Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

er siname	Social security number
AJI SIDDHARTH BHARADE	653-84-2611
s name	Spouse's social security number
ADDHA SANJAY MANE	APPLIED FOR
Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year you are authorizing.)
whole dollars only on lines 1 through 5.	
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
Adjusted gross income	1 78,000.
Total tax	2 5,844.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	. 3 8,934.
Amount you want refunded to you	4 3,090.
Amount you owe	5
, , , , ,	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income Total tax Total tax Federal income tax withheld from Form(s) W-2 and Form(s) 1099 Amount you want refunded to you

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	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN
	I ddffolizo	0202112 1111120 220	

4	2	6	1	1			
Enter five digits, but don't enter all zeros							

Enter five digits, but don't enter all zeros

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

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 >	Date 🕨	
Practitioner PIN Method Ret	urns Only—continue below	
Part III Certification and Authentication – Practitioner	PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	it self-selected PIN. 2 2 2 4 9 6 6 1 9 8 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 🕨	
	n This Form — See Instructions to the IRS Unless Requested To Do So	
E. D		Fame 9970 (Days 01 0001)

Date

E 1040		artment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the n on is a child but not your dependent	ame of y	-	separately (N use. If you cl						spou	lifying sun use (QSS) name if th	U U
Your first name	and mi	ddle initial	Last nar	me						`	Your so	cial securi	ty number
BALAJI S	IDDH	IARTH	BHAR	ADE							653-8	34-261	1
If joint return, sp	ouse's	first name and middle initial	Last nar	me							Spouse'	s social se	curity number
SHRADDHA	SAL	IJAY	MANE								APPL	IED FO	R
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.	1	Preside	ntial Election	on Campaigr
2716 RAI	NBO	V AVENUE						2	2			nere if you,	
-		ce. If you have a foreign address, also co	omplete sp	paces bel	ow.	Sta	ite	ZIP c			•		ntly, want \$3
BLOOMING	TON					II		617	04		0	this fund. ow will not	Checking a change
Foreign country			F	oreign pr	ovince/state/o				n postal c			or refund.	•
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌	Your spouse	e as	a dependent	,	•		,		
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a	dual-status	alier	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore Janu	ary 2,	1958	Is bl	ind
Dependents	(see	instructions):		(2) S	Social security		(3) Relationsh	ip (4) Check t	he box	if qualit	ies for (see	instructions):
If more	(1) Fi	rst name Last name			number		to you		Child t	ax cre	dit	Credit for ot	her dependents
than four												[
dependents, see instructions													
and check													
here 🗌												[<u> </u>
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)						1a		78,000.
	b	Household employee wages not re								· ·	1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)	• •				· ·	1c		
attach Forms	d	Medicaid waiver payments not rep			, ,	nstru	uctions)			· ·	1d	_	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								· ·	1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29	•					1f		
lf you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	ions) .			• •		· ·		· ·	1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		• •	1 i						
	Z	-	· · ·		· · · ·	• •				· ·	1z	'	78,000.
Attach Sch. B	2 a	· · -	2a			bΤ	axable interest	· .		· ·	2b	_	
if required.	3a	Qualified dividends	3a				Ordinary divider			· ·	3b	_	
	4a	IRA distributions	4a				axable amoun			· ·	4b	_	
Standard Deduction for –	5a		5a				axable amoun			· ·	5b	_	
Single or	6a	,	6a				axable amoun	t		· .	6b		
Married filing separately,	С	If you elect to use the lump-sum e								· 🗌			
\$12,950	7	Capital gain or (loss). Attach Sche		required	d. If not requ	iired	, check here			. 🗆	7	_	
 Married filing jointly or 	8	Other income from Schedule 1, lin								· ·	8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			our total inc	om	e			· ·	9		78,000.
surviving spouse, \$25,900	10	Adjustments to income from Sche								· ·	10		
Head of household,	11	Subtract line 10 from line 9. This is	•	-	-				· ·		11		78,000.
\$19,400 r	12	Standard deduction or itemized								· ·	12		25,900.
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A			· ·	13		
Standard	14	Add lines 12 and 13								· ·	14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -	-0 This is y	our	taxable incom	e.		· ·	15		52,100.

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 Form	(s): 1 🗌 881	4 2 4972	3		16	5,8	344.
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	5,8	344.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18						22	5,8	344.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	5,8	344.
Payments	25	Federal income tax withheld								
,,	а	Form(s) W-2				25a	8,934			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	<i>.</i>			· · · ·		25d	8,9	934.
	26	2022 estimated tax payment						26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T		•	•				8,9	934.
Defund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	I	34	3,0)90.
Refund	35a	Amount of line 34 you want	-			, .	_	35a	3,0)90.
Direct deposit?	b	Routing number 1 0 1] Saving	s		
See instructions.	d	Account number 1 5 2								
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		structions	•				Complet	e below.	🗙 No	
-		signee's		Phone				ntification		
	na			no.			mber (PIN	,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·	piele. Declaration							· ·
	YO	ur signature		Date	Your occupation				nt you an Identi IN, enter it here	
Joint return?					JAVA DEVEI	LOPER		ee inst.)		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse a	
Keep a copy for your records.									ection PIN, ente	r it here
your records.					HOMEMAKER			ee inst.)		
		one no. (747)334-781		Email address	BALAJISIDDHA				o	
Paid		eparer's name	Preparer's signat		-	Date	PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/11/2023	_	82703	Self-empl	
Use Only	Fir	m's name GLOBAL TAX							678)965-9	
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fi	rm's EIN	84-3171	
Go to www.ire a	ov/Forr	n1040 for instructions and the late	st information		DAA	DEV 02/05/22 DDC	`		Form 104	0 (2022)

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

BAA REV 02/05/23 PRO

Form **1040** (2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service	buly	dividuals who are ► See se	e not U.S. citi parate instru		anent resid	lents.		
An IRS individual	I taxpayer identification nui	nber (ITIN) is fo	r U.S. feder	al tax purpo	ses only.		type (check one box):	
Before you begin		sible to get all	S. agaid ag	urity pumbo			y for a new ITIN w an existing ITIN	
	nis form if you have, or are elig ubmitting Form W-7. Read t			-			,	
must file a U.S. fe	ederal tax return with Form	W-7 unless you	u meet one				b, c, u, e, i, or g, you	
_	t alien required to get an ITIN to o t alien filing a U.S. federal tax ret		nem					
	nt alien (based on days present		t es) filing a U.	S. federal tax i	return			
	of U.S. citizen/resident alien		-			structions) \blacktriangleright		
e 🛛 Spouse of L	e Spouse of U.S. citizen/resident alien							
	t alien student, professor, or rese	-	. federal tax re					
	spouse of a nonresident alien ho	lding a U.S. visa						
h 🗌 Other (see in								
	on for a and f : Enter treaty count		ddle name	and treat	ty article nu	mber ► t name		
Name (see instructions)	SHRADDHA SANJAY					ANE		
Name at birth if different	1b First name	Mi	ddle name		Las	t name		
Applicant's Mailing	2 Street address, apartment r 2716 RAINBOW AVE	ENUE Apt 2					ructions.	
Address	City or town, state or provir BLOOMINGTON				IL US	SA	61704	
Foreign (non- U.S.) Address	3 Street address, apartment r City or town, state or provir					nber.		
(see instructions)		ice, and country. I	nciude postai	code where a	ppropriate.			
Birth	4 Date of birth (month / day / yea	ar) Country of birth	1	City and stat	te or provine	ce (optional) 5	Male	
Information	07/24/1995	INDIA					X Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax	I.D. number (i	f any) 6c 1	Гуре of U.S.	visa (if any), num	ber, and expiration date	
	6d Identification document(s) s			A Passport	Drive	er's license/State	; I.D.	
	USCIS documentation	Other				Date of entry	into	
		N	о –	06/	20/2020	the United St		
	Issued by: INDIA 6e Have you previously receive	No.: S512098		p. date: 06/			Y):	
	No/Don't know. Skip	line 6f.			· · · ·			
		ITIN			IRSN		and	
	name under which it was is				mon		und	
			rst name	Mid	dle name		Last name	
	6g Name of college/university	or company (see i	nstructions) 🕨					
	City and state ►			Leng	th of stay 🕨	•		
Sign Here	Under penalties of perjury, I (app documentation and statements, an information with my acceptance age	nd to the best of m	ny knowledge a	and belief, it is	true, correct	, and complete. I	authorize the IRS to share	
Keep a copy for your records.	Signature of applicant (if d	elegate, see instru	ictions)	Date (month /	day / year)	Phone numbe	r	
	Name of delegate, if applie	cable (type or print)	Delegate's rel to applicant	lationship	Parent Power of at	Court-appointed guardian	
Acceptance	Signature			Date (month /	day / year)	Phone		
Agent's						Fax		
Use ONLY	Name and title (type or pri	nt)	Name of c	ompany	EIN	aada	PTIN	

REV 02/05/23 PRO

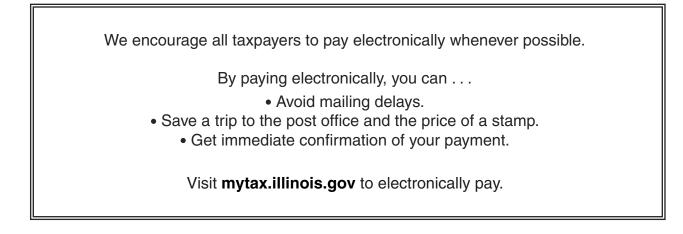
Office code

Illinois Department		REV 02/01/23 PRO
	,	S Official Use
Enter your Social Security numbers in the orc	ler they appear on your federal return.	Calendar-Year Taxpayers
653-84-2611 2 Your Social Security number	BHAR APPLIED FOR Spouse's Social Security	Your estimated tax payments are due on
B BHARADE & S MANE		
2716 RAINBOW AVENUE 2		\$\$
BLOOMINGTON IL 61704		Amount of payment (Whole dollars only)
(747)334-7817 IL-1040-ES (R-12/22)		Make check payable and mail this voucher to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62736-0001

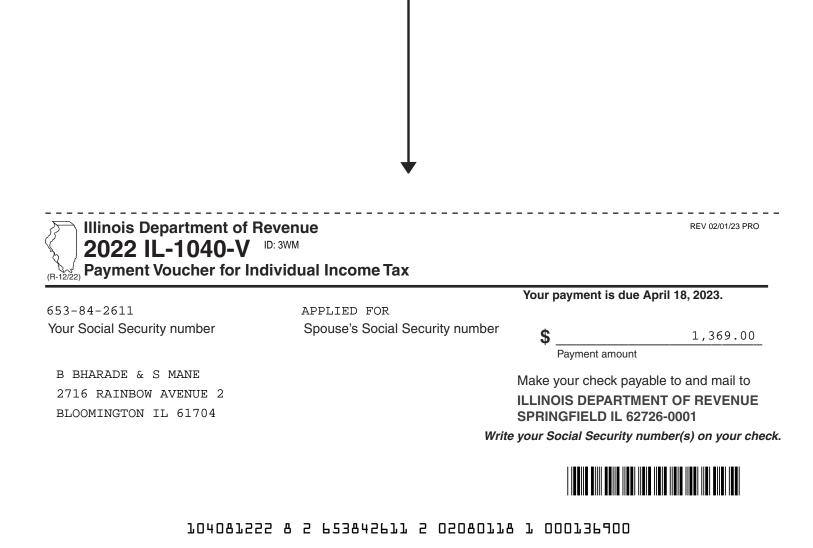
Illinois Department		REV 02/01/23 PRO
	,	
Enter your Social Security numbers in the ord	der they appear on your federal return.	Calendar-Year Taxpayers
653-84-2611 2 Your Social Security number	BHAR APPLIED FOR Spouse's Social Security	Your estimated tax payments are due on
B BHARADE & S MANE		
2716 RAINBOW AVENUE 2		\$\$
BLOOMINGTON IL 61704		Amount of payment (Whole dollars only)
(747)334-7817 IL-1040-ES (R-12/22)		Make check payable and mail this voucher to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62736-0001

Illinois Department IL-1040-ES		REV 02/01/23 PRO
	,	S Official Ose
Enter your Social Security numbers in the ord	er they appear on your federal return.	Calendar-Year Taxpayers
653-84-2611 2 Your Social Security number	BHAR APPLIED FOR Spouse's Social Security	Your estimated tax payments are due on
B BHARADE & S MANE		
2716 RAINBOW AVENUE 2		\$\$
BLOOMINGTON IL 61704		Amount of payment (Whole dollars only)
(747)334-7817 IL-1040-ES (R-12/22)		Make check payable and mail this voucher to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62736-0001

Illinois Department		REV 02/01/23 PRO	
	,	Official Ose	
Enter your Social Security numbers in the ord	der they appear on your federal return.	Calendar-Year Taxpayers —	
653-84-2611 2 Your Social Security number	BHAR APPLIED FOR Spouse's Social Security r	Your estimated tax payments are due on	23
B BHARADE & S MANE			
2716 RAINBOW AVENUE 2		\$\$	_
BLOOMINGTON IL 61704		Amount of payment (Whole dollars only)	
(747)334-7817 IL-1040-ES (R-12/22)		Make check payable and mail this voucher to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62736-0001	3~5



If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.





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.

B	BAL SHR 271 BLO Fili	-84-2611 1992 APPLIED FOR 1995 AJI SIDDHARTH BHARADE ADDHA SANJAY MANE 6 RAINBOW AVENUE 2 OMINGTON IL 61704 MCLEAN BALAJISIDDHARTH92@GMAIL.COM ng status: Single Married filing jointly Married filing separately Widowed Head of eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You eck the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident -	Spouse	NR
	Ste	p 2: Income	(Whole	e dollars only)
	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 2 3 4	78,000.00 .00 .00 78,000.00
T		p 3: Base Income		
	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 5	.00	
iere	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
ns h	7	Schedule 1, Ln. 1.6Other subtractions. Attach Schedule M.7	<u>.00</u> .00	
Staple W-2 and 1099 forms here	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	8 9	.00 78,000.00
109		p 4: Exemptions		
and	10	a Enter the exemption amount for yourself and your spouse. See instructions. a 4,85 b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b		
V-2 i		c Check if legally blind: Vou + Spouse # of checkboxes X \$1,000 = c		
ole V		 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d 	0.00	
Stap		Exemption allowance. Add Lines 10a through 10d.	10	4,850 <u>.00</u>
		p 5: Net Income and Tax <i>Residents:</i> Net income. Subtract Line 10 from Line 9.		
T	••	Nonresidents: Net Income. Subtract Line To from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR. 11	73,150 _{.00}
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	10	3,621 <u>.00</u>
	13	<i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	12 13	.00
1-0 <u>1</u>	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	3,621 <u>.00</u>
-104		p 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	00	
d IL	15 16	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 Property tax and K-12 education expense credit amount from Schedule ICR.	.00	
anc	47	Attach Schedule ICR. 16	.00	
eck	17 18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<u>.00</u> 18	0.00
r ch	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,621 <u>.00</u>
Staple your check and IL-1040-V		p 7: Other Taxes	20	00
ple	20 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00
Sta	22	in the instructions. Do not leave blank.	21	0.00
▼	22 23	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax . Add Lines 19, 20, 21, and 22.	22 23	.00 3,621 _{.00}



24 Total tax from Page 1, Line 23.		24	3,621 <u>.00</u>						
Step 8: Payments and Refundable Credit									
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	<u>,252.00</u>								
26 Estimated payments from Forms IL-1040-ES and IL-505-I,									
including any overpayment applied from a prior year return.	26	.00							
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.00							
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28	.00							
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.	29	.00							
30 Total payments and refundable credit. Add Lines 25 through 29.		30	2,252 <u>.00</u>						
Step 9: Total									
31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		31	.00						
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24.		32	1,369.00						
Step 10: Underpayment of Estimated Tax Penalty and Donations									
33 Late-payment penalty for underpayment of estimated tax.	33	.00							
a 🔲 Check if at least two-thirds of your federal gross income is from farming.									
b Check if you or your spouse are 65 or older and permanently living in a nursing	home.								
c 🔲 Check if your income was not received evenly during the year and you annualize	ed 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 t	•								
 d Check if you were not required to file an Illinois Individual Income Tax return in t 34 Voluntary charitable donations. Attach Schedule G. 	he previous tax 34	.00							
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in t	•		.00						
 d Check if you were not required to file an Illinois Individual Income Tax return in t 34 Voluntary charitable donations. Attach Schedule G. 	•	.00	.00						
 d Check if you were not required to file an Illinois Individual Income Tax return in t Voluntary charitable donations. Attach Schedule G. Total penalty and donations. Add Lines 33 and 34. 	34	<u>.00</u> 35	.00						
 d Check if you were not required to file an Illinois Individual Income Tax return in t Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 	34	<u>.00</u> 35							
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 d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions of the second s	34 ne 35 from Line	<u>.00</u> 35 9 31. 36	.00						
 d ☐ Check if you were not required to file an Illinois Individual Income Tax return in t Voluntary charitable donations. Attach Schedule G. Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 	34 ne 35 from Line	<u>.00</u> 35 9 31. 36	.00						
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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/yyyy	/)	Daytime phone number			
Here								(747) 334	L-7817		
	Print/Type paid preparer's name			Paid prepare	r's signature	Date (mm/dd/yyyy	/)	Paid Preparer's PTIN			
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	02/11/202	3	self-employed	P02082703			
Preparer Use Only	Firm's name GLOBAL TAXES LLC					Firm's FEIN		843171965			
occ only	Firm's address > 245 ROONEY CT			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				
Party								discuss this return with the third			
Designee								party designee shown in this step.			

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	Letter Code for Column A					
W-2	W	1099-DIV	D				
W-2G	WG	1099-INT	I				
1099-R	R	1042-S	S				
1099-G	G	1099-B	В				
1099-MISC	М	1099-K	K				
1099-OID	0	1099-NEC	Ν				

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

BALAJI SIDDHART	6 Your Sc		<u>3</u> curity numl	8 <u>4</u> ber		2_6	1	1		
Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Illinois W Distributio	Columr /ages, Win ons, Comp	ss II	Column E Illinois Income Tax Withheld		
1 <u> W </u>	20-4293202	\$	78,000•0	<u>)0</u>	\$	78,	000 .00	\$	2,2	52 •00
2		\$	•	00	\$		•00	\$		•00
3		\$	•	00	\$		•00	\$		•00
4		\$	•[00	\$		•00	\$		•00
5		\$	•[<u>)0</u>	\$		•00	\$		•00

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

SHRADDHA SANJAY MANE	A	P	Ρ	L_	I	E	D	I	م	0	R
Your spouse's name as shown on Form IL-1040		pouse	's Soc	ial Sec	curity r	numbe	r				

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	u mn C , Winnings, Gross 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.

33	Illinois Department of Rev	venue							
S	2022 IL-8453 Illinois (Do not mail Form IL-8453 to the		I Income Tax Elec	ubmission ID tronic Filing Declaration ess it is requested for review.)					
Ste	p 1: Provide taxpayer information								
	BALAJI SIDDHARTH SHRADDHA SANJ First name and middle initial Spouse's first name (RADE rent) Last name	$\frac{6}{\text{Social Security number}} \frac{3}{2} - \frac{3}{2} \frac{4}{4} - \frac{2}{2} \frac{6}{4} \frac{1}{1} \frac{1}{1}$					
Prir	1t 2716 RAINBOW AVENUE 2			APPL-IE-D FOR					
or type				Spouse's Social Security number					
	BLOOMINGTON	IL	61704	(747) 334-7817					
	City	State	ZIP	Daytime phone number					
Ste	p 2: Complete information from tax re	eturn	Choose one: 🗙 I	L-1040 🔲 IL-1040-X					
1	Net income from Form IL-1040 or IL-1040-X	(, Line 11		1 <u>73,150</u> <u>00</u>					
2	Tax from Form IL-1040 or IL-1040-X, Line 14			2 3,621 00					
3	Illinois Income Tax withheld from Form IL-10			,					
4 5	Overpayment from Form IL-1040, Line 36 of Total amount due from Form IL-1040, Line 4			4I <u>00</u> 51,369 <u>00</u>					
6	Filing status: Single X Married filing			-					
_	p 3: Complete direct deposit of refund								
does		IDOR will only pe ternational funds	erform direct transactions (<i>e.g</i>	within the electronic transmission. Illinois a, debit, deposit) with financial institutions located be accepted and refunds will be via paper check.					
8	Account no. (AN):								
9	Type of account: Checking Sa	vings							
10	Date the payment is to be electronically with	ndrawn: /							
11	Electronic funds withdrawal amount:								
	Name on account:								
	p 4: Taxpayer declaration and signatur	o (Sign only of	fter completing Step 2 on	ud if applicable Stap 2)					
	I consent that my refund may be directly	deposited as dea	signated in Step 3 and declar	re 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 deb	it) 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.									
Sig	P Your signature	Date	Spouse's signature (if	f joint return, both must sign) Date					
	p 5: Electronic return originator (ERO		1 0 (
l de infor		ectronic Form IL- nis program and	1040 or IL-1040-X, the inform declare, under penalties of p	nation on this Form IL-8453, and accompanying					
			02/11/2023	Check if paid preparer: 🛛 (See instructions.)					
	ERO's signature		Date						
ERC	C GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{our}} \frac{0}{PTIN} \frac{2}{PTIN} \frac{0}{PTIN} \frac{8}{PTIN} \frac{2}{PTIN} \frac{7}{PTIN} \frac{0}{PTIN} \frac{3}{PTIN} \frac{3}{PTIN} \frac{1}{PTIN} \frac{1}{P$					
use	r inn's hame of your hame it self-employed								
only	Mailing address			8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)					
	E BRUNSWICK	NJ	08816	(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.

State

City

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.

ZIP

