructions.	d	Account number 2 9 1	0 2 6 4	9 1 8 0	0 0					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, g		•					37	
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See	•			
Designee <sup>*</sup>	ins	structions					Yes. C	omplete	below.	<b>X</b> No
		signee's		Phone					ntification	
	naı			no.				oer (PIN)		
Sign		der penalties of perjury, I declare in ief, they are true, correct, and com								
Here		ur signature	ipioto. Boolaration	Date	Your occupation	uoou on	an informati			nt you an Identity
	10	ur signature		Date	rour occupation					IN, enter it here
Joint return?					AUTOMATION	APP	ENGINEE	R (se	e inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.								- 1	entity Prote e inst.)	ection PIN, enter it here
,										
		one no. (618) 216-039		Email address	TADAKANIKH					Chaple if:
Paid		eparer's name	Preparer's signat			Date		PTIN	00000	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	02/	15/2023		82703	Self-employed
Use Only		m's name GLOBAL TA			- 0005					(678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Fir	m's EIN	84-3171965

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

REV 02/05/23 PRO

BAA

Form **1040** (2022)

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

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

OMB No. 1545-0074

Department of the Treasury

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

Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.						
Name(s) shown on Form 1040, 1040-SR, or 1040-NR  Your soci						
NIKHIL CHAK	NIKHIL CHAKRAVARTHY TADAKA 171-19-					
Part I Ad	litional Income					
1 Taxable	efunds, credits, or offsets of state and local income taxes		1	0.		
2a Alimony	eceived		2a			

1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-7,448.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	Table the decree Add Constant A	8z		
9 10	Total other income. Add lines 8a through 8z		10	-7.448
111	-Compine imes i infolion / ano 9. Enter here and on Form 1040. 1040-518	OF TOACHINE IINE &	1 111	- / - 448

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	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)		-	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	0.4_			
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> . Enter			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

## **Additional Credits and Payments**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

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

Your social security number 171-19-6973

Pai	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		. 1	1.
2	Credit for child and dependent care expenses from Form 2441 Form 2441	I, line 11. Attao	ch . <b>2</b>	
3	Education credits from Form 8863, line 19		. 3	
4	Retirement savings contributions credit. Attach Form 8880		. 4	
5	Residential energy credits. Attach Form 5695		. 5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		. 7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 1040-N		
	line 20		. 8	1.
			(continue	d on page 2)

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

Par	Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
1 <del>4</del> 15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-		14	
10	line 31		15	

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

Your social security number

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

171-19-6973 NIKHIL CHAKRAVARTHY TADAKA Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) PLOT-47, ABHYUDAYANAGAR HYDERABAD TELANGANA IN 500074 Α 1212 CHANCELLOR DR EDWARDSVILLE IL 62025 В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α 3 Α 365 0 if you meet the requirements to file as a В 0 1 В 365 qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α C Income: 3 698. 12,925. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,347. 1,250. 8 Commissions 8 9 9 Insurance . . 426. 10 Legal and other professional fees 10 11 Management fees . . . . . . . . . 11 1,922. 12 Mortgage interest paid to banks, etc. (see instructions) 12 4,563. 13 13 14 2,047. 1,680. 14 Repairs . . . . 1,480. 15 Supplies 15 16 16 Taxes 3,345. 17 Utilities . . . . . . . 17 2,011. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 20 20 11,264. Total expenses. Add lines 5 through 19 . . . . . . 9,807. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 -9,109. 1,661. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 9,109. 13,623. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b

23c

23d

23e

4,563.

21,071.

25

1,661.

9,109.

-7,448.

24

25

26

Total of all amounts reported on line 12 for all properties

Total of all amounts reported on line 18 for all properties

Total of all amounts reported on line 20 for all properties

**Income.** Add positive amounts shown on line 21. **Do not** include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

## Form **8889**

Department of the Treasury

Internal Revenue Service

### **Health Savings Accounts (HSAs)**

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

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

NIKHIL CHAKRAVARTHY TADAKA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

171-19-6973

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	lf-only $\square$ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	2,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	1,150.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part		voto l	ICAs semplets
rait	a separate Part II for each spouse.	ırale i	
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	2,031.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	2,031.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,031.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040). Part II. line 17d	21	

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.

1	71-19-6973 1996						
	KHIL CHAKRAVARTHY	TADAKA					
							38.20.003
4(	33 SARA ST						#1950AE
GF	ANITE CITY IL	62040	MADISON				
		TADAKANIKHI	L@GMAIL.COM				
В	Filing status: 🗵 Single 🔲	Married filing jointly	/ Married filin	g separately	d Head of	household	
C	Check If someone can claim y	ou, or your spouse i	filing jointly, as a	dependent. See instruction	s. You	Spouse	
	<b>Check</b> the box if this applies t			·		•	NR
		o you during Local		7.11.2011 0011.1111	r your rooldoni		dollars only)
1	tep 2: Income Federal adjusted gross inc	come from your fede	ral Form 1040 or 1	040-SR Line 11		1	51 <b>,</b> 879.00
2	Federally tax-exempt inte				-SR, Line 2a.	2	.00
3	Other additions. Attach S					3	.00 51,879 <sub>.00</sub>
4 5	Total income. Add Lines	1 through 3.					317073.00
5	tep 3: Base Income Social Security benefits a	nd certain retireme	nt plan income				
	received if included in Lin	e 1. Attach Page 1	of federal return.		5	.00	
6	Illinois Income Tax overpa	yment included in fe	deral Form 1040 of	or 1040-SR,	•		
: 27	Schedule 1, Ln. 1. Other subtractions. Attac	<b>h</b> Schedule M			6	.00	
8	Add Lines 5, 6, and 7. Thi		subtractions.			<u></u> 8	.00
5 9	Illinois base income. Su	btract Line 8 from L	ine 4.			9	51,879 <u>.00</u>
•	tep 4: Exemptions						
1	a Enter the exemption am				a 2,42		
7	<ul><li>b Check if 65 or older:</li><li>c Check if legally blind:</li></ul>			eckboxes <b>X</b> \$1,000 = eckboxes <b>X</b> \$1,000 =			
	d If you are claiming deper						
7	Attach Schedule IL-E/EI		la 10-l		d	<sup>0</sup> .00	2,425.00
ž =	Exemption allowance. A		jn 10a.				2,425.00
	tep 5: Net Income and Ta I Residents: Net income.		om Line 0				
<b>'</b> '	Nonresidents and part-			ncome from Schedule NR.	Attach Schedule	NR. <b>11</b>	49,454.00
1	2 Residents: Multiply Line	11 by 4.95% (.0495	). Cannot be less	than zero.			0.110
	Nonresidents and part-			chedule NR.		12	2,448.00
1	_ '					13 14	
2 —	tep 6: Tax After Nonrefur		7.000 20.0.				
1	•		nois resident. Atta	<b>ch</b> Schedule CR.	15	.00	
1	. ,	ucation expense cre	edit amount from S	Schedule ICR.	10		
1	Attach Schedule ICR.  7 Credit amount from Sche	dule 1299-C. Attacl	n Schedule 1299-	C	16 17	.00 .00	
1						18	0.00
1		credits. Subtract L	ine 18 from Line	14.		19	2,448.00
,	tep 7: Other Taxes	•					
2 2	1 7			from LIT Markehoot or LI	T Table	20	.00
ر ا	in the instructions. <b>Do no</b> t		-state purchases	TOTAL OF ANOLYSTICET OF O	i iabic	21	0.00
2			gram Act and sale	of assets by gaming licens	see surcharges.	22	.00
2	3 Total Tax. Add Lines 19, 2	20, 21, and 22.				23	2,448 <sub>.00</sub>



<b>24</b> To	tal tax from Page 1, Line	23.					24	2,448.00
Step 8:	Payments and Refur	ndable Credit						
	ois Income Tax withheld. A					<b>25</b> 2,	930.00	
	uding any overpayment a		•			26	.00	
<b>27</b> Pas	s-through withholding. Att	ach Schedule K-1-P o	r K-1-T.			27	.00	
<b>28</b> Pas	s-through entity tax credit	. Attach Schedule K-1-	P or K-1-T.			28	.00	
	ned Income Credit from S				chedule IL-E/EIC	. 29	.00	
	al payments and refund	able credit. Add Lines	25 through	29.			30	2,930.00
Step 9:								
	ne 30 is greater than Line 2						31	482.00
	ne 24 is greater than Line 3						32	.00
_	0: Underpayment of Es		=	ations	S			
	e-payment penalty for und	• •		,		33	.00	
· ·	Check if at least two-thi	•			-	- hama		
	Check if you or your sport of the comment of the co		-	-	-	-	n Form II -221	0
С <u>Г</u>	Attach Form IL-2210.	as not received evenly	during the y	cai ai	id you ariridaliz	zea your income o	II I UIIII IL-22 I	0.
dГ	Check if you were not re	equired to file an Illinoi	is Individual	Incom	e Tax return in	the previous tax v	ear.	
	untary charitable donation					34	.00	
	al penalty and donation						35	.00
Step 1	1: Refund or Amount	you owe						
<b>36</b> If vo	ou have an amount on Lin	e 31 and this amount	is greater tha	an Line	e 35. subtract I	Line 35 from Line	31.	
-	s is your <b>overpayment</b> .		3		,		36	482.00
<b>37</b> Amo	ount from Line 36 you war	nt <b>refunded to you</b> . Ch	eck <b>one</b> box	on Lir	ne 38. See inst	ructions.	37	482.00
<b>38</b> I ch	oose to receive my refund	d by						
а 🛚	direct deposit - Compl	lete the information be	low if you ch	eck th	is box.			
	You may also contribute	Routing number	0 8 1 9	0	4 8 0 8	× Checkin	g or Savir	ngs
	to college savings funds					.g c ca	.90	
	Tiere. See instructions:	Account number 2	2 9 1 0	2	6 4 9 1	8 0 0		
b [	paper check.							
<b>39</b> Amo	ount to be <b>credited forwar</b>	<b>d.</b> Subtract Line 37 fro	om Line 36. S	See ins	structions.		39	.00
<b>40</b> If yo	ou have an amount on Lin	e 32, add Lines 32 an	d 35. <b>- or -</b>					
-	ou have an amount on Lin							
sub	tract Line 31 from Line 35	5. This is the <b>amount y</b>	<b>ou owe</b> . See	e instr	uctions.		40	.00
Step 1	2: Health Insurance (	Checkbox and Sign	ature					
41 🗆	Check this box if IDOR n	nay share your income	information	with o	ther Illinois sta	ite agencies in ord	ler to determir	ne
	your eligibility for health i							
	ure - Note: If this is a joint penalties of perjury, I stat					ny knowledge, it is	s true, correct	t, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Snouse's sign	ature		Date (mm/dd/yyyy)	Daytime phone	e number
Here	Tour dignature	Date (minutaryyyy)	opodoo o oigi	iataro		Date (IIIII/dd/yyyy)		
	Print/Type paid preparer's r	name	Paid preparer	'e eian	ature	Date (mm/dd/:::::)	(618) 216	6-0393 Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUP				AR GUPTA TALLAM	Date (mm/dd/yyyy) 02/15/2023		P02082703
Preparer			OTUL IVIIV V	mi DAUA	TV GALLY LYTHYLL			
Use Only	Only Firm's name GLOBAL TAXES LLC Firm's FEIN					84317196		
Third			BRUNSWICK			Firm's phone	(678) 965	
Third Party	Designee's name (please p	orint)		Desigr	nee's phone num	nber	_	e Department may eturn with the third
Designee					eturn with the third e shown in this step.			
3.500		2022 IL-1040 Ins	structions	s for	the addre	ee to mail vo		
	rielei lu lile i		, uolioik	, 101	and addic	oo to man yu	ai i <del>c</del> tuiil.	

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)

NI	KHIL CHAKRAV	ARTHY TADAKA		1 7 1	<u> </u>	1 9	6	9 7	3			
You	ur name as shown	on Form IL-1040		Your Social Se	Your Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C s, Winnings, Gross Compensation, etc.		Column D ages, Winnings, Gons, Compensation		Column E Illinois Income Tax Withheld				
1	W	37-6001424	\$	46,475 <b>•00</b>	\$	46,475 <b>•00</b>	\$_	2,3	<u>00.00</u>			
2	W	37-6001424	\$	12,727 <b>•00</b>	\$	12,727 <b>•00</b>	\$_	6	30 <b>•00</b>			
3			\$	<u>•00</u>	\$	•00	\$_		<u>•00</u>			
4			\$	<u>•00</u>	\$	•00	\$_		<u>•00</u>			
5			\$	•00	\$	•00	\$_		<u>•00</u>			

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

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

Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages,	ımn C Winnings, Gross ompensation, 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			_ \$	<u>•00</u>	\$	•00	\$	•00	
10			_ \$	<u>•00</u>	\$	•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** \$ 2,930.00

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





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Submission ID																			

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	( <b>Do not mail</b> Form IL-8453	to the Illinois Departn	nent of Revenue un	lless it is requested for revie	w.)
Step	1: Provide taxpayer information			1 7 1 1 0	6 0 7 0
	NIKHIL CHAKRAVARTHY  First name and middle initial Spouse's first	TADAKA st name (and last name if different)			_6_9_7_3_
Prin	t 4033 SARA ST	t hame (and last hame if different)	Lastriame	Social Security Humber	
or type				Spouse's Social Security number	
type	GRANITE CITY	IL	62040	(618) 216-0393	
	City	State	ZIP	Daytime phone number	
Stor	2: Complete information from	tay return	Choose one:	IL-1040     IL-1040-X	
	Net income from Form IL-1040 or IL-		Choose one.	1	49,454   <b>00</b>
	Tax from Form IL-1040 or IL-1040-X,	•		2	2,448   00
	Illinois Income Tax withheld from For		ne 25 <b>only</b> (enter " <b>0</b> " if		2,930 00
	Overpayment from Form IL-1040, Lin		• '	4	482 <b>I 00</b>
	Total amount due from Form IL-1040			5	1 00
	Filing status: X Single Marrie			idowed Head of household	
Ctor	3: Complete direct deposit of	refund or clostronic fu	n de wildedwervel inde	westian (Ontional)	
within 7 8 9 10 11 12 Step	not support international ACH transa in the United States or those not funder Routing no. (RN): _0 _ 8 _ 1 _ 9 _ 0 Account no. (AN): _2 _ 9 _ 1 _ 0 _ 0 Type of account: Checking Date the payment is to be electronical Electronic funds withdrawal amount: Name on account: 4: Taxpayer declaration and signal account that my refund may be a factor of the state	d by international funds. Electric description of the second seco	completing Step 2 a	and, if applicable, Step 3.)	via paper check.
<u>&gt;</u>	correct. If I have filed a joint return	, this is an irrevocable appo	ointment of the other sp	ouse as an agent to receive the re	efund.
L	I authorize the Illinois Department withdrawal as designated in the ele financial institutions involved in the necessary to answer inquiries and	ectronic portion of my 2022 I e processing of an electron	Illinois Original or Amenic ic overpayment of taxes	ded Individual Income Tax return. I	authorize the
	I do not want direct deposit of my	refund, or an electronic fun	ds withdrawal (direct de	ebit) of my balance due.	
retur	er penalties of perjury, I declare the info n originator (ERO) are identical. To the accompanying information may be sent accepted or rejected. If rejected, I auth	best of my knowledge, my re to IDOR by my ERO. I autho	eturn is true, correct, and orize IDOR to inform my	complete. I consent that my return ERO and/or the transmitter when m	, this declaration, y return has
Sign		<u>-</u>			
	Your signature	Date			Date
I dec	5 5: Electronic return originator lare that I have examined this taxpay mation. I have followed all requiremer ayer's return and accompanying infor	er's electronic Form IL-104 hts of this program and dec	0 or IL-1040-X, the info clare, under penalties of d complete.	rmation on this Form IL-8453, and perjury, that to the best of my kno	wledge the
	ERO's signature		02/15/2023 Date	Check if paid preparer: X (Se	e 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 2 0 0 2	
use	245 ROONEY CT			8 8 - 2 1 4 5	4 8 7
only	Mailing address			Federal employer identification numb	er (FEIN)
	E BRUNSWICK	NJ	08816	<u>(678) 965-9522</u>	
	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.

