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 securit	y numb	er
SAI	KISHORE AKULA	207-99-	-7422	2
Spouse	s's name	Spouse's soci	ial secu	irity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	re aut	horizing.)
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	160,601.
2	Total tax		2	29,272.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	31,775.
4	Amount you want refunded to you		4	3,821.
5	Amount you owe		5	
			-	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

<u> </u>	1 authorize	GIODAI	IAADO	ERO firm name	to enter or generate my Fin	Er
Y	l authorize	CLOBAL.	TAYES	LLC	to enter or generate my PIN	2

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9	7	4	2	2	

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

as mv Enter five digits, but don't enter all zeros

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 >							
Practitioner PIN Method Returns Only—continue	e bel	ow					
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		 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	► Date ►							
-	Aust Retain This Form — See Instructions This Form to the IRS Unless Requested To Do	o So						
For Denominary Deduction Act Nation and vous t		Earm 9970 (Day, 01 0001)						

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO

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Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Other income from Schedule 1, line 10 8 -10, 432. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 160, 601. 10 Adjustments to income from Schedule 1, line 26 10 10 9 Head of 11 Subtract line 10 from line 9. This is your adjusted gross income 11 160, 601. 11 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 14 12, 950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 147, 651		4a	IRA distributions	4a		bΤ	axable amount				4b		
 Single or Married filing separately, \$12,950 Married filing geparately, \$12,950 Married filing geparately, \$12,950 Married filing giointly or Qualifying surviving spouse, \$25,900 Married filing jointly or Qualifying surviving spouse, \$25,900 Married filing jointly or Qualifying spouse, \$25,900 Standard deduction or itemized deductions (from Schedule A) Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A Married filing jointly or Qualified busines income deduction from Form 8995 or Form 8995-A Married filing jointly or Qualified busines income deduction for Form 8995 or Form 8995-A Married filing jointly or Qualified busines income for less enter -0- This is your taxable inc		5a	Pensions and annuities	5a		bΤ	axable amount				5b		
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	Social security benefits	6a		bΤ	axable amount				6b		
\$12,950 7 Capital gain of (toss). Attach Schedule D in required. In hot required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 160, 601. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 160, 601. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 12, 950. 14 12, 950. • If you checked any box under Standard 15 14, 12, 950. 14 14, 12, 950.	Married filing	С	•			•	,						
opinity or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9160, 601.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11160, 601.12Standard deduction or itemized deductions (from Schedule A)121212, 950.• If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.1412, 950.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income15		7	Capital gain or (loss). Attach Schee	dule D if re	equired. If not requ	uired	, check here				7		
Qualifying surviving spouse, \$25,900 9 160,601. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 160,601. 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 147.651		8						· ·		•	8		
\$25,900 10 Adjustments to income non schedule 1, ine 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 160,601. 12 12,950. 12 12,950. 12 12,950. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 147.651	Qualifying	9				com	е	· ·			9	16	50,601.
• Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 160,601. 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 147		10						· ·			10		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 13 14 12,950. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 147				-	-					•			
any box under Standard 14 Add lines 12 and 13 12,950 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 147 651								• •					2,950.
Standard 14 Add lines 12 and 13 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 147 651				on from F	orm 8995 or Form	899	5-A	• •					
	Standard							• •					
		15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is y	our	taxable incom	е.		•	15	14	17,651.

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 any from Fo	rm(s): 1 🗌 881	4 2 4972	3		16	29 , 272.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	29,272.
	19	Child tax credit or credit for other depend	ents from Schec	lule 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 zero or les	s, enter -0				22	29,272.
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax					24	29,272.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 31	,775.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	31,775.
If	26	2022 estimated tax payments and amoun	t applied from 20	021 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28			
	29	American opportunity credit from Form 88			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15				,318.		
	32	Add lines 27, 28, 29, and 31. These are yo					32	1,318.
	33	Add lines 25d, 26, and 32. These are your					33	33,093.
Defend	34	If line 33 is more than line 24, subtract line					34	3,821.
Refund	35a	Amount of line 34 you want refunded to					35a	3,821.
Direct deposit?	b	Routing number 0 4 4 0 0 0				Savings		
See instructions.	d	Account number 3 1 3 1 0 8						
	36	Amount of line 34 you want applied to yo		ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a						
You Owe	57	For details on how to pay, go to <i>www.irs</i> .					37	
	38	Estimated tax penalty (see instructions)	-		38			
Third Party		you want to allow another person to c						
Designee						omplete b	elow.	X No
200.9.000	De	signee's	Phone	•		onal identifi		
	nar		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare that I have exam						
Here		ef, they are true, correct, and complete. Declaration			ased on all informatio		• •	, ,
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				SENTOR DATA	. WAREHOUSE DE	1		
See instructions.	Sp	puse's signature. If a joint return, both must sign.	Date	Spouse's occupat			IRS ser	nt your spouse an
Keep a copy for	οp		Duito					ection PIN, enter it here
your records.						(see ir	ıst.)	
	Ph	one no. (513) 678-7812	Email address	KISHOREAKUL	A1994@GMAIL.CC	M		
Paid	Pre	parer's name Preparer's sig	nature		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	1 02/11/2023	P02082	703	Self-employed
Use Only	Firi	n's name GLOBAL TAXES LLC				Phone	eno. (678)965-9522
	Firi	n's address 245 ROONEY CT E B	RUNSWICK N	J 08816		Firm's	s EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/05/23 PRO			Form 1040 (2022

REV 02/05/23 PRO

SCHEDULE	1
(Form 1040)	

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**

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 207-99-7422 SAI KISHORE AKIIT.A

JAI	KISHORE AROLA	207-	<u>, , , , , , , , , , , , , , , , , , , </u>	22
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a			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. Attach Schedule	eΕ.	5	-10,432.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss			
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555 . . 8d)	
е	Income from Form 8853		-	
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay		-	
1	Prizes and awards		-	
, i	Activity not engaged in for profit income		-	
-	Stock options		-	
I	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			
	Olympic and Paralympic medals and USOC prize money (see		-	
m	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
p	Section 461(I) excess business loss adjustment			
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
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, or 1040-NF	, line 8	10	-10,432.

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			- 1	
	,	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

Additional Credits and Payments

OMB No. 1545-0074 2

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

Internal R	evenue Service Go to www.irs.gov/Form1040 for instructions and the late	st information.			Attachment Sequence No. 03
	s) shown on Form 1040, 1040-SR, or 1040-NR			cial s	security number
SAI Part	KISHORE AKULA Nonrefundable Credits		207-9	99-7	422
	Foreign tax credit. Attach Form 1116 if required		ł	1	
	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11. /	Attach	2	
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	6ј			
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	
	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 104	0-NR,	_	
	line 20		••••	8	
For Dem	erwork Reduction Act Notice, see your tax return instructions.	REV 02/05/23			ued on page 2) ule 3 (Form 1040) 2022

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

BAA

Schedule 3 (Form 1040) 2022

Par	t II 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	1,318.
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	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	1,318.
	BAA REV	02/05/23 PRO	Schedu	ile 3 (Form 1040) 2022

SCHEDULE	E
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

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

2022	2
Attachment	2

nternal	Revenue Service	Go to www.irs.gov/ScheduleE to	or instru	uctions an	a the la	atest ir	formation.		Sequenc	e No. 13
ame(s)	shown on return							Your soci	al security n	umber
SAI	KISHORE AK	ULA						207-9	9-7422	
Part	Note: If you a	Loss From Rental Real Estate ar are in the business of renting personal properties or loss from Form 4835 on page 2, line 40.	rty, use		C . See	e instru	ctions. If you a	are an indi	vidual, repo	ort farm
		payments in 2022 that would require you will you file required Form(s) 1099?		. ,						
1a	-	s of each property (street, city, state, Zl								
Α	DR A S RAO	NAGAR ECIL HYDERABAD TELAN	NGANA	A IN 50	0062					
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	1	nal Use ays	QJV
Α	3	personal use days. Check the Q			Α		365		0	
В		if you meet the requirements to qualified joint venture. See instru	file as	a	В					
С			uctions	.	С					
ype	of Property:									
	Single Family Resi Multi-Family Resid		ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
							Propert	ies:		
ncom	ne:				Α		В			С
3	Rents received		3		7	700.				
4	Royalties receive	d	4							
xper	ises:									
5	Advertising .		5							
6	Auto and travel (s	see instructions)	6							
7	Cleaning and ma	intenance	7		1,1	L25.				
8	Commissions		8							
9										
10	-	professional fees								
11	•	S			1,2	296.				
12	00	t paid to banks, etc. (see instructions)	12							
13										
14	1					210.				
15			15		3,1	L56.				
16					0.0					
17					2,3	345.				
18		ense or depletion	40							
19 20	Other (list)	Add lines 5 through 19			11,1	20				
20 21	Subtract line 20 f result is a (loss),	rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must								
				-	-10,4	132.				
22		real estate loss after limitation, if any, ee instructions)		(10,4	32.)	()	(
23a b c d	Total of all amount Total of all amount Total of all amount	nts reported on line 3 for all rental proper nts reported on line 4 for all royalty prop nts reported on line 12 for all properties nts reported on line 18 for all properties	perties	· · ·	· · ·	23a 23b 23c 23d		700.		
е		nts reported on line 20 for all properties				23e		L,132.		
24	•	sitive amounts shown on line 21. Do no		•				. 24		0
25	•	alty losses from line 21 and rental real esta							(1	.0,432.
26		estate and royalty income or (loss). III, IV, and line 40 on page 2 do not								

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8889**

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

22

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

tion.	Attachment Sequence No. 52
	ber of HSA beneficiary. The HSAs, see instructions
207-99-	7422

Name(s) shown on Form	104	40, 1040-SR, or 1040-NF	R
SAI	KISHORE		AKULA	

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	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	× Se	lf-only 🗌 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. Do not 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 every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , 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 202291,464.		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,464.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,186.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Pari	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate r	HSAS, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess	114	<u>,</u>
	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	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. 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	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (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.		HSAs,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. 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	- 0000
ror Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO		Form 8889 (2022)

				FORM
2022	California e-file Signature A	uthorization for	Individuals	8879
Your name	•		Your SSN or ITIN	
SAI KISHORE	E AKULA		207-99-742	22
Spouse's/RDP's name	9		Spouse's/RDP's S	SSN or ITIN
Part I Tax Retur	n Information (whole dollars only)			
	ed gross income (AGI). See instructions			
	e. See instructions			
3 Refund or No An	nount Due. See instructions			1688
Part II Taxpaye	r Declaration and Signature Authorization (Be sure you ob	tain and keep a copy of your retu	Jrn.)	
income tax return. If and on form FTB 84 agrees with the dired domestic partner (R provider to transmit to my ERO, interme return, I understand penalties. I acknowle	er (ITIN), and the amounts shown in Part I above agree with f applicable, I authorize an electronic funds withdrawal of th 55, California e-file Payment Record for Individuals, or a co ct deposit authorization stated on my return. If I have filed a DP) as an agent to authorize an electronic funds withdrawa my complete return to the Franchise Tax Board (FTB). If th ediate service provider, and/or transmitter the reason(s) for that if the FTB does not receive full and timely payment of edge that I have read and consent to the Electronic Funds V	he amount on line 2 and/or the es omparable form. If applicable, I d a joint return, this is an irrevocab I or direct deposit. I authorize my e processing of my return or ref or the delay or the date when th my tax liability, I remain liable fo Vithdrawal Consent included on t	stimated tax payments as show eclare that direct deposit refur ble appointment of the other sp y ERO, transmitter, or interme und is delayed, I authorize th the refund was sent. If I am fillin r the tax liability and all applica the copy of my electronic incol	vn on my return ad amount on line 3 bouse/registered diate service a FTB to disclose ng a balance due able interest and me tax return. I hav
selected a personal Taxpayer's PIN: che	identification number (PIN) as my signature for my electron	nic income tax return and, if appl	icable, my Electronic Funds W	'ithdrawal Consent.
10xpayor 3 r m. ono	or one box only			
I authorize <u>GI</u>	LOBAL TAXES LLC		to enter my PIN 9	7 4 2 2 at enter all zeros
	LOBAL TAXES LLC ERO firm name re on my 2022 e-filed California individual income tax returr			7422ot enter all zeros
as my signatur	ERO firm name	n. al income tax return. Check this b	Do n	ot enter all zeros
as my signatur I will enter my return is filed u	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua	n. al income tax return. Check this b Part III below.	Do n	ur own PIN and you
as my signatur I will enter my return is filed u Your signature	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete	n. al income tax return. Check this b Part III below.	Do n	ur own PIN and you
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only	n. al income tax return. Check this b Part III below.	Dox only if you are entering you	ur own PIN and you
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only	n. al income tax return. Check this b Part III below.	Do n Dox only if you are entering you to enter my PIN	ur own PIN and you
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN I authorize	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only	n. al income tax return. Check this b Part III below. Date	Do n Dox only if you are entering you to enter my PIN	ur own PIN and you
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN I authorize as my signatur I will enter my	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only ERO firm name	n. al income tax return. Check this b Part III below. Date n. vidual income tax return. Check	Do n Dox only if you are entering you to enter my PIN	ot enter all zeros
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN I authorize as my signatur I will enter my and your return	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only ERO firm name re on my 2022 e-filed California individual income tax returr y PIN as my signature on my 2022 e-filed California indi	n. al income tax return. Check this b Part III below. Date n. vidual income tax return. Check complete Part III below.	Do n Dox only if you are entering you to enter my PIN	ot enter all zeros ur own PIN and you ot enter all zeros ering your own PI
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN I authorize as my signatur I will enter my and your return	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only ERO firm name re on my 2022 e-filed California individual income tax returr / PIN as my signature on my 2022 e-filed California indi n is filed using the Practitioner PIN method. The ERO must hature	n. al income tax return. Check this b Part III below Date n. vidual income tax return. Check complete Part III below D	Dox only if you are entering you to enter my PIN Do n Do n Do n Do n Do n Do n	ot enter all zeros ur own PIN and you ot enter all zeros ering your own PI
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN I authorize as my signatur I will enter my and your return Spouse's/RDP's sign	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only ERO firm name re on my 2022 e-filed California individual income tax returr / PIN as my signature on my 2022 e-filed California indi n is filed using the Practitioner PIN method. The ERO must hature	n. Al income tax return. Check this b Part III below. Date Date n. vidual income tax return. Check complete Part III below D eturns Only continue below	Do n Dox only if you are entering you to enter my PIN Do n & this box only if you are ent	ot enter all zeros ur own PIN and you ot enter all zeros ering your own PI
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN I authorize as my signatur I will enter my and your return Spouse's/RDP's sigr Part III Certifica ERO's Electronic Fil	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only ERO firm name re on my 2022 e-filed California individual income tax returr / PIN as my signature on my 2022 e-filed California indi n is filed using the Practitioner PIN method. The ERO must nature Practitioner PIN Method R	n. Al income tax return. Check this b Part III below. Date ▶ n. vidual income tax return. Check complete Part III below. C eturns Only continue below 2 2 2 4	Do n Dox only if you are entering you	ot enter all zeros ur own PIN and you ot enter all zeros ering your own PI
as my signatur I will enter my return is filed u Your signature Spouse's/RDP's PIN I authorize as my signatur I will enter my and your return Spouse's/RDP's sigr Part III Certifica ERO's Electronic Fil Enter your six-digit I I certify that the abo	ERO firm name re on my 2022 e-filed California individual income tax returr PIN as my signature on my 2022 e-filed California individua using the Practitioner PIN method. The ERO must complete I: check one box only I: check one box only ERO firm name re on my 2022 e-filed California individual income tax returr / PIN as my signature on my 2022 e-filed California individual income tax returr / PIN as my signature on my 2022 e-filed California individual income tax returr / PIN as my signature on my 2022 e-filed California indi n is filed using the Practitioner PIN method. The ERO must nature Practitioner PIN Method R ation and Authentication — Practitioner PIN Method Only Ier Identification Number (EFIN)/PIN.	n. al income tax return. Check this b Part III below. Date ▶ n. vidual income tax return. Check complete Part III below. D eturns Only continue below 2 2 2 2 4 Do n 2022 California individual incon	Do n Dox only if you are entering you	ot enter all zeros ur own PIN and you ot enter all zeros ering your own PI 8 9 s) indicated above.

CALIFORNIA	FORM

TAXABLE YEARCalifornia Nonresident or Part-Year2022Resident Income Tax Return

	202	22 Re	esiden	t Incom	ne Tax I	Retu	rn						540	NR
					P	PE		I	ATTACH	FED	ERAL	RETU	JRN	
		9-7422 SHORE	AKUL AK	ULA				2	22					
		E EVELY VALE	'N AVE	CA 94	086		APT	58						
05.	-17	-1995												
	1	If your Califor	-	atus is different	t from your fee	1	ig status, che of household				L	tions		
Filing Status				jointly. See ins		1	/ing surviving			,		Г		
Sta			-				structions.							
	3	Marrie	ed/RDP filing	separately. En	ter spouse's/F	DP's SS	N or ITIN abo	ove and f	ull name here	e 🗌				
	6	If someone ca	an claim you	ı (or your spou	se/RDP) as a	depende	nt, check the	box here	e. See instr		• 6			
				ne 10: Multiply t	-		-	he pre-pr	rinted dollar a	imount	for that I	ine.	Whole do	ollars only
	7	checked box 2	2 or 5, enter	box 1, 3, or 4 a 2. If you check	ked the box or	i line 6, s	see instruction	ns. 💽 7	1 X \$1	40 = (\$			140
	8			use/RDP) are v ed, enter 2				8	X \$1	40 = (\$			
	9			ouse/RDP) are ter 2. See instri				• 9		40 = (
ons	10	Dependents:	Do not inclu Dependen	ide yourself or	your spouse/	RDP.	oendent 2	. 9	Λφι	-	ependent	3		
Exemptions		First Name												
ЖШ		Last Name												
		SSN. See instructions.	•			•								
		Dependent's relationship to you	•							•				
	Total	dependent exe REV 02/03/23					•••••	10	X \$433	= •	\$			
					175	31	31224	Γ			Form 54	40NR 20	022 Side	91

You	r na	ame: AKULA Your SSN or	ITIN: 207-99-7422			
	11	Exemption amount: Add line 7 through line 10		• 11 \$	1.	40
Total Taxable Income	12	Total California wages from your federal Form(s) W-2, box 16	121671	. 00		
	13 14	California adjustments – subtractions. Enter the amount f Part II, line 27, column B	 13 14 	160601	• 00	
	15 16	See instructions	·	15	160601	. 00
otal Ta)		line 27, column C		• 16	1464	. 00
F	17 18	Enter the larger of: Your California itemized deductions f Part III, line 30; OR Your California standard deduction . S	rom Schedule CA (540NR), See instructions	 17 18 	162065 5202	• 00 • 00
	19	Subtract line 18 from line 17. This is your total taxable in enter -0		19	156863	. 00
	31		K Tax Rate Schedule			
	32	FTB 3800 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	FTB 3803	• 31	11342	. 00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, li	ne 5	• 35	117765	. 00
Jcome	36	CA Tax Rate. Divide line 31 by line 19	• 36 0.0723			
Taxable Income	37		36	• 37	8514	. 00
са Та)	38	If more than 1, enter 1.0000				
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38 If the amount on line 13 is more than \$229,908, see instr		• 39	105	. 00
	40	CA Regular Tax Before Credits. Subtract line 39 from line	37. If less than zero, enter -0	• 40	8409	• 00
	41	Tax. See instructions. Check the box if from:	hedule G-1 • 🛄 FTB 5870A	• 41		. 00
	42	Add line 40 and line 41		• 42	8409	.00
ts	50 51	Attach form FTB 3506		• 50		• 00
Special Credits	52 53			- <u>00</u> - <u>00</u>		
ş	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	• 54			
	55	Credit amount. See instructions		• 55		. 00
		Side 2 Form 540NR 2022 175	3132224			

You	r nar	me: AKULA Your SSN or ITIN: 207-99-7422		
inued	58	Enter credit name code and amount	58	.00
	59	Enter credit name code and amount	59	.00
Special Credits continued	60	To claim more than two credits. See instructions	60	
credits	61	Nonrefundable Renter's Credit. See instructions	61	.00
cial C	62	Add line 50 and line 55 through 61. These are your total credits) 62	
Spe	63	Subtract line 62 from line 42. If less than zero, enter -0) 63	8409 .00
sey	71	Alternative Minimum Tax. Attach Schedule P (540NR) •		.00
Other Taxes	72	Mental Health Services Tax. See instructions	72	.00
Oth	73	Other taxes and credit recapture. See instructions	73	.00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	8409 .00
	81	California income tax withheld. See instructions	81	10097 .00
	82	2022 CA estimated tax and other payments. See instructions	82	00
	83	Withholding (Form 592-B and/or Form 593). See instructions	83	
Payments	84	Excess SDI (or VPDI) withheld. See instructions	84	
Payr	85	Earned Income Tax Credit (EITC). See instructions	85	
	86	Young Child Tax Credit (YCTC). See instructions	86	
	87	Foster Youth Tax Credit (FYTC). See instructions	87	
	88	Add line 81 through line 87. These are your total payments. See instructions	88	10097 .00
ISR Penalty	91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage • If you did not check the box, see instructions.	×	
ISR		Individual Shared Responsibility (ISR) Penalty. See instructions • 91		00
Overpaid Tax/Tax Due	92 93	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	92 9 2	10097 . <u>00</u> .00
id Tax	101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92) 101	1688 .00
verpa	102	Amount of line 101 you want applied to your 2023 estimated tax	102	0.00
0	103	Overpaid tax available this year. Subtract line 102 from line 101	103	1688 .00

175	3133224

		Į
YOUr	name:	-

AKULA

Your SSN or ITIN:

207-99-7422

. 00

			<u>Code</u>	Amount
		California Seniors Special Fund. See instructions	• 400	00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	.00
		California Breast Cancer Research Voluntary Tax Contribution Fund.	• 405	. 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406	. 00
		Emergency Food for Families Voluntary Tax Contribution Fund	• 407	. 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408	
		California Sea Otter Voluntary Tax Contribution Fund	• 410	
s		California Cancer Research Voluntary Tax Contribution Fund	• 413	
Contributions		School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422	
ontrik		State Parks Protection Fund/Parks Pass Purchase	• 423	.00
0		Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	• 424	. 00
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	. 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	. 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	.00
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	. 00
		Suicide Prevention Voluntary Tax Contribution Fund	• 444	. 00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445	. 00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	• 446	. 00
	120	Add amounts in code 400 through code 446. This is your total contribution	• 120	
Amount You Owe	121	AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 Pay Online – Go to ftb.ca.gov/pay for more information. REV 02/03/23 PRO	• 121	

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You	r nan	ne:	AKULA		Your SSN or	TITIN:	207-99-7	422					
and les	122 123		rest, late return penalt erpayment of estimate		ment penalties				122			. 00	
Interest and Penalties		Che	ck the box:	FTB 5805 attack	ned • F	TB 5805F	attached		123			. 00	
_		Tota	l amount due. See ins	tructions. Enclos	se, but do not s	staple, an	y payment		124			. 00	
	125	REF	UND OR NO AMOUNT	DUE. Subtract	line 120 from li	ne 103. S	See instructions	5.					
		Mail	I to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 125										
)eposit		See	in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. instructions. Have you verified the routing and account numbers? Use whole dollars only. or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:										
ect D			Routing number	Type	Account nun	nber				126 Direct de	eposit amount		
Dire			44000037	× Checking	3131088					ILU BROOL GO	1688	. 00	
and				Savings	9191000						1000	∎ <u> 00</u>	
Refund and Direct Deposit		The	remaining amount of	2	125) is authoriz	zed for di	rect deposit int	o the account	shown belo	DW:			
			Routing number	● Type Checking	Account nun	nber			•	127 Direct de	posit amount		
												. 00	
				Savings									
Voter Info.		For	voter registration info	rmation, check tl	he box and go t	to sos.ca	.gov/elections	. See instructi	ons				
Our p to loc Unde	rivacy ate FT er per	notic B 113 naltie	Attach a copy of your of e can be found in annual t 11 EN-SP, Franchise Tax Br s of perjury, I declare belief, it is true, corre	ax booklets or onlir oard Privacy Notice that I have exam	ne. Go to ftb.ca.go on Collection. To ined this tax re								
Your	signat	ure		•	D	ate		Spouse's/RDP'	s signature (if	a joint tax retur	n, both must sign)		
			• Your email addres	s. Enter only one e	email address.					Preferre	ed phone number		
Si	gn									5136	787812		
	ere		Paid preparer's signat	ure (declaration o	f preparer is bas	sed on all	information of w	hich preparer	has any kno	wledge)			
	unlaw		SYAM PRIY	A RAM SA	GAR GUP	TA TA	ALLAM						
to for	rge a	Tui	Firm's name (or yours	, if self-employed)							• PTIN		
spouse's/ RDP's signature.			GLOBAL TAXES LLC								P020827	03	
-			Firm's address								• Firm's FEIN		
Joint retur			245 ROONE	У СТ Е В	RUNSWIC	K NJ	08816				8431719	965	
See instri	uctior	ıs.	Do you want to allo	w another perso	n to discuss thi	is tax retu	urn with us? See	e instructions	• • •	Yes	× No		
			Print Third Party Desig	gnee's Name						Telephone	Number]	
_										REV 02/0	3/23 PRO		
				_	175	3135	5224		F	orm 540NR	2022 Side 5		

California Adjustments — Nonresidents or Part-Year Residents TAXABLE YEAR 2022

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return				SSN or IT	IN
SAI KISHORE AKULA				207997	7422
Part I Residency Information. Complete all line	es that apply to you a	nd your spouse/RDP	for taxable year 2022.	1	
During 2022:					
1 My California (CA) Residency (Check one)	-			-	-
a Myself: \odot Nonresident \odot X Part-Year R	Resident 💿 _ Reside	ent b Spou	se: 💿 Nonresident	: • O Part-Year Res	sident 🖲 🔄 Resident
			Yourself		Spouse/RDP
2 a I was domiciled in (enter two letter code, see in	nstructions)		ullet	IL O	
b I was in the military and stationed in (enter two				•	
3 I became a CA resident (enter state of prior resid				•	//
4 I became a CA nonresident (enter new state of re	sidence and date (mm	n/dd/yyyy) of move) .	● <u>IL</u> <u>0</u> <u>6</u> / <u>0</u> <u>1</u> /	20220	/_/
5 I was a CA nonresident the entire year (enter stat	te of residence)			•	
6 The number of days I spent in CA for any purpos				<u>152</u>	
7 I owned a home/property in CA (enter Y for Yes,				<u>N</u> ()	_
8 Before 2022: I was a CA resident for the period of	of				/
			•//	_ •/_	/
Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
from federal Form 1040 or 1040-SR	(taxable amounts from your federal tax return)	See instructions (difference between	See instructions (difference between	Using CA Law As If You Were a	(income earned or received as a CA
		CA & federal law)	CA & federal law)	CA Resident	resident and income earned or received
				(subtract col. B from col. A; add col. C	from CA sources
				to the result)	as a nonresident)
1 a Total amount from federal Form(s) W-2,	171033			• 171033	• 121671
box 1. See instructions 1a b Household employee wages not reported	1/1000			1/1000	
on federal Form(s) W-2 1b	\odot	\odot	\odot	\odot	\odot
c Tip income not reported on line 1a 1c				\odot	
d Medicaid waiver payments not reported					
on federal Form(s) W-2. See instr 1d e Taxable dependent care benefits from	•	•		•	•
federal Form 2441, line 26 1e	\odot	\odot		\odot	
f Employer-provided adoption benefits	_				
from federal Form 8839, line 29 1f		0	0	$\textcircled{0}{0}$	0
g Wages from federal Form 8919, line 6 1g	•	•	•	0	•
h Other earned income. See instructions 1h	0		1464	1464	• 0
i Nontaxable combat pay election.					
See instructions 1i				•	
z Add line 1a through line 1i 1z			1464 1464		121671
 2 Taxable interest. a <a>[e] 2b 3 Ordinary dividends. See instructions. 	•	٢		•	•
a () 3b					
		•			•
4 IRA distributions. See instructions. a ● 4b		\bullet			
5 Pensions and annuities. See					
instructions. a (
6 Social security benefits.					
a O 6b		\odot			
7 Capital gain or (loss). See instructions 7		i			
					\odot

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_		А	В	C	D	E
Sec		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and incom earned or received from CA sources as a nonresident)
1	Taxable refunds, credits, or offsets of state and local income taxes	ullet				
2	a Alimony received. See instructions 2a				•	۲
3	Business income or (loss). See instructions. 3	$ \bigcirc $	\odot	٢	٢	۲
4	Other gains or (losses) 4	۲		٢		۲
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	• -10432	۲	۲	• -10432	۲
6	Farm income or (loss) 6		$\textcircled{\bullet}$	۲	۲	۲
7	Unemployment compensation 7	•	\overline{ullet}			
8	Other income: a Federal net operating loss	• ()				
	b Gambling	\overline{ullet}	\odot		٢	۲
	c Cancellation of debt 8c	•	•	٢	•	•
	d Foreign earned income exclusion from federal Form 2555	• ()				
	e Income from federal Form 8853 8e	•		۲	۲	٢
	f Income from federal Form 8889 8f	۲				
	g Alaska Permanent Fund dividends 8g	۲				۲
	h Jury duty pay 8h	۲				$oldsymbol{eta}$
	i Prizes and awards 8i	۲			۲	۲
	j Activity not engaged in for profit income 8j				$\textcircled{\bullet}$	۲
	k Stock options 8k	۲		$\textcircled{\bullet}$	\odot	\odot
	I 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	۲			\odot	\odot
	 m Olympic and Paralympic medals and USOC prize money	۲			۲	۲
	n IRC Section 951(a) inclusion 8n		$\textcircled{\bullet}$			
	o IRC Section 951A(a) inclusion 80		\odot			
	p IRC Section 461(I) excess business loss adjustment 8p	۲	٢	۲	•	۲
	q Taxable distributions from an ABLE account account 8q r Scholarship and fellowship grants	•			۲	۲
	not reported on federal	۲			•	۲
	t Pension or annuity from a	• ()			•	۲
	nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲			•	۲
	u Wages earned while incarcerated 8u	•			۲	۲
	z Other income. List type and amount.					
	• 8z	(\bullet)	\odot			\odot
9	a Total other income. Add line 8a	-				
	through line 8z 9a	ullet	\odot	\odot	\odot	\odot



		Α	В	C	D	E
Section B — Additional Income Continued		Federal Amounts (taxable amounts from /our federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	b1 Disaster loss deduction from form FTB 3805V		۲		۲	۲
	b2 NOL deduction from form FTB 3805V		۲		۲	۲
	b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809		۲		\odot	۲
10	Total. Combine Section A, line 1z throughline 7, and Section B, line 1 throughline 7, line 9a and line 9b1 through line 9b3(as applicable) in each column.See instructions. Go to Section C 10	 160601 	۲	• 1464	 162065 	• 12167
Se	ction C — Adjustments to Income from federal Schedule 1 (Form 1040)					
11	, , ,		•			
	Certain business expenses of reservists,	<u> </u>	<u> </u>			
	performing artists, and fee-basis government officials 12		۲	\odot		۲
14	Moving expenses. Attach form FTB 3913. See instructions					۲
15	Deductible part of self-employment tax.	<u> </u>	•		-	
16	Self-employed SEP, SIMPLE, and	<u> </u>	٢			
17	qualified plans 16 (Self-employed health insurance deduction.	•				
	See instructions	$\overline{\bullet}$	•			
	a Alimony paid. b Enter recipient's: SSN ● – –	•				
	SSN • 19a	•		۲		۲
20	IRA deduction 20		•	۲		ullet
21	Student loan interest deduction 21	•		•		۲
22	Reserved for future use					
23	Archer MSA deduction 23	•			\odot	
24	Other adjustments: a Jury duty pay 24a					
	 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for 	9				
	c Nontaxable amount of the value of Olympic and Paralympic medals and	•	۲			•
	USOC prize money reported on line 8m 24c d Reforestation amortization and		•			
	expenses	•)	۲			
	unemployment benefits under the federal Trade Act of 1974 24e	•			۲	۲
	f Contributions to IRC Section 501(c)(18)(D) pension plans. 24f	•	۲	۲	۲	۲
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g	•	۲	•	۲	۲
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	•			۲	۲



		A	В	C		D	E
Sect	ion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)		Additions See instruction (difference betw CA & federal la	ns Using As If Yo Aw) CA R (subtract col. A; a		CA Amounts (income earned or received as a CA esident and incom earned or received from CA sources as a nonresident)
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 24i	۲	۲				
j	Housing deduction from federal Form 2555		۲				
I	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	•			•	•)
2	2 Other adjustments. List type and amount.						
(• 24z		۲	۲)
1	Total other adjustments. Add line 24a hrough line 24z Add line 11 through line 23 and line 25 in	۲	۲	۲	•)
(each column, A through E	۲	۲	۲)
	Total. Subtract line 26 from line 10 in each column, A through E. See instructions 27	160601	۲	• 14	464	162065) 12167
Chec	t III Adjustments to Federal Itemized Dedu k the box if you did NOT itemize for federal but wil ical and Dental Expenses See instructions.	ctions I itemize for California .		A Federal Amount (from federal Schedule A (Forn	D See	tractions instructions	C Additions See instructions
1	Medical and dental expenses		1				
2	Enter amount from federal Form 1040 or 1040						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more that	in line 1, enter 0					
	s You Paid			0 10	5000	10500	
	State and local income tax or general sales tax State and local real estate taxes			<u> </u>	588	12588	
	State and local personal property taxes						
	Add line 5a through line 5c			-	588		
	Enter the smaller of line 5d or \$10,000 (\$5,000						
00	Enter the amount from line 5a, column B in line	• •	• /				
	Enter the difference from line 5d and line 5e, co) 10	000	12588) 258
6	<u> </u>			j 💽	۲		
7	Add line 5e and line 6			10	000	12588) 258
nter	est You Paid						
la	Home mortgage interest and points reported to	o you on federal Form	10988a				
ßb	Home mortgage interest not reported to you o	n federal Form 1098	8b				
IC	Points not reported to you on federal Form 109)
Bd	Reserved for future use			-	-		
Be	Add line 8a through line 8c						
)	Investment interest						
0	Add line 8e and line 9				$\textcircled{\bullet}$)
	to Charity					- I	
11	Gifts by cash or check			0			
12	Other than by cash or check			<u> </u>	•		
			40				
13 14	Carryover from prior year						

Pa	•	ustments to Federal Itemized Deductions Itinued	A (f	ederal Amounts rom federal Schedule A orm 1040))	B	Subtractions See instructions	C	Additions See instructions
Cas	ualty and Tl	neft Losses					1	
15		r theft loss(es) (other than net qualified disaster losses). eral Form 4684. See instructions			$ \bigcirc $			
Oth	er Itemized	Deductions						
16	Other-fro	om list in federal instructions			\bullet			
17	Add lines 4	4, 7, 10, 14, 15, and 16 in columns A, B, and C		10000	igodoldoldoldoldoldoldoldoldoldoldoldoldol	12588	igodoldoldoldoldoldoldoldoldoldoldoldoldol	2588
18	Total. Con	nbine line 17 column A less column B plus column C				• 18		0
Job	Expenses a	nd Certain Miscellaneous Deductions						
19		rsed employee expenses: job travel, union dues, job education, etc. eral Form 2106 if required. See instructions						
20	Tax prepar	ation fees						
21	Other expe	enses: investment, safe deposit box, etc. List type 🖲 🕥 21		0				
22	Add line 19	9 through line 21		0				
23	Enter amo	unt from federal Form 1040 or 1040-SR, line 11 ④ 160601						
24	Multiply lir	ne 23 by 2% (0.02). If less than zero, enter 0		3212			·	
25	Subtract li	ne 24 from line 22. If line 24 is more than line 22, enter 0						0
26	Total Item	ized Deductions. Add line 18 and line 25.				• 26		0
27	Other adju	stments. See instructions. Specify. 🔍				• 27		
28	Combine li	ne 26 and line 27				• 28		0
29	No. Transf	Ieral AGI (Form 540NR, line 13) more than the amount shown below for your fi Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving spouse/RDP \$ er the amount on line 28 to line 29.	229,9 344,8 459,8	08 67 21				0
		olete the Itemized Deductions Worksheet in the instructions for Schedule CA (540	ONR),	line 29				0
30	Enter the I	arger of the amount on line 29 or your standard deduction listed below:						
		Single or married/RDP filing separately. See instructions.	. \$5,2	02				
		Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP	\$10,4	04		• 30		5202
Pa	r t IV Cal	ifornia Taxable Income						
2	Enter your (Deduction	AGI. Enter your California AGI from Part II, line 27, column E deductions from line 30 Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry ces. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0	the de	@ 2 ecimal		5202		121671
	California I	temized/Standard Deductions. Multiply line 2 by the percentage on line 3 Faxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NF						3906
5	zero, enter	-0				• 5_		117765

Γ

California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

2022

Name as Shown on Return SAI KISHORE AKULA

Social Security No. 207-99-7422

Т

Line 1 – Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
		Oubliactions	Additions
1	Excess reimbursements from Form 2106 included in wage		
	income		
2	Active duty military pay		
3	Sick pay received under the Federal Insurance Contributions		
	Act and Railroad Retirement Act		
4	Income exempted by U.S. tax treaties (unless specifically		
	exempt for state purposes also)		
5	Exclusion for compensation from exercising a California		
	Qualified Stock Option (CQSO)		
6	Ridesharing fringe benefit differences		
7	HSA employer contributions		1464
8	Paid Family Leave Insurance (PFL) benefits		
	I confirm that the PFL amount above is accurate		
9	Employer-provided adoption benefits income exclusions		
10	In-Home Supportive Services (IHSS) supplementary payment		
11	Native American income (Form 3504)		
12	Clergy housing exclusion. This is the amount entered on W-2s		
а	as smallest of amount spent or fair rental value		
b	Enter the amount spent on qual. housing expenses		
13	Excess moving reimbursements		
14	CA Employees and federal Independent Contractors income		
15	Employer-provided dependent care assistance exclusion		
16	Other (itemize):		
а			
b			
С			
d			
	Total adjustments to wages, salaries, tips, etc. Enter here and		
	on Schedule CA (540/540NR), line 1		1464

Line 4 – IRA, Pensions, and Annuities

IRA'	S	(B) Subtractions	(C) Additions
1 a b c	Other (itemize):		
d	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 sions and Annuities	(B) Subtractions	(C) Additions
1 2 b c d	Form 1099-R, Railroad Retirement Benefits Check here to confirm the Tier 2 RRB above is correct •		
	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5		



Illinois Department of Revenue 2022 Form IL-1040 Individual Income Tax Return

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.

В	SAI 105 SUN Fili		CA 9408 KISHOI	REAKULA19 Filing jointly		filing separately 🔲 Wid			
					••••	s a dependent. See instruc		-	
D	Ch	eck the box if this appl	lies to you dur	ing 2022:		ent - Attach Sch. NR 🗵	Part-year resident -		
		p 2: Income						(vvno	le dollars only)
_	1 2 3 4	Federal adjusted gros Federally tax-exempt Other additions. Atta Total income. Add L	t interest and d I ch Schedule N	lividend inc M.		or 1040-SR, Line 11. ur federal Form 1040 or 1	040-SR, Line 2a.	1 2 3 4	160,601.00 .00 .00 160,601.00
T		p 3: Base Income							
	5	Social Security beneficial security beneficial security beneficial received if included in			•		5	.00	
re	6	Illinois Income Tax ov		-			5	.00	
he	-	Schedule 1, Ln. 1.				,	6	<u>.00</u> .00	
sm.	7	Other subtractions. A							00
) for	8 9	Add Lines 5, 6, and 7 Illinois base income						8 9	.00 160,601 _{.00}
560	Ste	p 4: Exemptions							
Staple W-2 and 1099 forms here		 a Enter the exemptio b Check if 65 or olde c Check if legally bli 	er: You ind: You dependents, en -E/EIC.	+	ouse # of ouse # of ount from Sche	See instructions. checkboxes X \$1,000 checkboxes X \$1,000 edule IL-E/EIC, Step 2, Lind) = b) = c	<u>25.00</u> .00 .00 0.00 10	2,425 <u>.00</u>
S	Ste	p 5: Net Income an	nd Tax						
	11	Residents: Net inco	ome. Subtract I	Line 10 fror	n Line 9.				
	10					et income from Schedule	NR. Attach Schedule	NR. 11	49,600 _{.00}
	12	Residents: Multiply I Nonresidents and p						12	2,455.00
	13	Recapture of investm					`	13	.00
0-1	14	Income tax. Add Line	es 12 and 13.	Cannot be	less than zer	0.		14	2,455.00
104		p 6: Tax After Nonr							
۲-	15	Income tax paid to an					15	.00	
pu	16	Property tax and K-1. Attach Schedule ICF		xpense cree	alt amount fro	om Schedule ICR.	16	.00	
k a	17	Credit amount from S		-C. Attach	Schedule 12	99-C.	17	.00	
hec	18					annot exceed the tax amo	ount on Line 14.	18	0.00
Staple your check and IL-1040-V	19	Tax after nonrefund	able credits.	Subtract Li	ne 18 trom Li	ne 14.		19	2,455.00
Vou		p 7: Other Taxes						20	00
ole	20 21	Household employme Use tax on internet, r			-state purcha	ses from UT Worksheet	or UT Table	20	.00
Stap		in the instructions. Do	o not leave bla	ank.	·			21	0.00
	22	•		-	ram Act and s	ale of assets by gaming li	censee surcharges.	22	.00
▼	23	Total Tax. Add Lines	19, 20, 21, an	d 22.				23	2,455 _{.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	2,455.00				
Ste	ep 8: Payments and Refundable Credit						
25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 2, 491,00							
26	Estimated payments from Forms IL-1040-ES and IL-505-I,						
	including any overpayment applied from a prior year return. 26	.00					
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27	.00					
	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28	.00					
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29	.00					
30	Total payments and refundable credit. Add Lines 25 through 29.	30	2,491.00				
Ste	ep 9: Total						
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	36.00				
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. 33	.00					
	a 🔲 Check if at least two-thirds of your federal gross income is from farming.						
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.						
	c 🗌 Check if your income was not received evenly during the year and you annualized your income on	Form IL-2210).				
	Attach Form IL-2210.						
	d 🗌 Check if you were not required to file an Illinois Individual Income Tax return in the previous tax ye	ar.					
34	Voluntary charitable donations. Attach Schedule G. 34	.00					
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 3	1.					
	This is your overpayment .	36	36.00				
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	36.00				
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 4 4 0 0 0 0 3 7 × Checking	or Saving	ar				
	to college savings funds		33				
	here. See instructions! Account number 3 1 3 1 0 8 8 7 7						
	b 🗌 paper check.						
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	39	.00				
40	If you have an amount on Line 32, add Lines 32 and 35 or -						
	If you have an amount on Line 31 and this amount is less than Line 35,						
	subtract Line 31 from Line 35. This is the amount you owe . See instructions.	40	.00				
Ste	ep 12: Health Insurance Checkbox and Signature						
	\square Check this has if IDOR may share your income information with other Illinois state according in order	vr to dotormine					

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 Dat		Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number		
Here								(513) 678	8-7812	
	Print/Type paid preparer's name			Paid preparer's signature		Date (mm/dd/yyy	/)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	02/11/202	3	self-employed	P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC					Firm's FEIN	•	843171965		
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 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					()			party designee shown in this step.		

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



	Illinois Department of Rev	venue
Į	2022 Schedule	NR
\sim_{t}	Attach to your Form IL-1040	

Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	SAI KISHORE AKULA 2	07_99_7422
_	Your name as shown on your Form IL-1040 You	Ir Social Security number
S	Step 1: Provide the following information	
1	1 Were you, or your spouse if "married filing jointly," a full-year resident of II	llinois during the tax year?
	Yes X No If you answered "Yes," STOP you car	nnot use this form (see instructions).
2	2 If you, or your spouse if "married filing jointly," were a part-year resident d	luring the tax year, tell us your residency dates for 2022.
i	a I lived in Illinois from <u>06</u> / <u>01</u> / <u>2</u> 2 to <u>12</u> / <u>31</u> / <u>2</u> 2 Month Day Year Month Day Year	in <u>California</u> from <u>0</u> 1/ <u>0</u> 1/ <u>2</u> to <u>0</u> 5/ <u>3</u> 1/ <u>2</u> 2 State Month Day Year Month Day Year
	b My spouse lived in Illinois from// <u>2</u> <u>2</u> to// <u>2</u> <u>2</u> , a Month Day Year Month Day Year	
3	3 If you were a resident of any of the states listed below during the tax yea was in the military, or if you elected to use your service member spouse's	
	Iowa Kentucky Michigan	Wisconsin Military Spouse
4	4 List any state other than Illinois or any states already indicated on Line 2 Enter the two-letter abbreviation of that state.	or 3 above, that you claimed residency for tax purposes in 2022.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_				Federal Total	Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	171,033 <u>.00</u>	50,361 <u>.00</u>
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
he	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
come	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
Ĕ	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-10,432 <u>.00</u>	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9))		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total ind	come.	20	50,361 <u>.00</u>
		Continue with Step 3 on Page 2			



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued	-	olumn A deral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	50,361 <u>.00</u>
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	0.00	0.00
De	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
Ы		Schedule 1, Line 14)	25	.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	~=		
; to			27		.00
ents		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)		.00	.00
ē		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			.00
djustm	30		30	.00	.00
ns	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	.00
	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
٩	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	0.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	160,601 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gros	ss incom	e. 38	50,361 <u>.00</u>

Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
at a	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	50,361.00
ŀĘ	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
l.e	2	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
ΙĒ	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
S		your Illinois base income.		46	50,361.00
		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
5	47	Enter the base income from Form IL-1040, Line 9.	47	160,601.00	
Calculations	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 314	
	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,425.00	
S	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
-		allowance.		50	761.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	51	49,600.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your tax.		52	2,455.00



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 Column							
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	N						

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

SA	I KISHORE	AKULA		2	0	7 _	9	9 _	. 7	4	2	2
Υοι	ir name as shov	vn on Form IL-1040	Your	Your Social Security number								
	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld		
1	W	94-0506370 000 3	\$	39,833	• <u>00</u>	\$		<u>39,833</u>	<u>00</u>	\$	1,97	<u>0.00</u>
2	W	77-0493581 0001	_ \$	131,200	• <u>00</u>	\$	1	<u>10,528</u>	00	\$	52	<u>1.00</u>
3			- \$		•00	\$			00	\$		<u>•00</u>
4			_ \$		• <u>00</u>	\$			00	\$		• <u>00</u>
5			\$		• <u>00</u>	\$		•	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	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.		
6		. \$	•00	\$	•00	\$	•00
7		. \$	•00	\$	•00	\$	•00
8		\$	•00	\$	•00	\$	•00
9		. \$ <u> </u>	•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.

									
3	Illinois Department of Revenue			Submi	ission ID				
S	2022 IL-8453 Illinois Indiv	vidual Inco	ome Tax I			ilina D	eclara	atio	n
P	(Do not mail Form IL-8453 to the Illinois					-			
Step 1	Provide taxpayer information							,	
	SAI KISHORE	AKULA			2 0		_9	_74	1 2 2
	irst name and middle initial Spouse's first name (and last na	me if different)	Last name	:	Social Secu	rity number			
	055 E EVELYN AVE 58								
	Aailing address		04000			ocial Security			
-	SUNNYVALE CA City State		94086 ZIP	·		one number	<u> </u>		
	•	2							
-	2: Complete information from tax return		Choose one	e: 🗙 IL-1	040	IL-1040-X		19 6	500 00
	et income from Form IL-1040 or IL-1040-X, Line 11 x from Form IL-1040 or IL-1040-X, Line 14						ו 2		155 00
	nois Income Tax withheld from Form IL-1040 or IL-	1040-X Line 25	5 only (enter "	'0" if none)		3		191 00
	verpayment from Form IL-1040, Line 36 or IL-1040		only (enter)		4		36 00
	tal amount due from Form IL-1040, Line 40 or IL-1	,					5		00
	ing status: X Single Married filing jointly	,	separately	Widowe	ed ⊢	lead of hou	sehold		
within t 7 Ro 8 Ac 9 Ty 10 Da 11 Ele 12 Na	ame on account:	al funds. Electro 7 7 / /	onic payments (will not be	accepted	and refund	ls will be v		
Step 4	I: Taxpayer declaration and signature (Sign	•		•	• •	· ·	,		
X	I consent that my refund may be directly deposite correct. If I have filed a joint return, this is an irreve	d as designated ocable appointn	l in Step 3 and nent of the oth	d declare the ner spouse	ne inform as an ag	ation on Lir ent to rece	nes 7 thro ive the re	ough 9 fund.	is
	I authorize the Illinois Department of Revenue (ID withdrawal as designated in the electronic portion of financial institutions involved in the processing of necessary to answer inquiries and resolve issues	of my 2022 Illino an electronic ov	is Original or A verpayment of	Amended Ir	ndividual	Income Tax	return. I a	author	ize the
	I do not want direct deposit of my refund, or an ele	ectronic funds w	vithdrawal (dire	ect debit) c	of my bala	ance due.			
return of and acc	penalties of perjury, I declare the information on my e originator (ERO) are identical. To the best of my know companying information may be sent to IDOR by my ccepted or rejected. If rejected, I authorize IDOR to id	ledge, my return ERO. I authorize	is true, correct IDOR to inform	t, and comp n my ERO	olete. I co and/or the	nsent that r transmitte	ny return, r when my	this de / returr	eclaration, n has

Sign
here

re Your signature	Date	Spouse's signature (if joint return, both must sign)

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

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

	 ERO's signature		02/11/2023 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			
oniv	245 ROONEY CT Mailing address			$\frac{8}{\text{Federal employer identification number (FEIN)}}{\frac{8}{\text{Federal employer identification number (FEIN)}}$			
	E BRUNSWICK City	NJ State	08816 ZIP	(678) 965-9522 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.

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.



Date