| E1040 | | rtment of the Treasury—Internal Revenue Servi 5. Individual Income Ta | | urn 20 | 22 | OMB No. 154 | 5-0074 | IRS Use Only- | –Do not wi | 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 mon is a child but not your dependent | ame of y | ed filing separat /our spouse. If y | | | | | spou | ifying surviving ise (QSS) name if the qualifying |
| Your first name | and mi | ddle initial | Last na | me | | | | | Your so | cial security number |
| BALAJI S | IDDH | IARTH | BHAR | ADE | | | | | 653-8 | 34-2611 |
| lf joint return, sp | ouse's | first name and middle initial | Last na | me | | | | | Spouse's | s social security number |
| SHRADDHA | SAI | IJAY | MANE | 1 | | | | | APPLI | ED FOR |
| Home address (| numbe | r and street). If you have a P.O. box, see | instructio | ons. | | | A | Apt. no. | Presider | ntial Election Campaigr |
| 2716 RAI | NBOV | I AVENUE | | | | | 2 | 2 | | ere if you, or your |
| City, town, or po | ost offic | e. If you have a foreign address, also co | mplete s | paces below. | Sta | ate | ZIP c | ode | | if filing jointly, want \$3 this fund. Checking a |
| BLOOMING | TON | | | | II | L | 617 | 04 | ~ | w will not change |
| Foreign country | name | | F | oreign province/s | state/coun | ty | Foreig | n postal code | your tax | or refund. |
| | | | | | | | | | | You Spouse |
| Digital Assets | | y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a | | | | | | | | 🗌 Yes 🛛 No |
| Standard | Som | eone can claim: 🗌 You as a de | pendent | t 🗌 Your sj | pouse as | a dependent | | | ~ | |
| Deduction | | pouse itemizes on a separate retur | n or you | i were a dual-st | atus alier | 1 | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind | Spouse | : 🗌 Was bo | | ore January 2 | | Is blind |
| Dependents | (see | nstructions): | | (2) Social se | | (3) Relations | nip (4 | I) Check the bo | ox if qualif | ies for (see instructions): |
| If more | (1) Fi | rst name Last name | | numbe | r | to you | | Child tax cr | edit | Credit for other dependents |
| than four | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | |
| and check | | | | | | | | | | |
| here | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | e instructions) | • • • | | | | . 1a | 78,000. |
| | b | Household employee wages not re | eported | on Form(s) W-2 | | | | | 1b | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | | | · · · | | | | 1c | |
| attach Forms | d | Medicaid waiver payments not rep | | | | uctions) | • • | | . 1d | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | | | | | | | . 1e | |
| was withheld. | f | Employer-provided adoption bene | | | ie 29 . | | | | . 1f | |
| lf you did not | g | Wages from Form 8919, line 6 . | · · · | | | | | | . 1g | |
| get a Form | h | Other earned income (see instruct | ions) | | | | · · | | . <u>1h</u> | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | 1 | i | | | |
| | Z | Add lines 1a through 1h | · · · | | | | | | 1z | 78,000. |
| Attach Sch. B | 2 a | Tax-exempt interest | 2a | | bT | axable interes | st. | | 2b | |
| if required. | 3a | | 3a | | b | Ordinary divide | ends . | | . 3b | |
| | 4a | IRA distributions | 4a | , | b T | axable amour | nt | | 4b | |
| Standard | 5a | Pensions and annuities | 5a | | b T | axable amour | nt | | 5b | |
| Deduction for – Single or | 6a | Social security benefits | 6a | | _ b T | axable amour | nt | · · · <u>·</u> | 6b | |
| Married filing | с | If you elect to use the lump-sum e | | , | `` | , | | L | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not | required | , check here | | L | 7 | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | e10 . | | | | | | 8 | |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | al incom | е | | | . 9 | 78,000. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | | | | | | | 10 | |
| Head of | <u>11</u> | Subtract line 10 from line 9. This is | s your a | djusted gross i | ncome | | | | 11 | 78,000. |
| household, \$19,400 | 12 | Standard deduction or itemized | deducti | ions (from Sche | edule A) | | | | 12 | 25,900. |
| If you checked | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | 14 | 25,900. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | o or les | s, enter -0 Thi | s is your | taxable incor | ne. | | 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 8814 2 4972 3 . . | 16 | 5,844. |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 5,844. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 5,844. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 5,844. |
| Payments | 25 | Federal income tax withheld from: | | |
| | а | Form(s) W-2 | - | |
| | b | Form(s) 1099 | | |
| | С | Other forms (see instructions) | | |
| | d | Add lines 25a through 25c | 25d | 8,934. |
| If you have a | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| qualifying child, attach Sch. EIC. [| 27 | Earned income credit (EIC) | | |
| | 28 | Additional child tax credit from Schedule 8812 | | |
| | 29 | American opportunity credit from Form 8863, line 8 | 4 | |
| | 30 | Reserved for future use | 4 | |
| | 31 | Amount from Schedule 3, line 15 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | 8,934. |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 34 | 3,090. |
| Refund | 34 35a | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 34 35a | 3,090. |
| Direct deposit? | b soa | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 308 | 5,050. |
| See instructions. | b | Account number X | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax 36 | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe . | | |
| You Owe | 31 | For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | |
| Third Party | | you want to allow another person to discuss this return with the IRS? See | | |
| Designee | | tructions | below. | X No |
| - | | signee's Phone Personal identif | ication _r | |
| | nar | | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | , 0 |
| Here | | | | t you an Identity |
| | 10 | | | N, enter it here |
| Joint return? | | JAVA DEVELOPER (see | inst.) | |
| See instructions. | Sp | | | t your spouse an |
| Keep a copy for your records. | | | | ction PIN, enter it here |
| | Dh | помемакек | | |
| | | Done no. (747)334-7817 Email address BALAJISIDDHARTH92@GMAIL.COM eparer's name Preparer's signature Date PTIN | | Check if: |
| Paid | | | 2702 | Self-employed |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2023 P02082 | | |
| Use Only | | | | <u>678)965-9522</u> |
| Co to university | | | 's EIN | 88-2145487 |
| GO TO WWW.Irs.go | ov/rorn | 1040 for instructions and the latest information. BAA REV 01/24/23 PRO | | Form 1040 (2022) |

Go to www.irs.gov/Form104 t information.



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.

| E | BAL SHR 271 BLOO Filin | -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 | NB |
|---------------------------------|------------------------------------|--|------------------------|--------------------------------------|
| | 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 |
| ↓ | Ste 5 | p 3: Base Income Social Security benefits and certain retirement plan income | | |
| • | - | received if included in Line 1. Attach Page 1 of federal return. 5 | .00 | |
| here | 6 | Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 6 | .00 | |
| rms | 7 8 | Other subtractions. Attach Schedule M. 7 7 | <u>.00</u> 8 | .00 |
| 99 fo | 9 | Illinois base income. Subtract Line 8 from Line 4. | 9 | 78,000.00 |
| Staple W-2 and 1099 forms here | | p 4: Exemptions 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 | | 4,850 _{.00} |
| S | | p 5: Net Income and Tax | | |
| | 11 | Residents: Net income. Subtract Line 10 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. | | 3,621 _{.00} |
| | 13 | Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. | 12 13 | .00 |
| 40-1 | 14 | Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 | 3,621.00 |
| Staple your check and IL-1040-V | Ste 15 16 | p 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. | .00 | |
| (an | 17 | Attach Schedule ICR. 16 Credit amount from Schedule 1299-C. 17 | <u>00.</u> .00 | |
| hech | 18 | Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 | 0.00 |
| ur c | 19 Ste | Tax after nonrefundable credits. Subtract Line 18 from Line 14. p 7: Other Taxes | 19 | 3,621.00 |
| e yo | 20 | Household employment tax. See instructions. | 20 | .00 |
| tapl | 21 | Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | 21 | 0.00 |
| S | 22 | Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 | <u>.00</u> 3,621.00 |
| • | 23 | Total Tax. Add Lines 19, 20, 21, and 22. | 23 | 5,021.00 |
| | | | | |



| 24 | Total tax from Page 1, Line 23. | 24 | 3,621.00 | | | | | |
|---------|--|------------|----------------------|--|--|--|--|--|
| Ste | ep 8: Payments and Refundable Credit | | | | | | | |
| 25 | Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 2,252.0 | 0 | | | | | | |
| 26 | Estimated payments from Forms IL-1040-ES and IL-505-I, | | | | | | | |
| | 5 5 1 5 11 1 5 | <u>)0</u> | | | | | | |
| 27 | | 00 | | | | | | |
| | Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 280 | <u>0</u> | | | | | | |
| | Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 290 | | | | | | | |
| | Total payments and refundable credit. Add Lines 25 through 29. | 30 | 2,252 <u>.00</u> | | | | | |
| Ste | ep 9: Total | | | | | | | |
| | 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 | | | | | |
| Ste | ep 10: Underpayment of Estimated Tax Penalty and Donations | | | | | | | |
| 33 | Late-payment penalty for underpayment of estimated tax. 330 | <u>0</u> | | | | | | |
| | a Check if at least two-thirds of your federal gross income is from farming. | × | | | | | | |
| | b Check if you or your spouse are 65 or older and permanently living in a nursing home. | | | | | | | |
| | c Check if your income was not received evenly during the year and you annualized your income on Forr | n IL-2210. | | | | | | |
| | Attach Form IL-2210. | | | | | | | |
| ~ ~ | d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. | | | | | | | |
| | Voluntary charitable donations. Attach Schedule G. 34 | _ | | | | | | |
| | Total penalty and donations. Add Lines 33 and 34. | 35 | .00 | | | | | |
| Ste | ep 11: Refund or Amount you owe | | | | | | | |
| 36 | If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. | | | | | | | |
| | This is your overpayment . | 36 | .00 | | | | | |
| 37 | Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. | 37 | .00 | | | | | |
| 38 | I choose to receive my refund by | | | | | | | |
| | a direct deposit - Complete the information below if you check this box. | | | | | | | |
| | You may also contribute Routing number Checking or | Savings | | | | | | |
| | to college savings funds here. See instructions! Account number | | | | | | | |
| | | | | | | | | |
| | 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 | 1,369 _{.00} | | | | | |
| Ste | ep 12: Health Insurance Checkbox and Signature | | | | | | | |
| 41 | 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. | | | | | | | |
| <i></i> | | | | | | | | |
| Si | ignature - 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 | Date (mm/dd/yyyy) | | Daytime phone number | | | |
|----------------------|-----------------------|-------------|-------------------|--------------|-------------------------|-----------------|----------------------|------------------------------------|----------------------|--|
| Here | | | | | | | (747) 334-7817 | | | |
| | Print/Type paid prepa | arer's name | | Paid prepare | r's signature | Date (mm/dd/yyy | /) | Check if | Paid Preparer's PTIN | |
| Paid | SYAM PRIYA RAM SAG | AR GUPTA TA | LLAM | SYAM PRIYA R | AM SAGAR GUPTA TALLAM | 01/29/2023 se | | self-employed | P02082703 | |
| Preparer Use Only | Firm's name | GLOBAL | TAXES LLC | | | Firm's FEIN | | 882145487 | | |
| | Firm's address | 245 ROO | NEY CT E | BRUNSWIC | KNJ 08816 | Firm's phone | | (678) 965 | 5-9522 | |
| Third | Designee's name (pl | ease 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.