Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
HARISH C KADAMBALA	739-42-2159
Spouse's name	Spouse's social security number
BANDANA SAHU	985-91-7451
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter year you are authorizing.)
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	
2 Total tax	· · · · · · · · · · · · · · · · · · ·
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (origin	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service poto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt poto for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I applied to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finantiation is to remain in full force and effect until I notify the U.S. Treasury Financial Age payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of business days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original of Electronic Funds Withdrawal Consent.	rovider, transmitter, or electronic return originator (ERO) r reason for rejection of the transmission, (b) the reason authorize the U.S. Treasury and its designated Financial on account indicated in the tax preparation software for nancial institution to debit the entry to this account. This ent to terminate the authorization. To revoke (cancel) a ancellation requests must be received no later than 2 involved in the processing of the electronic payment of elated to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC to ente Column	r or generate my PIN 2 2 1 5 9 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizin	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amount if you are entering your own PIN and your return is filed using the Practition below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
	r or generate my PIN 1 7 4 5 1 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizir	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) rannow authorizing	
if you are entering your own PIN and your return is filed using the Practitio below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only—cor	tinue below
Part III Certification and Authentication — Practitioner PIN Method C	Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	IN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic indivauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	that I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form — See Ins	

Don't Submit This Form to the IRS Unless Requested To Do So

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Check only				ed filing separatel		_	•		spou	se (QSS)	
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If yo	u check	ed the HOH of	r QSS box, er	nter th	e child's	name if	the q	lualitying
Your first name			Last na	me					Your so	cial secu	ritv nı	umber
HARISH (MBALA						2-215	-	
		first name and middle initial	Last na									y number
BANDANA			SAHU						•	1-745		
	(numbe	er and street). If you have a P.O. box, see					Apt. no.					ampaign
2400 ARG	HBUE	SA L'N					2C			ere if you		
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code			f filing jo		
PARK RII	OGE				II	i	60068		0	this fund w will no		0
Foreign countr	y name		F	oreign province/sta	ate/count	y	Foreign postal	code		or refund		90
										You		Spouse
Digital		ny time during 2022, did you: (a) rec					•			Yes		No
Assets		ange, gift, or otherwise dispose of					asset)? (See	mstru	Clions.)	res		NO
Standard Deduction		eone can claim:	•	-		a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn before Jan	uary 2	2, 1958	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	nip (4) Check	the bo	ox if qualif	ies for (se	e insti	ructions):
If more	(1) Fi	rst name Last name		number		to you	Chilo	tax cı	redit	Credit for o	ther d	dependents
than four												
dependents, see instruction	s ——							<u>Ц</u>			ᆜ	
and check	, —							<u> </u>			ᆜ	
here										1 .	<u>Ц</u>	
Income	1a	Total amount from Form(s) W-2, b	,	,					. <u>1a</u>	1	.76 ,	,158.
Attach Form(s)	b	Household employee wages not r	•	. ,					. 1b	-		
W-2 here. Also	C	Tip income not reported on line 1	•	,				•	. 1c	-		
attach Forms W-2G and	d	Medicaid waiver payments not re		. ,	e instru	ctions)			. 1d	+		
1099-R if tax	e	Taxable dependent care benefits		•					. 1e			
was withheld.	f	Employer-provided adoption bene							. 1f	+		
If you did not	g	Wages from Form 8919, line 6 .							. 1g			0
get a Form W-2, see	h :	Other earned income (see instruct	,				· · · ·	•	. 1h			0.
instructions.	i -	Nontaxable combat pay election (Add lines 1a through 1h	see msu	uctions)		11			. 1z	1	76	,158.
Attach Sch. B	z 2a	Tax-exempt interest	2a	i	 b T	 axable interes		•	. 12 . 2b	+	70,	, 130.
if required.	3a	Qualified dividends	3a			rdinary divide		•	. 3b	+		
	4a	IRA distributions	4a			axable amoun		•	. 4b			
Standard	5a	Pensions and annuities	5a			axable amoun			. 5b			
Deduction for—	6a	Social security benefits	6a			axable amoun			. 6b			
Single or Married filing	С	If you elect to use the lump-sum e		method. check he				. Г				
separately,	7	Capital gain or (loss). Attach Sche		•	`	,		. [7	1		
\$12,950 Married filing	8	Other income from Schedule 1, lir							. 8	<u> </u>	10.	,820.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9			,338.
surviving spouse,	10	Adjustments to income from Sche							. 10			
\$25,900 Head of	11	Subtract line 10 from line 9. This i	,						. 11	1	.65	,338.
household, \$19,400	12	Standard deduction or itemized	•	-					. 12			,900.
If you checked	13	Qualified business income deduct				5-A			. 13			
any box under Standard	14	Add lines 12 and 13							. 14		<u>2</u> 5,	,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	is your t	axable incom	ne		. 15	1		,438.
	1											

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	21,	910.
Credits	17	Amount from Schedule 2, lin	e3					[17		
	18	Add lines 16 and 17						[18	21,	910.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[19		
	20	Amount from Schedule 3, lin	e8					[20		
	21	Add lines 19 and 20						[21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[22	21,	910.
	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	21,	910.
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a	32,	105.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	32,	105.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			[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	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31,	. These are your	total other pa	ayments and refu	undable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	·				33	32,	105.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you c	verpaid		34	10,	195.
neiulia	35a	Amount of line 34 you want i	refunded to you	u. If Form 8888	is attached, che	ck here		. 🗆 [35a	10,	195.
Direct deposit?	b	Routing number 0 6 5	4 0 0 1	3 7	c Type: 🛛] Check	ing 🗌 Sa	vings			
See instructions.	d	Account number 8 1 0	9 9 3 7	5 3							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, go	o to <i>www.ir</i> s.gov	v/Payments or	see instructions			[37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?	See	_				
Designee		structions				l	Yes. Com	•		× No	
		signee's me		Phone no.			Persona number	al identific · (PIN)	ation		
Cian		der penalties of perjury, I declare t	hat I have examine		t accompanying sch	nedules a		` ,	ne hes	t of my know	ledge and
Sign		lief, they are true, correct, and com			, , ,			,		,	0
Here	Yo	ur signature		Date	Your occupation			If the I	RS ser	nt you an Ider	ntity
								1		N, enter it he	re
Joint return?					SOFTWARE I		OPER	(see in			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion				nt your spous ection PIN, er	
your records.					HOUSE WIF	F.		(see in		1	
	———Ph	one no. (504)408-559	1	Email address	HARISH.KADAME		ITI OOK COM				
		eparer's name	Preparer's signat			Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/0	1/2023 P	02082	703	Self-em	nployed
Preparer		m's name GLOBAL TAX				1 7 0	, = - = 0 1			678)965	-
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's		88-21	
Co to various import	- · · ·	m10.40 for instructions and the late	at information	22021 244				1 0		•	10 (0000)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

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 HARISH C KADAMBALA & BANDANA SAHU

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

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

ormation.		Sequence No. 01
	Your soc	ial security number
	739-42	-2159

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-10,820.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k	_	
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	_	
n		8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Taxable distributions from an ABLE account (see instructions)	8p 8q		
q	Scholarship and fellowship grants not reported on Form W-2	8r	-	
r s	Nontaxable amount of Medicaid waiver payments included on Form	OI		
3	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or	03 (4	
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
_	Cutof moome. 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-SE		10	-10.820

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	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	L	17	
18	Penalty on early withdrawal of savings	L	18	
19a	Alimony paid		I9a	
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	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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	_		
J	Housing deduction from Form 2555	_		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)	-		
Z	Other adjustments. List type and amount:24z			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	,		23	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a		2 0	

REV 01/24/23 PRO

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ivallie(5	shown on return							Tour soci	ar security r	iuiiibei	
HAR]	ISH C KADAMBALA	& BANDANA SAHU						739-4	2-2159		
Part	Note: If you are i rental income or	oss From Rental Real Estate an n the business of renting personal proper loss from Form 4835 on page 2, line 40.	ty, use	Schedule							
Α	Did you make any pay	ments in 2022 that would require you	to file	Form(s) 1	1099? 5	See inst	tructions .			s X	No
		I you file required Form(s) 1099?									
1a		f each property (street, city, state, ZIF									
A											
B											
C											
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair					r Rental Days		nal Use	Q	JV
A	3	personal use days. Check the Qu			Α		365		0	Г	$\overline{}$
$\frac{\Delta}{B}$	7	if you meet the requirements to f	ile as	а	В		303		U		┽
C		qualified joint venture. See instru	ctions	S.	С						┽
	of Duonoutry				C					L	
1	of Property: Single Family Resider		tal	5 Lanc	I		Self-Rental				
2	Multi-Family Residence	ce 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
							Propert				
Incon	ne:				Α		В			С	
3	Rents received		3		6	00.					
4			4								
Exper			<u> </u>								
5			5								
6	•	instructions)	6								
7	The state of the s	enance	7		9	00.					
8	_		8			00.					
9			9								
10		essional fees	10								
11		essional lees	11		1	50.					
12	=		12		4	50.					
13	0 0	aid to banks, etc. (see instructions)	_								
13			13		2 1	40					
	•		_			40.					
15			15		∠,8	10.					
16			16		4 0	20					
17			17		4,0	20.					
18		e or depletion	18								
19	Other (list)		19								
20	Total expenses. Add	lines 5 through 19	20		11,4	20.					
21	result is a (loss), see	n line 3 (rents) and/or 4 (royalties). If instructions to find out if you must	21		-10,8	20					
			41	<u> </u>	10,0	20.					

	1									
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,8	320	.)	()	()
23 a	Total of all amounts reported on line 3 for all rental proper					. 2	3a	6	00.	
b	Total of all amounts reported on line 4 for all royalty prope	erties				. 23	3b			
С	Total of all amounts reported on line 12 for all properties					. 2	3с			
d	Total of all amounts reported on line 18 for all properties					. 23	3d			
е	Total of all amounts reported on line 20 for all properties					. 2	3е	11,4	20.	
24	Income. Add positive amounts shown on line 21. Do not	inclu	ıde	any l	losses				24	
25	Losses. Add royalty losses from line 21 and rental real estate	e loss	es f	rom	line 22.	. Ente	er to	otal losses here	25	(10,820.)
26	Total rental real estate and royalty income or (loss). On here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this arm	apply	to	you,	also	ente	r th	is amount on	26	-10,820.

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52**

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

HARISH C KADAMBALA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

739-42-2159

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	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	elf-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	7,300.
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	7,300.
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	7,300.
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	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,300.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,000.
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.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	arate	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 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		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		
b	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	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction 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.	ions b	
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	

REV 01/24/23 PRO

BAA

or for fiscal year ending	/	
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

НА ВА 24	89-42-2159 1990 985-91-7451 1992 ARISH C KADAMBALA INDANA SAHU 00 ARCHBURY LN 2C RK RIDGE IL 60068 COOK HARISH.KADAMBALA@OUTLOOK.COM		
	iling status: Single X Married filing jointly Married filing separately Widowed Head of h		
СС	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	Spouse	
D C	theck the box if this applies to you during 2022: 🔲 Nonresident - Attach Sch. NR 🔲 Part-year resident - Attach	Attach Sch	ı. NR
St	tep 2: Income	(Who	le 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	.00 .00 .00 165,338.00
St	tep 3: Base Income		
5 6	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	.00 .00	
7	Other subtractions. Attach Schedule M. 7	<u>00.</u> 8	00
8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	9	
3 —	tep 4: Exemptions		
•	a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC. Step 2. Line 1.	00.00 .00 .00 .00	
<u>5</u>	Exemption allowance. Add Lines 10a through 10d.	10	4,850.00
	· · · · · · · · · · · · · · · · · · ·	10	1,050.00
St	ep 5: Net Income and Tax	10	1,050.00
	tep 5: Net Income and Tax I Residents: Net income. Subtract Line 10 from Line 9.	10	1,030,00
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 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. 	NR. 11	160,488.00
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 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. 		160,488.00 7,944.00
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 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. 	NR. 11	160,488 _{.00} 7,944 _{.00}
11 12 13 14	 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. tep 6: Tax After Nonrefundable Credits 	NR. 11 12 13	160,488.00 7,944.00
11 12 13 14	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Rep 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.	NR. 11 12 13	160,488.00 7,944.00
11 12 13 14 St 15	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Rep 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. Attach Schedule ICR.	NR. 11 12 13 14	160,488.00 7,944.00 .00 7,944.00
11 12 13 14 St 15 16 17 18	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Reperty 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. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	NR. 11	160,488.00 7,944.00 .00 7,944.00
11 12 13 14 St 15 16 17 18 19	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Rep 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. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	121314	160,488.00 7,944.00 .00 7,944.00
11 12 13 14 St 15 15 15 15 15 15 15 15 15 15 15 15 15 1	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Rep 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. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	NR. 11	160,488.00 7,944.00 .00 7,944.00
11 12 13 14 St 15 15 16 17 18 19 19 20 20 20 20 20 20 20 20 20 20 20 20 20	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Rep 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. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Rep 7: Other Taxes Household employment tax. See instructions.	NR. 11	160,488.00 7,944.00 .00 7,944.00
11 12 13 14 St 15 15 15 15 15 15 15 15 15 15 15 15 15 1	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Rep 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. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Rep 7: Other Taxes Household employment tax. See instructions.	NR. 11	160,488.00 7,944.00 .00 7,944.00 0.00 7,944.00
111 122 133 144 St 15 15 15 15 15 15 15 15 15 15 15 15 15 1	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. Rep 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. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Rep 7: Other Taxes Household employment tax. See instructions. 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.	NR. 11121314	0.00 7,944.00 7,944.00 7,944.00



24	Total tax from Page 1, Line 23.						24	7,944.00			
Step	8: Payments and Refunda	ble Credit									
	linois Income Tax withheld. Atta					25 8	720.00				
	cluding any overpayment applied from a prior year return. 2600										
	Pass-through withholding. Attach	27	.00								
	Pass-through entity tax credit. At	.00									
29 E	Earned Income Credit from Sche	.00									
30 T	otal payments and refundable	e credit. Add Lines	25 through	29.			30	8,720 <u>.00</u>			
Step	9: Total										
31 If	Line 30 is greater than Line 24,	subtract Line 24 fro	m Line 30.				31	776 <u>.00</u>			
32 If	Line 24 is greater than Line 30,	subtract Line 30 from	m Line 24.				32	.00			
Step	10: Underpayment of Estin	nated Tax Penalt	y and Don	ations	S						
33 L	ate-payment penalty for underp	ayment of estimate	ed tax.			33	.00				
	☐ Check if at least two-thirds	-		s from t	farming.						
b	Check if you or your spous	e are 65 or older a	nd permane	ntly livi	ing in a nursir	ng home.					
C	Check if your income was r	ot received evenly	during the	year an	ıd you annuali	ized your income	on Form IL-221	0.			
	Attach Form IL-2210.										
	I ☐ Check if you were not requ			Incom	e Tax return ir	-	year.				
	oluntary charitable donations. 🗸					34					
35_T	otal penalty and donations. A	dd Lines 33 and 3	4.				35	.00			
Step	11: Refund or Amount you	ı owe									
36 If	you have an amount on Line 3	1 and this amount	is greater th	an Line	e 35, subtract	Line 35 from Line	31.				
Т	his is your overpayment .						36	776 _{.00}			
37 A	mount from Line 36 you want re	funded to you. Ch	neck one box	x on Lir	ne 38. See ins	tructions.	37	776 _{.00}			
38 I	choose to receive my refund by										
а	direct deposit - Complete	the information be	low if you ch	neck thi	is box.						
	You may also contribute	Routing number	0 6 5 4	1 0	0 1 3 7	× Checki	ng or Savir	nas			
	to college savings funds					Oncom					
	here. See instructions!	Account number	8 1 0 9	9 :	3 7 5 3						
b	paper check.										
	Amount to be credited forward. S	Subtract Line 37 fro	om Line 36.	See ins	structions.		39	.00			
40 lf	you have an amount on Line 3	2. add Lines 32 an	d 35. - or -								
	you have an amount on Line 3				5,						
	ubtract Line 31 from Line 35. Th						40	.00			
_	12: Health Insurance Che	_									
41 L	Check this box if IDOR may your eligibility for health insu						der to determin	е			
	your engionity for fleatiff inst	nance benefits. Se	e iristruction	15 101 11	iore imormatio	JII.					
Sian	ature - Note: If this is a joint retu	ırn. both vou and vo	our spouse n	nust sia	ın below.						
_	er penalties of perjury, I state th		•	_		my knowledge, it	is true, correct	, and complete.			
Cian	1	l <u>.</u>				I_	I				
Sign Here	Your signature	Date (mm/dd/yyyy)	Date (mm/dd/yyyy) Spouse's sig			Date (mm/dd/yyyy)	Daytime phone	number			
11616				(504) 408-5591							
Deid	Print/Type paid preparer's name	9	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN						
Paid	SYAM PRIYA RAM SAGAR GUPTA	02/01/2023	self-employed	P02082703							
Prepare Use Or	Eirm'e nama	882145487									
330 01		OONEY CT E	BRUNSWIC	KNJ 0	8816	Firm's phone	(678) 965	5-9522			
Third		Designee's name (please print) Designee's phone number									
Party				_ 55.gi	\		Check if the Department may discuss this return with the third party designee shown in this step.				
Design	ee	()									
	Refer to the 20	22 IL-1040 Ins	struction	s for	the addre	ess to mail ye	our return.				

IL-1040 Back (R-12/22) DR_____ AP___ RR DC IR ID ID: 3WM REV 01/10/23 PRO





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

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

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

Your name as shown o	on Form IL-1040		Your Social Se	7 3 9 _ 4 2 _ 2 _ 1 5 _ 9 Your Social Security number							
Column A Column B Form type Employer/Payer Identification Number		Federal W	Column C /ages, Winnings, Gross ons, Compensation, etc.		Column D /ages, Winnings, Grossons, Compensation, et	s II	Column E linois Income Tax Withheld				
1 <u>W</u>	26-3079534	\$	176,158 •00	\$	176,158 •00	\$_	8,720 •00				
2		\$	•00	\$	•00	\$	<u>•00</u>				
3		\$	•00	\$	•00	\$	<u>•00</u>				
4		\$	•00	\$	•00	\$	<u>•00</u>				
5			•00	\$	•00	\$	•00				
Step 2: Provide s	spouse's withholding results shown on Form IL-1040			5	9 1 _ 5		_				
Step 2: Provide s	spouse's withholding results so shown on Form IL-1040 Column B Employer/Payer	ecords (ind	9 8 Your spouse's Column C lages, Winnings, Gross	5Social Secu	9 1	<u>, </u>	Column E				
Step 2: Provide s BANDANA SAHU Your spouse's name a Column A Form type	spouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal W Distribution	9 8 Your spouse's Column C Jages, Winnings, Grossons, Compensation, etc.	5 Social Sect Illinois W Distributi	9 1 - 7 urity number Column D Vages, Winnings, Grossons, Compensation, et	<u>, </u>	Column E linois Income Tax Withheld				
Step 2: Provide s BANDANA SAHU Your spouse's name a Column A Form type	spouse's withholding restaurable sensitives shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal W Distribution	9 8 Your spouse's Column C lages, Winnings, Grossons, Compensation, etc.	5 Social Sect Illinois W Distribution	9 1	s III c. \$_	Column E linois Income Tax Withheld				
Step 2: Provide s BANDANA SAHU Your spouse's name a Column A Form type 6	spouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal W Distribution	9 8 Your spouse's Column C Jages, Winnings, Grossons, Compensation, etc. •00 •00	5 Social Sect Illinois W Distributi \$ \$	9 1 - 7 urity number Column D Jages, Winnings, Grossons, Compensation, et	s III c. \$	Column E linois Income Tax Withheld •00				
Step 2: Provide s BANDANA SAHU Your spouse's name a Column A Form type 6 7 8	spouse's withholding restricted in the second second secon	Federal W Distribution \$ \$ \$	9 8 Your spouse's Column C Tages, Winnings, Gross ons, Compensation, etc. •00 •00 •00	5 Social Sect Illinois W Distribution \$ \$	9 1 - 5 urity number Column D Jages, Winnings, Grossons, Compensation, et	s III c. \$_ \$_ \$_	Column E linois Income Tax Withheld •00 •00				
Step 2: Provide s BANDANA SAHU Your spouse's name a Column A Form type 6 7 8 9	spouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal W Distribution \$ \$ \$ \$	9 8 Your spouse's Column C Jages, Winnings, Grossons, Compensation, etc. •00 •00	Social Sector Social Sector Main Main Sector Main Main Sector Main Main Main Main Main Main Main Main	9 1 - 7 urity number Column D Jages, Winnings, Grossons, Compensation, et	s III sc. \$ \$ \$ \$	Column E linois Income Tax Withheld •00				

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.

11 \$ 8,720.00







Illinois Department of Revenue

	_								_							
Culturiacion ID																

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

<i>₽</i>	(Do not mail Form			nt of Revenue unles	ss it is requested for review.)
Step	1: Provide taxpayer i HARISH C	Information BANDANA SAHU	KADAMBAL	A	7 3 9 _ 4 2 _ 2 1 5 9
	First name and middle initial	Spouse's first name (and la	st name if different)	Last name	Social Security number
Print	2400 ARCHBURY LN	2C			9 8 5 _ 9 1 _ 7 4 5 1
or type	Mailing address				Spouse's Social Security number
	PARK RIDGE		IL	60068	(504) 408-5591
	City		State	ZIP	Daytime phone number
Step	2: Complete informa	tion from tax return	1	Choose one: X IL	-1040 IL-1040-X
1 N	let income from Form IL-	1040 or IL-1040-X, Line	e 11		1 <u>160,488</u> <u>00</u>
2 T	ax from Form IL-1040 or	IL-1040-X, Line 14			2 7,944 00
3 II	llinois Income Tax withhel	ld from Form IL-1040 o	r IL-1040-X, Line 2	5 only (enter "0" if nor	
4 (Overpayment from Form I	L-1040, Line 36 or IL-1	040-X, Line 35		4776 I <u>00</u>
	otal amount due from Fo				5l <u>00</u>
6 F	Filing status: Single	X Married filing jointl	y Married filin	g separately Wido	wed Head of household
does within 7 F	not support international <i>i</i> the United States or thos Routing no. (RN): 0 6	ACH transactions. IDOF se not funded by interna	R will only perform outional funds. Electronal 7	direct transactions (<i>e.g.,</i>	within the electronic transmission. Illinois debit, deposit) with financial institutions located be accepted and refunds will be via paper check.
8 <i>A</i>	Account no. (AN): 8 1	_ 0 9 9 3 7	5 3		
9 7	Type of account: \times Ch	necking Savings			
10	Date the payment is to be	electronically withdraw	/n://		
11 E	Electronic funds withdrawa	al amount:	I <u>_00</u> _		
12 N	Name on account:				
Step	4: Taxpayer declaration	on and signature (S	ign only after co	mpleting Step 2 and	d, if applicable, Step 3.)
×					e the information on Lines 7 through 9 is se as an agent to receive the refund.
	withdrawal as designate	ed in the electronic port olved in the processing	ion of my 2022 Illing g of an electronic o	ois Original or Amended verpayment of taxes to	nt to initiate an ACH electronic funds I Individual Income Tax return. I authorize the receive confidential information
	I do not want direct dep	posit of my refund, or a	n electronic funds	withdrawal (direct debit)) of my balance due.
return and a been	originator (ERO) are iden ecompanying information r accepted or rejected. If rej	tical. To the best of my k may be sent to IDOR by	nowledge, my return my ERO. I authorize	n is true, correct, and core IDOR to inform my ER	d the information I provided to my electronic mplete. I consent that my return, this declaration, O and/or the transmitter when my return has be corrected and retransmitted if possible.
Sign	Your signature		Date	Snouse's signature (if in	oint return, both must sign) Date
				, ,	, , , , , , , , , , , , , , , , , , , ,
I decl		this taxpayer's electror requirements of this pr	nic Form IL-1040 or ogram and declare	r IL-1040-X, the informa e, under penalties of per	ation on this Form IL-8453, and accompanying rjury, that to the best of my knowledge the
				02/01/2023	Check if paid preparer: (See instructions.)
	ERO's signature			Date	,
ERO	GLOBAL TAXES LLC				P 0 2 0 8 2 7 0 3
use	Firm's name or your name if sel	ır-empioyea			Your PTIN
only	245 ROONEY CT Mailing address				8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)
	· ·		N.T	09916	(678) 965-9522
	E BRUNSWICK City		NJ State	08816 ZIP	Daytime phone number
	-				

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

