E1040		rtment of the Treasury—Internal Revenue Servi <b>5. Individual Income Ta</b>		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	<b>(1)</b> 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	<b>2</b> 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>b</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	
<ul> <li>Married filing jointly or</li> </ul>	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 <b>a</b>	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 <b>2</b>
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 <b>total tax</b>	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 <b>total payments</b>	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 <b>overpaid</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	34 35a	3,090.
Direct deposit?	b soa	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	308	5,050.
See instructions.	b	Account number       X		
	36	Amount of line 34 you want <b>applied to your 2023 estimated tax 36</b>		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
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 <sub>r</sub>	
	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 <b>1040</b> (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. <b>Attach</b> Schedule M. <b>Total income</b> . 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> <b>8</b>	.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 <sub>.00</sub>
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. <b>11</b>	73,150 <sub>.00</sub>
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		3,621 <sub>.00</sub>
	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. <b>Do not</b> 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>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing home.							
	c Check if your income was not received evenly during the year and you annualized your income on Forr	n IL-2210.						
	Attach Form IL-2210.							
~ ~	<b>d</b> Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.							
	Voluntary charitable donations. Attach Schedule G. 34	_						
	Total penalty and donations. Add Lines 33 and 34.	35	.00					
Ste	ep 11: Refund or Amount you owe							
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.							
	This is your <b>overpayment</b> .	36	.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 <sub>.00</sub>					
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.