### 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.

Submission Identification Number (SID)

Taxpay	er s name	Social se	curity nume	ber							
PAV	AN YELAKAYALA	651-81-5917									
Spouse	Spouse's name Spouse's social sect										
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year yo	u are aut	thorizing.)							
Enter	whole dollars only on lines 1 through 5.										
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
1	Adjusted gross income		. 1	82,406.							
2	Total tax		. 2	10,902.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	13,008.							
4	Amount you want refunded to you		. 4	2,106.							
5	Amount you owe		. 5								
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and 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 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 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 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 Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated 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 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 payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. 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 taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X	l authorize	GIOBAL 1	TAXES	T.T.C	to enter or generate my PIN	1
~	I authorize	GIUDAU	TANDO		to enter or generate my Fin	En
				ERO firm name		

	5 er fiv n't en				as my
Ent	or fiv	, di		but	as my
1	5	9	1	7	

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

Enter five digits, but don't enter all zeros

as my

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.

Spouse's signature E	Date 🕨						
Practitioner PIN Method Returns Only—continue	e bel	ow					
Part III Certification and Authentication – Practitioner PIN Method Only							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 6 6 ter all :		8 9	9

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 >			
ERO Must Re Don't Submit This Fo	tain This Form — See rm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	nstructions. RAA	REV 02/05/23 PRO	Form 8879 (Rev. 01-2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

<b>1040</b>		Internal Revenue Servenue Serv		<sub>m</sub> 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use O	nly—[	)o not w	rite or staple i	in this space.
Filing Status Check only	XS	Single  Married filing jointly	Married	filing separately (N	1FS)	Head of	house	hold (HOH	)		ifying surv ıse (QSS)	viving
one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	-	ur spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the			e qualifying
Your first name	and mi	ddle initial	Last name	9					Y	our so	cial securit	y number
PAVAN			YELAK	AYALA					6	51-8	31-591	7
lf joint return, sp	ouse's	first name and middle initial	Last name	9					s	pouse':	s social sec	curity number
		r and street). If you have a P.O. box, see	instructions	S.				Apt. no.	-		ntial Election	on Campaign
19 FETZE				eee belevu	Cha	4.0	4					tly, want \$3
		ce. If you have a foreign address, also co	ompiete spa	ces below.	Sta		ZIP c		to	o go to	this fund.	Checking a
BLOOMING			For	reign province/state/c	II		617	04 In postal cod			ow will not or refund.	
Foreign country	name		FO	eigit province/state/c	Journ	.y	Foreig	n postal cot		Jui tax	You	Spouse
Digital		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a			-		-				Yes	No
Assets		eone can claim:  You as a de	•				asseij	1 (366 118	iruci	0115.)		<u>n</u> NU
Standard Deduction		Bouse itemizes on a separate retur		Your spouse vere a dual-status a		•						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, <sup>-</sup>	1958	🗌 ls bli	ind
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (4	Check the	e box	if qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name	Last name number to you Child tax cred		tax credit		it Credit for other dependen					
than four									]		[	
dependents, see instructions											[	
and check									]		[	
here 🗌									]		[	
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	9	92,000.
Attach Form(s)	b	Household employee wages not re					• •		•	1b		
W-2 here. Also	c	Tip income not reported on line 1a (see instructions)							10			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
1099-R if tax	e	Taxable dependent care benefits t					• •		·	1e		
was withheld.	T	Employer-provided adoption bene					• •		•	1f		
If you did not get a Form	g h	Wages from Form 8919, line 6 . Other earned income (see instruct			•		• •		·	1g 1h		0.
W-2, see	h i	Nontaxable combat pay election (	,	· · · · · ·	•	· · · · ·	ì		•			0.
instructions.	z	Add lines 1a through 1h	see instruc		•	11				1z	0	92,000.
Attach Sch. B	2a		2a		h Т	axable interes	· ·		•	2b		2,000.
if required.	3a	· –	3a			rdinary divide			•	3b		
	4a	—	4a			axable amoun				4b		
Standard	5a		5a			axable amoun				5b		
Deduction for –	6a		6a			axable amoun				6b		
<ul> <li>Single or Married filing</li> </ul>	С	If you elect to use the lump-sum e										
separately, \$12,950	7	Capital gain or (loss). Attach Sche				,				7		
Married filing	8	Other income from Schedule 1, lin								8	-	-9,594.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		nis is your <b>total inc</b>	ome	ə				9		32,406.
surviving spouse, \$25,900	10	Adjustments to income from Sche		-						10		
Head of	11	Subtract line 10 from line 9. This is	s your <b>adjı</b>	usted gross incon	ne					11	6	32,406.
household, \$19,400	12	Standard deduction or itemized	-	-						12		L2,950.
If you checked	13	Qualified business income deduct	ion from F	orm 8995 or Form	899	5-A				13		
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	ro or less,	enter -0 This is ye	our <b>t</b>	axable incom	ie .			15		59,456.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if an	ny from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	10,9	02.
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	10,9	02.
	19	Child tax credit or credit for othe	er dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If z	ero or less, e	enter -0				22	10,9	02.
	23	Other taxes, including self-emplo	oyment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is your	total tax					24	10,9	
Payments	25	Federal income tax withheld from								
5	а	Form(s) W-2				<b>25a</b> 13	,008.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c						25d	13,0	08.
	26	2022 estimated tax payments ar	nd amount a	pplied from 20	21 return			26		
If you have a L qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Sc				28				
	29	American opportunity credit fron	n Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15				31		-		
	32	Add lines 27, 28, 29, and 31. The						32		
	33	Add lines 25d, 26, and 32. These						33	13,0	08.
Defend	34	If line 33 is more than line 24, su						34		.06.
Refund	35a	Amount of line 34 you want refu						35a		.06.
Direct deposit?	b	Routing number 0 7 1 0					Savings			
See instructions.	d	Account number 3 1 6 3								
	36	Amount of line 34 you want appl			dtax	36				
Amount	37	Subtract line 33 from line 24. Thi	-							
You Owe	57	For details on how to pay, go to						37		
	38	Estimated tax penalty (see instru	-	-		38				
Third Party		you want to allow another per								
Designee		structions					omplete k	below.	X No	
200.9.000	De	signee's		Phone			onal identif			
	nar	ne		no.		num	oer (PIN)			
Sign		der penalties of perjury, I declare that I								
Here	bel	ief, they are true, correct, and complete	e. Declaration of	of preparer (othe	than taxpayer) is b	ased on all information		• •		Ũ
	Yo	ur signature		Date	Your occupation				nt you an Identi IN, enter it here	
Joint return?					DEVOPS EN	2 TNEED	(see			
See instructions.	Sp	ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupat	-	If the	IRS sei	nt your spouse a	an
Keep a copy for	op		indot olgin.	Duto	opouco o occupu				ection PIN, ente	
your records.						(see	inst.)			
	Ph	one no. (309) 868-2811		Email address	PAVANCHAND	RAY@GMAIL.CO	M			
Paid	Pre	eparer's name Pre	parer's signat	ure		Date	PTIN		Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15/2023	P02082	2703	Self-empl	oyed
Preparer	Firi	m's name GLOBAL TAXES	LLC				Phor	ne no. (	678)965-9	9522
Use Only	Firi	m's address 245 ROONEY C	T E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171	L965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest inf	ormation.		BAA	REV 02/05/23 PRO			Form <b>104</b>	• <b>0</b> (2022

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# **Additional Income and Adjustments to Income**

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. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number PAVAN YELAKAYALA 651-81-5917

Par	t I 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	-9,594.
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		
	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 .....................	<b>8s</b> (	)	
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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	l, or 1040-NR, line 8	10	-9,594.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis	s gove	rnment		
	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		24a			_	
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals	04-				
ام		24c			-	
d	· · ·	24d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
£		24e 24f			-	
f g		24g			-	
•	Attorney fees and court costs for actions involving certain unlawful	279			-	
	,	24h				
;	Attorney fees and court costs you paid in connection with an award	<u> </u>				
	from the IRS for information you provided that helped the IRS detect					
		24i				
i		24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,				
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income.			and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	ВАА	REV 0	2/05/23 PF	80	Schedu	le 1 (Form 1040) 2022

	DULE E			Supplement	tal Inc	ome a	nd Los	SS			OMB No	. 1545-0074
(Form	1040)	(From r	rental real e	state, royalties, partner	rships, S	corpora	tions, es	states,	trusts, REMI	Cs, etc.)	ଇଜ	<b>99</b>
Departm	ent of the Treasury			Attach to Form 104	10, 1040-	SR, 1040	-NR, or	1041.				
	Revenue Service		Go to wi	ww.irs.gov/ScheduleE	for instru	uctions a	nd the la	atest ir	nformation.		Attachm Sequen	ce No. <b>13</b>
Name(s)	shown on return									Your socia	al security	number
	N YELAKAYA	LA								651-8	1-5917	
Part				ental Real Estate a								
	Note: If yo	u are in t	he business	of renting personal prop n 4835 on page 2, line 40	perty, use	e Schedu	le C. See	e instru	ctions. If you	are an indiv	vidual, rep	ort farm
Α				2 that would require yo		Form(c)	10002 9	Soo in	etructione			e X No
				uired Form(s) 1099?								
								• •				5 [] 110
1a	Physical addr	ess of e	ach proper	ty (street, city, state, 2	ZIP cod	e)						
Α	27-107, BA	ADANGE	PET NAVA	YUGA ENCLAVE HY	YDERAI	BAD, T	ELANG.	ANA	IN 50005	8		
В												
С												
1b	Type of Prope			rental real estate prop				Fa	air Rental	Person	al Use	QJV
	(from list below	v)		port the number of fa					Days	Da	ys	
Α	3			use days. Check the the the requirements to			Α		365		0	
В				joint venture. See inst			В					
С			-1	,			С					
	of Property:											
	Single Family R			acation/Short-Term Re	ental	5 Lan	-		Self-Rental			
2	Multi-Family Re	sidence	4 Co	ommercial		6 Roy	alties	8	Other (desc	ribe)		
									Propert	ies:		
Incom	ne:						Α		B			С
3		1			. 3			520.				•
4												
Exper												
5					. 5							
6												
7		-					9	927.				
8	-				. 8							
9					. 9							
10												
11	Management f				. 11		1,1	27.				
12	-		l to banks,	etc. (see instructions)								
13	Other interest				. 13							
14	Repairs				. 14		3,5	519.				
15	Supplies				. 15		2,8	841.				
16	Taxes				. 16							
17	Utilities				. 17		1,7	00.				
18	Depreciation e	xpense	or depletio	n	. 18							
19	Other (list)				19							
20	Total expenses	s. Add lii	nes 5 throu	ıgh 19	. 20		10,1	14.				
21	Subtract line 2	0 from li	ine 3 (rents	) and/or 4 (royalties).	If							
				to find out if you mus			-9,5	94.				
22	Deductible ren	tal real	estate loss	after limitation, if any	/,	(		94.)	(		(	)
23a				ine 3 for all rental prop				23a	\	520.	\	)
23a b			•	ine 4 for all royalty pro				23b				
c			•	ine 12 for all propertie	•			23c				
d			•	ine 18 for all propertie				23d				
e			•	ine 20 for all propertie				23e	1(	),114.		
24			•	shown on line 21. <b>Do r</b>					<u>_</u>	. 24		
25		•		ne 21 and rental real est		•		Enter t	otal losses he		(	9,594.)

Supplemental Income and Loss

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 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 .

SCHEDULE E

Schedule E (Form 1040) 2022

-9,594.

26

BAA REV 02/05/23 PRO



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.

	PAV 19 BLO	FETZER CT OMINGTON	1996 IL		4 MCLEAN DRAY@GMAIL.(	COM I filing separately	red □ Head of	household	
					1	as a dependent. See instructio			
0	) Ch	eck the box if this	s applies to	you during 202	22: Nonresid	lent - <b>Attach</b> Sch. NR 🔲 Pa	rt-year resident -		
_	Ste 1 2 3 4		empt intere Attach Sch	st and dividend nedule M.		or 1040-SR, Line 11. our federal Form 1040 or 104	0-SR, Line 2a.	(Whole 1 2 3 4	e dollars only) 82,406.00 .00 .00 82,406.00
L	Ste	p 3: Base Inco							
here	5 6	received if inclu	ded in Line ax overpayr	1. Attach Page	ment plan incom e 1 of federal retu n federal Form 10	urn.	56	.00	
99 forms	7 8 9	Other subtraction Add Lines 5, 6, Illinois base in	and 7. This	is the total of y	our subtractions m Line 4.		7	. <u>.00</u> <b>8</b> <b>9</b>	.00 82,406 <u>.00</u>
Staple W-2 and 1099 forms here	Ste 10	b Check if 65 c c Check if lega	mption amo or older: Ily blind: ning depend ule IL-E/EIC	You + You + dents, enter the	Spouse # o Spouse # o amount from Sch	e. See instructions. f checkboxes X \$1,000 = f checkboxes X \$1,000 = edule IL-E/EIC, Step 2, Line 1	c	.00	2,425. <u>00</u>
S	Ste	p 5: Net Incom	e and Tax						
1		Residents: Mul	and part-ye tiply Line 1 <sup>-</sup>	e <b>ar residents:</b> 1 by 4.95% (.04	Enter the Illinois		. Attach Schedule	NR. 11	79,981 <sub>.00</sub> 3,959.00
▲ <b>∧-0</b>	13 14	Recapture of inv Income tax. Ad	vestment ta	x credits. Attac	h Schedule 425	5.	`	12 13 14	<u>.00</u> 3,959.00
Staple your check and IL-1040-V	Ste 15 16 17 18 19	Property tax and Attach Schedul Credit amount f Add Lines 15, 10	l to another d K-12 educ e ICR. rom Schedu 6, and 17. T	state while an cation expense ule 1299-C. <b>Att</b> his is the total	Illinois resident. credit amount fr ach Schedule 12	annot exceed the tax amoun	15 16 17 t on Line 14.	00 00 18 19	0 <u>.00</u> 3,959.00
ur c		p 7: Other Taxe		- sanoi cubildi					,00
<ul> <li>Staple yo.</li> </ul>	20 21 22 23	Household emp Use tax on inter in the instructior	loyment tax met, mail or ns. <b>Do not</b> l Use of Med	der, or other ou eave blank. ical Cannabis F	ut-of-state purch	ases from UT Worksheet or I sale of assets by gaming licer		20 21 22 23	.00 0.00 .00 3,959.00

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



24	Total tax from Page 1, Line 23.	24	3,959 <u>.00</u>						
Ste	Step 8: Payments and Refundable Credit								
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 4, 554.0	<u>)0</u>							
26	Estimated payments from Forms IL-1040-ES and IL-505-I,								
	including any overpayment applied from a prior year return. 26	<u>)0</u>							
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T. 270	<u>00</u>							
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 280	<u>00</u>							
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 290	00							
30	Total payments and refundable credit. Add Lines 25 through 29.	30	4,554.00						
Ste	ep 9: Total								
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	595 <u>.00</u>						
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00						
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations								
33	Late-payment penalty for underpayment of estimated tax. 330	<u>0</u>							
	a 🔲 Check if at least two-thirds of your federal gross income is from farming.								
	<b>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing home.								
	c 🔲 Check if your income was not received evenly during the year and you annualized your income on Forr	n IL-2210.							
	Attach Form IL-2210.								
	<b>d</b> Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.								
	Voluntary charitable donations. Attach Schedule G. 34								
35	Total penalty and donations. Add Lines 33 and 34.	35	.00						
Ste	ep 11: Refund or Amount you owe								
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.								
	This is your <b>overpayment</b> .	36	595 <sub>.00</sub>						
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	595 <sub>.00</sub>						
38	I choose to receive my refund by								
	a X direct deposit - Complete the information below if you check this box.								
	You may also contribute Routing number 0 7 1 0 0 0 0 1 3 × Checking or	Savings							
	to college savings funds	Oavings							
	here. See instructions! Account number 3 1 6 3 9 9 6 7 1								
	b  paper check.								
39	<b>39</b> Amount to be <b>credited forward.</b> Subtract Line 37 from Line 36. See instructions. <b>39</b>								
40	If you have an amount on Line 32, add Lines 32 and 35. <b>- or -</b>								
	If you have an amount on Line 31 and this amount is less than Line 35,								
	subtract Line 31 from Line 35. This is the <b>amount you owe</b> . See instructions.	40	.00						
C+	Step 12: Health Insurance Checkbox and Signature								

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

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyy	/)	Daytime phone number		
Here								(309) 868	8-2811	
	Print/Type paid preparer's name			Paid preparer's signature		Date (mm/dd/yyy			Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA F	RAM SAGAR GUPTA TALLAM	02/15/202	3	self-employed	P02082703	
Preparer Use Only	Firm's name • GLOBAL TAXES LLC				Firm's FEIN			843171965		
obe only	Firm's address > 245 ROONEY CT			BRUNSWICKNJ 08816		Firm's phone		(678) 965	5-9522	
Third	Designee's name (please print)				Designee's phone number			Check if the Department may discuss this return with the third party designee shown in this step.		
Party				( )						
				( )				discuss this re		

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



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	К			
1099-OID	0	1099-NEC	Ν			

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

PAVAN YELAKAYAI	6 Your So	5 ocial Se	1 curity numl	8 1 per	5	9	1 7			
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C Iges, Winnings, Is, Compensatio			Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
1 <u>W</u>	84-3443670	\$	92,000.	<u>00</u>	\$	92,00	0 <b>.00</b>	\$	4,554 <b>.00</b>	
2		\$	•	00	\$		<u>•00</u>	\$	•00	
3		\$	•[	00	\$		<u>•00</u>	\$	•00	
4		\$	•[	00	\$		<u>•00</u>	\$	•00	
5		\$	•(	<u>00</u>	\$		<u>•00</u>	\$	•00	

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

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

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
6		. \$	•00	\$	•00	\$	•00	
7		. \$	•00	\$	•00	\$	•00	
8		\$	•00	\$	•00	\$	•00	
9		. \$	•00	\$	•00	\$	•00	
10		. \$	•00	\$	•00	\$	•00	

## Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

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

**Illinois Department of Revenue** Submission ID 2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration (Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.) Step 1: Provide taxpayer information PAVAN 6 YELAKAYALA 5 1 8 1 5 First name and middle initial Spouse's first name (and last name if different) Social Security number Last name Print 19 FETZER CT 4 or type Mailing address Spouse's Social Security number (309) 868-2811 BLOOMINGTON TT. 61704 Citv State ZIP Daytime phone number Step 2: Complete information from tax return Choose one: X IL-1040 IL-1040-X 79,981|**00** Net income from Form IL-1040 or IL-1040-X, Line 11 1 3,959 | 00 2 Tax from Form IL-1040 or IL-1040-X, Line 14 4,554 | 00 3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 595|**00** 4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 00 | 6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check. Routing no. (RN): 0 7 1 0 0 0 1 3 7 Account no. (AN): 3 1 63 9 9 6 7 1 8 Type of account:  $\times$  Checking 9 Savings 10 Date the payment is to be electronically withdrawn: Electronic funds withdrawal amount: \_ 00 11 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) X I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign				
here	Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
Step \$	5: Electronic return originator (ERO) an	d paid preparer dec	laration and signature	

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

	ERO's signature		02/15/2023 Date	Check if paid preparer: 🛛 (See instructions.)
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			P 0 2 0 8 2 7 0 3
only	245 ROONEY CT Mailing address			8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	Daytime phone number

### Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). <u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

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

