# 8879 **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

illemai nevelue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
PAVAN KUMAR LOGAM	825-68-1431
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Er	nter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	nter year you are authorizing.
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	<b>1</b>   79,564.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trar to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize th Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termi payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	rejection of the transmission, (b) the reason to U.S. Treasury and its designated Financial indicated in the tax preparation software for tution to debit the entry to this account. This inate the authorization. To revoke (cancel) a requests must be received no later than 2 the processing of the electronic payment of the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	ata my DIN 8 1 4 3 1
X I authorize GLOBAL TAXES LLC to enter or general ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.	
Your signature ▶ Date ▶	<b>-</b>
Spouse's PIN: check one box only	
I authorize to enter or general	ate my PIN as my
ERO firm name	ate my PIN as my  Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.	
Spouse's signature ▶ Date ▶	•
Practitioner PIN Method Returns Only—continue bel	
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
<b>ERO's EFIN/PIN.</b> 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 incoma uthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this return in accordance with the
ERO's signature ▶ Date ▶	•
FRO Must Retain This Form — See Instructions	

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

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



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 n	_	ed filing separately (Mour spouse. If you ch		_				spou	lifying sur use (QSS) name if t		ying	
	pers	on is a child but not your dependent	t:											
Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial securi	ty numbe	ər	
PAVAN KU	JMAR		LOGA	M					8	325-6	68-143	1		
If joint return, s	pouse's	s first name and middle initial	Last nar	me					S	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. n	0.	- 1		ntial Electi	-	aign	
1425 S V	VOLF	RD					138				nere if you if filing joir		+ ¢o	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	е	ZIP code				this fund.			
PROSPECT	r HE	[GHTS		IL   600						60070 box belov			0	
Foreign country	y name		F	Foreign province/state/o	county	У	Foreign pos	stal co	de y	our tax	or refund	l. □ Spo	ouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a			-		-				Yes	⊠ No		
Standard		eone can claim:  You as a de					40001). (01	, , , ,	511 401					
Deduction	_	Spouse itemizes on a separate retur	•			а асренает								
Age/Blindnes:	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before J		-		☐ Is b			
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Che	ck th	e box	if qualit	fies for (see	instruction	ons):	
If more	<b>(1)</b> Fi	irst name Last name		number		to you	Cł	nild ta	x cred	dit	Credit for of	ther depen	idents	
than four														
dependents, see instruction	s ——													
and check _														
here	]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		88,17	4.	
	b	Household employee wages not re								1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)												
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)												
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26												
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 29						1f				
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form	h	Other earned income (see instruct	tions) .				,			1h			0.	
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1i</u>								
	Z	Add lines 1a through 1h								1z		88,17	4.	
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t			2b				
if required.	3a	Qualified dividends	3a		<b>b</b> O	rdinary divider	nds			3b				
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t			4b				
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	t			5b				
<b>Deduction for</b> Single or	6a	Social security benefits	6a		<b>b</b> Ta	axable amoun	t		· <u>·</u>	6b				
Married filing	С	If you elect to use the lump-sum e	election n	nethod, check here (	(see i	nstructions)			. Ц					
separately, \$12,950	7	Capital gain or (loss). Attach Sche							. Ц	7			7.	
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8		-8 <b>,</b> 69	7.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		=	ome					9		79 <b>,</b> 56	4.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, li	ine 26						10				
Head of	11	Subtract line 10 from line 9. This is	-	-						11		79 <b>,</b> 56		
household, \$19,400	12	Standard deduction or itemized								12		12,95	0.	
If you checked	13	Qualified business income deduct								13				
any box under Standard	14	Add lines 12 and 13								14		12,95		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our <b>t</b>	axable incom	ie			15		66,61	4.	

	_	_	Pa	ag	e <b>2</b>	
10	) <b>,</b>	2	/	5	•	
10	Ο,	2	7	5		
						•
10	),	2	7	5		
1 (	) <b>,</b>	2	7	<u>0</u>		
	<i>-</i>		,		•	-
13	3,	7	4	3	•	-
						-
1 1	3 .	7	4	3		
	3,	4	6	8		
	3,	4	6	8		
X No						

Form 1040 (2022) **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . 17 Add lines 16 and 17 . . . . . . . . . . . 18 18 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 . . . . . . . . 20 21 Add lines 19 and 20 . . . . . . . . . . . . 21 22 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 13,743. Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) . . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use . . . . . . . . . . . . . 31 Amount from Schedule 3, line 15 . . . . . . . . . . . . . . . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number 0 7 2 0 0 0 8 0 5 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 3 7 5 0 1 4 2 9 9 5 1 6 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) . . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) BUSINESS SYSTEM ANALYST Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (510) 320-8690 Email address PAVANLOGAM1@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2023 P02082703 **Preparer** 

Firm's name

Firm's address

Use Only

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Phone no. (678) 965-9522

Firm's EIN

### SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

825-68-1431

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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	-8 <b>,</b> 697.
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:	0-		
0	Total athor in come. Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	0 605
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	. OF 1040-NR. IINE 8	10	-8,697.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:	<b></b>		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

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#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

2022

OMB No. 1545-0074

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number PAVAN KUMAR LOGAM 825-68-1431 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 963. 868. 95. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 95. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with 26. 18. -8. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

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

## Part III Summary

16	Combine lines 7 and 15 and enter the result	16		87.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 <b>both</b> gains?  ☐ <b>Yes.</b> Go to line 18.  ☑ <b>No.</b> Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.			
	■ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:			
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(	)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.			
	➤ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

## 8949 Form

## **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

825-68-1431

PAVAN KUMAR LOGAM

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

**Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>★ (A) Short-term transactions</li><li>★ (B) Short-term transactions</li><li>★ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	st or other basis the <b>Note</b> below enter a code in co <b>See the separate in</b>		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/01/22	963.	868.			95.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	963.	868.			95.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022) Attachment Sequence No. **12A** Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

PAVAN KUMAR LOGAM

825-68

Social security number or taxpayer identification number 825-68-1431

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>★ (D) Long-term transactions</li><li>★ (E) Long-term transactions</li><li>★ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas	•		•	9)
1  (a)  Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/01/22	18.	26.			-8.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and ince is checked), <b>lir</b>	lude on your ne 9 (if Box E	18.	26.			-8.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

**BAA** REV 01/28/23 PRO Form **8949** (2022)

# SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number

	N KUMAR LUGAM						82	5-68	5-14	<u> </u>		
Part	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal proper			C. See	instru	ctions If you	are ar	indiv	dual	report	farm	1
	rental income or loss from Form 4835 on page 2, line 40.											
	id you make any payments in 2022 that would require you										X	No
B If	"Yes," did you or will you file required Form(s) 1099? .									Yes		No
1a	Physical address of each property (street, city, state, ZIF	code	<del>)</del>									
Α	H NO:6-19-8, ADARSH NAGAR DUBBA, NIZAMAB	BAD 1	TELANGAI	NA II	1 50	3001						
В												
С												
1b	Type of Property 2 For each rental real estate proper				Fa	ir Rental	Pe	rsona	al Us	Э	QJ	IV
	(from list below) above, report the number of fair					Days		Day	/S		<b>Q</b> 0	•
Α	personal use days. Check the Quif you meet the requirements to fi			Α		365			0			<u>]                                    </u>
В	qualified joint venture. See instru			В							<u>_</u>	<u></u>
С				С							L	
	of Property:				_							
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental						
2 I	Multi-Family Residence 4 Commercial		6 Royal	ties	8	Other (desc	ribe)					
						Properti	ies:					
ncom	e:			Α		В				С	;	
3	Rents received	3		5	10.							
4	Royalties received	4										
xpen								T				
5	Advertising	5										
6	Auto and travel (see instructions)	6			46.							
7	Cleaning and maintenance	7		8.	54.							
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11		1,2	50.							
12	Mortgage interest paid to banks, etc. (see instructions)	12										
13	Other interest	13		0 1	7.0							
14	Repairs	14		2,1								
15 16	Supplies	15 16		۷,0	43.							
10 17	Utilities	17		1,8	11							
18	Depreciation expense or depletion	18		1,0	<sub>1</sub> + .							
19	Othor (list)	19										
20	Total expenses. Add lines 5 through 19	20		9,2	07.			$\overline{}$				
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		-8,6	97.							
22	Deductible rental real estate loss after limitation, if any,											
	on Form 8582 (see instructions)	22	(	8,69	7.)	(		)(				
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		51	.0.				
b	Total of all amounts reported on line 4 for all royalty properties.				23b							
С	Total of all amounts reported on line 12 for all properties				23c							
d	Total of all amounts reported on line 18 for all properties				23d							
е	Total of all amounts reported on line 20 for all properties				23e	9	, 20					
24	Income. Add positive amounts shown on line 21. Do no		-				.	24				
25	Losses. Add royalty losses from line 21 and rental real estat						-	25 (		8	, 69	<u> 7.</u>
26	Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, IV, and line 40 on page 2 do not a											
	THE I PARE II III IV AND DIN /III ON DAGE 7 NO DOT	addiv	to vou. a	iso en	ier th	is amount o	רוכ					

OMB No. 1545-0074

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

								L <b>J</b> LL J 1 <b>010</b> . <b>S</b> L 111
	825	-68-1431 1992						
		AN KUMAR	LOGAM					
							C. LARONDA VIETZ DA Taranta esta esta esta esta esta esta esta es	90983
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	2 =:::	ng status: 🗵 Single 🗌			a congretely \(\sigma\)Wides	wad D Haad af I	agusahald	
		· — · —	_	<del>_</del>	· · · —			
		eck If someone can claim	1					
	) Ch	eck the box if this applies	to you during 2022:	Nonresident	- Attach Sch. NR P	art-year resident -	Attach Sch.	NR
	Ste	p 2: Income					(Whole	e dollars only)
	1	Federal adjusted gross in					1	79 <b>,</b> 564.00
	2	Federally tax-exempt into		come from your f	ederal Form 1040 or 104	40-SR, Line 2a.	2	.00
	4	Other additions. Attach S  Total income. Add Lines					3 4	
	Ste	p 3: Base Income						
<b>*</b>	5	Social Security benefits	and certain retireme	nt plan income				
a,		received if included in Lir	•			5	.00	
ere	6	Illinois Income Tax overpa Schedule 1, Ln. 1.	ayment included in fe	deral Form 1040	or 1040-SR,	6	.00	
ls f	7	Other subtractions. <b>Attac</b>	<b>ch</b> Schedule M.			7	.00	
orn	8	Add Lines 5, 6, and 7. Th		r subtractions.			8	.00
99 f	9	Illinois base income. So	ubtract Line 8 from L	ine 4.			9	79 <b>,</b> 564 <u>.00</u>
and 1099 forms here		p 4: Exemptions					_	
pu	10	<ul><li>a Enter the exemption ar</li><li>b Check if 65 or older:</li></ul>			ee instructions. eckboxes X \$1,000 :	a2,42		
i a		c Check if legally blind:						
×					le IL-E/EIC, Step 2, Line 1	Ι.		
Staple W-2		a ii you aro dairiii g aope	criderits, eriter the arm	ount nom concau	.o .c = = = .c, otop = , =o			
		Attach Schedule IL-E/E	EIC.		10 12 2/2/0, Otop 2, 2110 1	d	0.00	2 425
St		Attach Schedule IL-E/E Exemption allowance.	EIC. Add Lines 10a throug			d	10	2,425.00
Stċ		Attach Schedule IL-E/E Exemption allowance.  p 5: Net Income and T	EIC. Add Lines 10a throug <b>Tax</b>	gh 10d.		d		2,425.00
Str		Attach Schedule IL-E/E Exemption allowance.  p 5: Net Income and T Residents: Net income	EIC. Add Lines 10a throug <b>āx</b> . Subtract Line 10 fro	gh 10d.			10	
Ste		Attach Schedule IL-E/E Exemption allowance.  p 5: Net Income and T	EIC. Add Lines 10a throughau  ax  Subtract Line 10 fro  -year residents:	gh 10d. om Line 9. er the <b>Illinois net</b> i	income from Schedule NF		10	77,139.00
▼ ↓ Stē	11 12	Attach Schedule IL-E/E Exemption allowance.  p 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part-	EIC. Add Lines 10a through  ax  Subtract Line 10 from  year residents: Enter  11 by 4.95% (.0495)  year residents: Enter	gh 10d.  om Line 9.  er the <b>Illinois net</b> ion.  ion. Cannot be lesser the tax from Some	income from Schedule NF than zero.		10 NR. 11 12	77,139 <sub>.00</sub> 3,818 <sub>.00</sub>
<b>†</b>	11 12 13	Attach Schedule IL-E/E Exemption allowance. A p 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment	FIC. Add Lines 10a through ax  a. Subtract Line 10 from the second are second as a second as a second are second as a	gh 10d.  om Line 9.  er the <b>Illinois net</b> is it.  i). Cannot be less ter the tax from Sochedule 4255.	income from Schedule NF than zero.		10 NR.11 12 13	77,139.00 3,818.00
<b>†</b>	11 12 13 14	Attach Schedule IL-E/E Exemption allowance. A p 5: Net Income and To Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1	FIC. Add Lines 10a throughout Tax  Subtract Line 10 from Figure 10 from Figure 11 by 4.95% (.0495) Figure 12 and 13. Cannot be	gh 10d.  om Line 9.  er the <b>Illinois net</b> is it.  i). Cannot be less ter the tax from Sochedule 4255.	income from Schedule NF than zero.		10 NR. 11 12	77,139 <sub>.00</sub> 3,818 <sub>.00</sub>
<b>†</b>	11 12 13 14 Ste	Attach Schedule IL-E/E Exemption allowance. A p 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1 p 6: Tax After Nonrefu	FIC. Add Lines 10a throughax  Subtract Line 10 from the control of	gh 10d.  om Line 9.  er the Illinois net i i). Cannot be less ter the tax from Sochedule 4255. e less than zero.	i <b>ncome</b> from Schedule NF than zero. chedule NR.	R. <b>Attach</b> Schedule	10 NR. 11 12 13 14	77,139.00 3,818.00
<b>†</b>	11 12 13 14	Attach Schedule IL-E/E Exemption allowance. A p 5: Net Income and To Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1	FIC. Add Lines 10a throughax  a. Subtract Line 10 from the series of the	gh 10d.  om Line 9.  er the Illinois net is is). Cannot be less ter the tax from Sochedule 4255.  e less than zero.	income from Schedule NF than zero. chedule NR.		10 NR.11 12 13	77,139.00 3,818.00
<b>†</b>	11 12 13 14 Ste 15 16	Attach Schedule IL-E/E Exemption allowance. A p 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1 p 6: Tax After Nonrefu Income tax paid to anoth Property tax and K-12 ec Attach Schedule ICR.	Add Lines 10a throughax  a. Subtract Line 10 frogeners: Entered 11 by 4.95% (.0495)  b. Year residents: Entered 12 and 13. Cannot be 11 and 14 and 15 and 15 and 16 and 18 and 18 and 18 and 19	gh 10d.  om Line 9.  er the Illinois net is is). Cannot be less ter the tax from Sochedule 4255.  e less than zero.  nois resident. Attacedit amount from	income from Schedule NF than zero. chedule NR. ach Schedule CR. Schedule ICR.	R. Attach Schedule	10 NR. 11 12 13 14 .00	77,139.00 3,818.00
<b>†</b>	11 12 13 14 Ste 15 16	Attach Schedule IL-E/E Exemption allowance. A p 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1 p 6: Tax After Nonrefu Income tax paid to anoth Property tax and K-12 ec Attach Schedule ICR. Credit amount from Sche	Add Lines 10a throughax  a. Subtract Line 10 from the second seco	gh 10d.  om Line 9. er the Illinois net is is). Cannot be less ter the tax from Schedule 4255. e less than zero.  nois resident. Attacedit amount from	income from Schedule NF than zero. chedule NR.  ach Schedule CR. Schedule ICR.	151617	10 NR. 11 12 13 14 .00	77,139 <sub>.00</sub> 3,818 <sub>.00</sub> .00 3,818 <sub>.00</sub>
<b>†</b>	11 12 13 14 Ste 15 16	Attach Schedule IL-E/E Exemption allowance. A p 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1 p 6: Tax After Nonrefu Income tax paid to anoth Property tax and K-12 ec Attach Schedule ICR.	Add Lines 10a throughax  Subtract Line 10 from the subtract Line 10 fr	gh 10d.  om Line 9.  er the Illinois net is is). Cannot be less ter the tax from Schedule 4255.  e less than zero.  nois resident. Attacedit amount from the Schedule 1299-your credits. Cannot in Schedule 1299-your credits. Cannot in Schedule 1299-your credits.	income from Schedule NF than zero. chedule NR.  ach Schedule CR. Schedule ICR.  C. oot exceed the tax amour	151617	10 NR. 11 12 13 14 .00	77,139.00 3,818.00
<b>†</b>	11 12 13 14 Ste 15 16 17 18 19	Attach Schedule IL-E/E Exemption allowance. A p 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1 p 6: Tax After Nonrefu Income tax paid to anoth Property tax and K-12 ec Attach Schedule ICR. Credit amount from Sche Add Lines 15, 16, and 17 Tax after nonrefundable	Add Lines 10a throughax  Subtract Line 10 from the subtract Line 10 fr	gh 10d.  om Line 9.  er the Illinois net is is). Cannot be less ter the tax from Schedule 4255.  e less than zero.  nois resident. Attacedit amount from the Schedule 1299-your credits. Cannot in Schedule 1299-your credits. Cannot in Schedule 1299-your credits.	income from Schedule NF than zero. chedule NR.  ach Schedule CR. Schedule ICR.  C. oot exceed the tax amour	151617	10 NR. 11 12 13 14 .00 .00 .00 .00	77,139.00 3,818.00 .00 3,818.00
<b>†</b>	11 12 13 14 Ste 15 16 17 18 19	Attach Schedule IL-E/E Exemption allowance. P 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1 p 6: Tax After Nonreful Income tax paid to anoth Property tax and K-12 ed Attach Schedule ICR. Credit amount from Sche Add Lines 15, 16, and 17 Tax after nonrefundable p 7: Other Taxes Household employment	Add Lines 10a throughax  Subtract Line 10 from the subtract Line 1299-C. Attack 7. This is the total of yull the credits. Subtract Line 10 from the	gh 10d.  om Line 9. er the Illinois net is is. Cannot be less ter the tax from Sochedule 4255. e less than zero.  nois resident. Attacedit amount from the Schedule 1299-your credits. Cannot in 18 from Line 18 from Line 18.	income from Schedule NF than zero. chedule NR.  ach Schedule CR. Schedule ICR.  C. tot exceed the tax amour 14.	15 16 17 nt on Line 14.	10 NR. 11 12 13 14 .00 .00 .00 .00	77,139.00 3,818.00 .00 3,818.00
<b>†</b>	11 12 13 14 Ste 15 16 17 18 19 Ste	Attach Schedule IL-E/E Exemption allowance.  p 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1  p 6: Tax After Nonrefu Income tax paid to anoth Property tax and K-12 ec Attach Schedule ICR. Credit amount from Sche Add Lines 15, 16, and 17 Tax after nonrefundable p 7: Other Taxes Household employment Use tax on internet, mail	Add Lines 10a throughax  Subtract Line 10 from the subtract Line 10 fr	gh 10d.  om Line 9. er the Illinois net is is. Cannot be less ter the tax from Sochedule 4255. e less than zero.  nois resident. Attacedit amount from the Schedule 1299-your credits. Cannot in 18 from Line 18 from Line 18.	income from Schedule NF than zero. chedule NR.  ach Schedule CR. Schedule ICR.  C. tot exceed the tax amour 14.	15 16 17 nt on Line 14.	10	77,139.00 3,818.00 .00 3,818.00 0.00 3,818.00
Staple your check and IL-1040-V 🕨 📑 Sta	11 12 13 14 Ste 15 16 17 18 19 Ste 20	Attach Schedule IL-E/E Exemption allowance. P 5: Net Income and T Residents: Net income Nonresidents and part- Residents: Multiply Line Nonresidents and part- Recapture of investment Income tax. Add Lines 1 p 6: Tax After Nonreful Income tax paid to anoth Property tax and K-12 ed Attach Schedule ICR. Credit amount from Sche Add Lines 15, 16, and 17 Tax after nonrefundable p 7: Other Taxes Household employment	FIC. Add Lines 10a throughax  a. Subtract Line 10 from the substract Line 1	gh 10d.  om Line 9. er the Illinois net is is). Cannot be less ter the tax from Schedule 4255. e less than zero.  nois resident. Attacedit amount from h Schedule 1299-your credits. Cannoine 18 from Line 18 from Line 18 from Line 19f-state purchases	income from Schedule NF than zero. chedule NR.  ach Schedule CR. Schedule ICR.  C. not exceed the tax amour 14.	15 16 17 nt on Line 14.	10	77,139.00 3,818.00 .00 3,818.00 0.00 3,818.00



<b>24</b> To	tal tax from Page	1, Line 23.							24	3,818 <u>.00</u>	
Step 8:	Payments and	d Refundabl	e Credit								
	ois Income Tax wi mated payments						<b>25</b>	1 <b>,</b> 3	65 <u>.00</u>		
	uding any overpa						26		.00		
	s-through withhol						27		.00		
	s-through entity ta						28		.00		
	ned Income Credi					chedule IL-E/EIC	. 29		.00		
	al payments and	l refundable (	credit. Add Lines	25 through	29.				30	4,365.00	
Step 9:		1: 04		1. 00					04	F 4.7 00	
	ne 30 is greater th								31 32	547 <u>.00</u> .00	
	ne 24 is greater th				otion				32	.00	
-	): Underpayme -payment penalty			-	alions	5	33		.00		
	Check if at leas				s from	farming	33		.00		
_	Check if you or					•	a home.				
_	Check if your in			•	•	•	•	on	Form IL-221	0.	
_	Attach Form IL		•	,		,	•				
d [	Check if you we	ere not require	ed to file an Illino	is Individual	Incom	e Tax return in	the previous ta	х уе	ar.		
	ıntary charitable o						34		.00		
	al penalty and do			4.					35	.00	
Step 11	l: Refund or A	mount you	owe								
	u have an amour		and this amount	is greater th	an Line	e 35, subtract l	Line 35 from Lin	e 3		E 47	
	is your <b>overpay</b>								36	547.00	
	ount from Line 36	•	<b>inded to you</b> . Ch	neck <b>one</b> box	on Lir	ne 38. See inst	ructions.		37	547.00	
	oose to receive m										
a ⊵	direct deposit	- Complete th	ne information be	low if you ch	eck th	is box.					
	You may also co		outing number	0 7 2 0	0	0 8 0 5	X Check	king	or Savir	ngs	
	to college saving here. See instri		count number	3 7 5 0	1 -	4 2 9 9	5 1 6	П			
ь г	7										
	paper check.	dforword Cu	htroot Line 27 fra	m Line 26 (	Soo inc	atructions			20	00	
	ount to be <b>credite</b>				see ins	structions.			39	.00	
•	u have an amour				l : 0/	-					
•	ou have an amour tract Line 31 from								40	.00	
					e ilisti	uctions.		_	40	.00	
Step 12	2: Health Insu	rance Chec	kbox and Sign	ature							
	Check this box if							orde	r to determin	ie	
	your eligibility for	r nealth insura	ince benefits. Se	e instruction	s for m	nore informatio	n.				
Signati	ure - Note: If this	is a ioint return	n both you and yo	our spouse m	nust sig	ın helow					
_	enalties of perju	•		•	_		ny knowledge, i	it is	true, correct	t, and complete.	
Sign			Data ( /II/ )	0 1 .							
Here	Your signature		Date (mm/dd/yyyy)	Spouse's sign	nature		Date (mm/dd/yyyy)		Daytime phone		
							_		<u> </u>	)-8690	
Paid	Print/Type paid pre	•		Paid prepare			Date (mm/dd/yyyy)		Check if	Paid Preparer's PTIN	
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2023									P02082703	
Use Only	Firm's name GLOBAL TAXES LLC Firm's FEIN								88214548		
	Firm's address	▶ 245 ROO	NEY CT E	BRUNSWIC	KNJ 0	8816	Firm's phone	•	<b>(</b> 678 <b>)</b> 965		
Third	Designee's name	(please print)			Design	nee's phone num	nber		Check if the Department may		
Party Designee					(	)				eturn with the third e shown in this step.	
Designed	-	a tha agai	0    1040	.tu.,.at:a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	the edder	oo to mail -	/			
	neier l	U 1116 2022	2 IL-1040 Ins	งแนบแบก	o IUI	uie auure	ออ เบ เมสม )	yUl	ıı returil.		

IL-1040 Back (R-12/22) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 01/10/23 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 Attach to your Form IL-1040.

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)

Your name as shown (	on Form IL-1040	Your Social Security number								
Column A Form type			Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D ges, Winnings, Gross is, Compensation, etc.	Column E Illinois Income Tax Withheld				
1 <u>W</u>	26-0845325	\$	88 <b>,</b> 174 <b>,00</b>	\$	88,174 <b>.00</b>	\$	4,365 <b>.00</b>			
2		\$	•00	\$	•00	\$	<u>•00</u>			
3		\$	•00	\$	•00	\$	•00			
1		\$	<u>•00</u>	\$	•00	\$	•00			
		_	•00	¢.	•00	¢	•00			
•	spouse's withholding re			1099 form	s that show Illin					
Step 2: Provide s  Your spouse's name a	s shown on Form IL-1040  Column B	ecords (incl	ude all W-2 and 1 Your spouse's S	1099 forms Social Securi	s that show Illing ty number	ois w	vithholding			
Step 2: Provide s	spouse's withholding re	ecords (incl	ude all W-2 and 1	1099 forms  Social Securi	s that show Illino	ois w	vithholding			
Step 2: Provide s  Your spouse's name a  Column A  Form type	s pouse's withholding restricted in the second second in the second in t	ecords (incl	your spouse's S	1099 forms  Social Securi  Cullinois Wag	s that show Illing ty number  Column D ges, Winnings, Gross	Ois w	vithholding			
Step 2: Provide s  Your spouse's name a  Column A  Form type	s pouse's withholding restaurces shown on Form IL-1040  Column B Employer/Payer Identification Number	ecords (incl	Your spouse's Scolumn C ges, Winnings, Gross s, Compensation, etc.	1099 forms  Social Securi  Cullinois Wag Distribution	s that show Illing ty number  Column D ges, Winnings, Gross s, Compensation, etc.	Ois w	vithholding Column E nois Income ax Withheld			
Step 2: Provide s  Your spouse's name a  Column A  Form type	spouse's withholding restaurable shown on Form IL-1040  Column B Employer/Payer Identification Number	ecords (incl	Your spouse's Scolumn C ges, Winnings, Gross s, Compensation, etc.	Social Securi	ty number  Column D ges, Winnings, Gross s, Compensation, etc.	ois w	column E nois Income ax Withheld  •00			
Step 2: Provide s  Your spouse's name a  Column A Form type	s shown on Form IL-1040  Column B Employer/Payer Identification Number	Federal War Distribution  \$\$	Your spouse's Scolumn C ges, Winnings, Gross s, Compensation, etc.	1099 forms  Social Securi  Collinois Wag Distribution  \$ \$	ty number  Column D ges, Winnings, Gross s, Compensation, etc.	Ois W	column E nois Income ax Withheld  •00			

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

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.

4,365.00

11 \$\_\_\_



## **Illinois Department of Revenue**

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Submission ID																				

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	( <b>Do not mail</b> Form II	8453 to the Illinois Depart	ment of Revenue	unless it is requested for review.)
Step	1: Provide taxpayer info	ormation LOGAM	r	8 2 5 _ 6 8 _ 1 4 3 1
		DOGAM ouse's first name (and last name if differen		
Prin	1425 S WOLF RD 138	·	•	
or type				Spouse's Social Security number
	PROSPECT HEIGHTS	IL	60070	<u>(510)</u> 320-8690
	City	State	ZIP	Daytime phone number
Step	2: Complete information	n from tax return	Choose one:	X IL-1040 IL-1040-X
1 1	Net income from Form IL-104	0 or IL-1040-X, Line 11	-	177,139  <u>00</u>
2	Tax from Form IL-1040 or IL-	1040-X, Line 14		2 3,818   00
		om Form IL-1040 or IL-1040-X, L	• `	
		040, Line 36 or IL-1040-X, Line 3		4547   <u>00</u> 5   00
		IL-1040, Line 40 or IL-1040-X, Lin		· — —
		osit of refund or electronic fu		Widowed Head of household
within 7   18 / 7   9   10   11   1	the United States or those n Routing no. (RN): $\frac{0}{2}$	ot funded by international funds. E  0 0 0 8 0 5  0 0 1 4 2 9 9 5  sing Savings ectronically withdrawn://		(e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
		and signature (Sign only afte	er completing Step 1	2 and if applicable Step 2 )
[X	I consent that my refund m correct. If I have filed a joir I authorize the Illinois Dep withdrawal as designated if financial institutions involve necessary to answer inqui	nay be directly deposited as designt return, this is an irrevocable appartment of Revenue (IDOR) and in the electronic portion of my 2022 ed in the processing of an electrories and resolve issues related to	nated in Step 3 and depointment of the other ts designated financial Illinois Original or Amenic overpayment of tax the payment.	eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund.  agent to initiate an ACH electronic funds ended Individual Income Tax return. I authorize the ses to receive confidential information
L	I do not want direct deposi	it of my refund, or an electronic fu	ınds withdrawal (direct	debit) of my balance due.
returi and a been	n originator (ERO) are identical accompanying information may accepted or rejected. If rejected	I. To the best of my knowledge, my be sent to IDOR by my ERO. I auth	return is true, correct, a horize IDOR to inform m	-X and the information I provided to my electronic nd complete. I consent that my return, this declaration, ny ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sigr	Your signature	Date	Spouse's signate	ure (if joint return, <b>both</b> must sign) Date
		ginator (ERO) and paid prepa		
I dec inforr	lare that I have examined this nation. I have followed all req	s taxpayer's electronic Form IL-10	40 or IL-1040-X, the in clare, under penalties	formation on this Form IL-8453, and accompanying of perjury, that to the best of my knowledge the
			02/03/2023	_ Check if paid preparer: 🛛 (See instructions.)
	ERO's signature		Date	, pp
ERO	GLOBAL TAXES LLC			_ <u>P 0 2 0 8 2 7 0 3</u>
use	Firm's name or your name if self-em	ployed		Your PTIN
only	245 ROONEY CT  Mailing address			
	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.

