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	
DEEKSHITH KUMAR THADISHETTI	734-98-	9727	
Spouse's name	Spouse's socia	al security number	
SINDHUSRI THADISHETTI	641-85-	3569	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	r year you ar	e 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		1 108	,478.
2 Total tax	[2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 17	, 536.
4 Amount you want refunded to you		4 17	<u>,536.</u>
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	кеер а сору	of your retu	rn)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmost on the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements between the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent.	itter, or electron ection of the trains. Treasury an icated in the taxon to debit the detection to debit the detection to the authorization when the processing of payment. I furth	nic return origina unsmission, (b) the dits designated x preparation soft entry to this acco- tion. To revoke (received no late the electronic pa- parer acknowledge	tor (ERO) ne reason Financial itware for bunt. This cancel) a er than 2 syment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN 8	9 7 2 7	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	* Ente	er five digits, but 't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Your signature ► Date ► _			
Spouse's PIN: check one box only			
	mv PIN 5	3 5 6 9	00 1001
X I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	,	3 5 6 9 er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns 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-digit self-selected PIN. 2 2	2 4 9 6 Don't ente		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submarequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	nitting this retur	n in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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

Filing Status Check only	5 🗌 5	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HO	H) [ifying survi	ving
one box.	-	u checked the MFS box, enter the none on is a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box, ente	er the o		` ,	e qualifying
Your first name	and mi	ddle initial	Last nar	me				Y	Your social security number		
DEEKSHIT	H KU	JMAR	THAD	ISHETTI				7	734-98-9727		
If joint return, s	pouse's	first name and middle initial	Last nar	me				s	pouse's	social secu	ırity number
SINDHUSE	RI		THAD	ISHETTI				6	41-8	35-3569	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Р	residen	ntial Election	n Campaign
7150 N T	ERRA	A VISTA DR					1012			ere if you, c	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code			f filing jointl this fund. C	
PEORIA					II	1	61614			w will not c	
Foreign country	/ name		F	oreign province/state	e/count	у	Foreign postal o			or refund.	Ü
										You	Spouse
Digital Assets		y time during 2022, did you: (a) recange, gift, or otherwise dispose of a	,				,			Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	s alien	· 					
Age/Blindness	-		958	Are blind Sp	oouse	: Was bor	n before Janua			☐ Is blir	
Dependents				(2) Social securi	ty	(3) Relationsh	"P		1	ies for (see ir	
If more	(1) Fi	rst name Last name		number		to you	Child t	ax cred	it (Credit for othe	er dependents
than four dependents,											
see instruction:	s ——							<u> </u>			
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	11	7 , 525.
Attach Form(s)	b	Household employee wages not re	•	` '					1b 1c		
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	h - 1/2 h - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2									
If you did not	g	Wages from Form 8919, line 6.							1g		
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.
instructions.	ı	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>				111	7 505
	<u>z</u>	Add lines 1a through 1h							1z	11	7,525.
Attach Sch. B	2a	· –	2a	7.0		axable interest			2b		850.
if required.	3a_		3a	79.		rdinary divider			3b		79.
	4a	-	4a				t		4b		
Standard Deduction for—	5a	-	5a				t		5b		
Single or	6a	,	6a				t		6b		
Married filing separately,	c	If you elect to use the lump-sum e		•	,	,		. 📙	7		2 000
\$12,950	7	Capital gain or (loss). Attach Sche						. Ш	7		3,000.
Married filing jointly or	8	Other income from Schedule 1, lin		This is a second of the second					8		6 , 976.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	10	8,478.
\$25,900	10	Adjustments to income from Sche							10	1.0	0 450
Head of household,	11	Subtract line 10 from line 9. This is							11		8,478.
\$19,400	12	Standard deduction or itemized		•	,				12	2	5 , 900.
If you checked any box under	13	Qualified business income deduct							13	+ -	F 000
Standard Deduction,	14	Add lines 12 and 13							15		5 , 900.
see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									2,578.

Form 1040 (202	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 881	14 2 4972	3 🗌		. 16	9,486.
Credits	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	9,486.
	19	Child tax credit or credit for other depend	dents from Sched	dule 8812			. 19	
	20	Amount from Schedule 3, line 8					. 20	9,486.
	21	Add lines 19 and 20					. 21	9,486.
	22	Subtract line 21 from line 18. If zero or les	ss, enter -0				. 22	0.
	23	Other taxes, including self-employment to						0.
	24	Add lines 22 and 23. This is your total tax	x				. 24	0.
Payments	25	Federal income tax withheld from:			1			
	а	Form(s) W-2			25a	17,53	6.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	17,536.
If you have a	26	2022 estimated tax payments and amour	• • •				. 26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27			
allacii Scii. Elo.	28	Additional child tax credit from Schedule 8	812		28			
	29	American opportunity credit from Form 8	•		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are year	•	-				1
	33	Add lines 25d, 26, and 32. These are you						17,536.
Refund	34	If line 33 is more than line 24, subtract lin					=	17,536.
	35a	Amount of line 34 you want refunded to					35a	17,536.
Direct deposit? See instructions.	b	Routing number 0 3 1 1 0 0		c Type: ⊠	Checking	Savin	igs	
oee manactions.	d	Account number 7 0 4 0 0 2						
	36	Amount of line 34 you want applied to yo	ur 2023 estimat	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to www.irs.					. 37	
	38	Estimated tax penalty (see instructions)			38			
Third Party Designee		you want to allow another person to ostructions				. Compl	ete below.	⊠ No
		signee's	Phone	•			dentification	
		me	no.			number (P	,	
Sign Here		der penalties of perjury, I declare that I have exar ief, they are true, correct, and complete. Declarati		1 , 0		,		, ,
TICIC	Yo	ur signature	Date	Your occupation				nt you an Identity
				SOFTWARE :	ENCTNEED		Protection P (see inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign	. Date	Spouse's occupat			· · ·	t your spouse an
Keep a copy for your records.	Op	Spouse's signature. If a joint return, both must sign.		' '			Identity Prot	ection PIN, enter it here
your records.				STUDENT			(see inst.)	
		one no. (219) 916-6244	Email address	T.DEEKSHI				01 1 1
Paid		eparer's name Preparer's sig		OHDER	Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A KAM SAGAR	GUPTA TALLAM	02/27/20		2082703	Self-employed
Use Only		m's name GLOBAL TAXES LLC	DIMOLITATI	T 00016				(678) 965-9522
	Fir	m's address 245 ROONEY CT E B	KUNSWICK N	J 08816			Firm's EIN	84-3171965
Co to manne in a	OV/Eas	n1010 tor instructions and the latest information		D 4 4	DEL / 00 /0 / /00 =	D.O.		Tarra T()/() (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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

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

DEEKSHITH KUMAR & SINDHUSRI THADISHETTI

Titlemal Revenue Service

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

Your social security number
734-98-9727

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. Atta	ach S	chedule E .	5	-7,171.
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			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r	0.		
S	Nontaxable amount of Medicaid waiver payments included on Form		,		
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z		_	105		
•	Substitute Payment from 1099-Misc 195.	8z	195.		105
9	Total other income. Add lines 8a through 8z			9	195. -6,976.
10	Combine lines i through r and 9. Enter here and on Form 1040, 1040-5K,	, or 11	u4u-inh, iirie 8	10	-o,9/o.

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, , , , , , , _/	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DEEKSHITH KUMAR & SINDHUSRI THADISHETTI

Your social security number 734-98-9727

Pai	Nonrelandable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	2,000.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
а	General business credit. Attach Form 3800 6a		
b	Credit for prior year minimum tax. Attach Form 8801 6b		
С	Adoption credit. Attach Form 8839		
d	Credit for the elderly or disabled. Attach Schedule R 6d		
е	Alternative motor vehicle credit. Attach Form 8910 6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f 7,486		
g	Mortgage interest credit. Attach Form 8396 6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h		
i	Qualified electric vehicle credit. Attach Form 8834 6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 6k		
1	Amount on Form 8978, line 14. See instructions 6I		
Z	Other nonrefundable credits. List type and amount:		
	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z	7	7,486.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
	line 20	8	9,486.
		contin	ued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
1 4 15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-		14	
10	line 31		15	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

DEEKSHITH KUMAR & SINDHUSRI THADISHETTI

Your social security number 734-98-9727

	ou dispose of any investment(s) in a qualified opportunity, attach Form 8949 and see its instructions for additiona	•	•			
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	3,914.	13,261.			-9,347.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and to		5	
6	Short-term capital loss carryover. Enter the amount, if an	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	ımn (h). If you hav		7	-9,347.
Pai	<u> </u>				1	
See lines	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	19,901.	22,178.			-2,277.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	314.	405.			-91.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	/, from line 13 of y	•	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h) Then a	o to Part III		

on the back .

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -11**,**715. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

734-98-9727

Department of the Treasury Internal Revenue Service Name(s) shown on return

DEEKSHITH KUMAR & SINDHUSRI THADISHETTI

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form 1						
Part I Short-Term. Transinstructions). For low Note: You may aggreported to the IRS Schedule D, line 1a	ng-term tra regate all s and for whi	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	oorted on Form les are required	(s) 1099-E d. Enter th	showing basi e totals directly	s was y on
You must check Box A, B, or C becomplete a separate Form 8949, pfor one or more of the boxes, com (A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	page 1, for ea uplete as mar reported on reported on	ach applicabl ny forms with Form(s) 1099 Form(s) 1099	e box. If you have the same box of the same box of the same box of the same box. If you have the box of the same bases are box of the same box.	ve more short-te checked as you r sis was reported	rm transacheed. to the IRS ed to the IF	tions than will fit (see Note above RS	on this page
(a) Description of property		(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/22	3,914.	13,261.			-9,347.
2 Totals. Add the amounts in columns	s (d), (e), (g), and	d (h) (subtract					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

3,914.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked).

13,261.

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ${\tt DEEKSHITH~KUMAR~\&~SINDHUSRI~THADISHETTI}$

Social security number or taxpayer identification number 734-98-9727

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(a)	(b)	(c) Date sold or	B showing basis wasn't reporter m 1099-B (d) Proceeds (e) Cost or other basis See the Note below		If you enter an a	any, to gain or loss amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/22	19,901.	22,178.			-2,277.
2 Totals. Add the amounts in columns	() () ()						

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

-2,277.

19,901.

22,178.

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ${\tt DEEKSHITH~KUMAR~\&~SINDHUSRI~THADISHETTI}$

Social security number or taxpayer identification number 734-98-9727

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- 🗵 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

_ `	, 0		,					
1	(a) Description of property	(b) Date acquired	(c) Date sold or	old or Proceeds S ed of (sales price) a	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
APEX	CLEARING	01/01/22	12/31/22	314.	405.			-91.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		314.	405.			-91.		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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, Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 13

Your social security number

DEEKSHITH KUMAR & SINDHUSRI THADISHETTI 734-98-9727 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) H-NO: 17-4-4/1/12, VYSHNAVI SIDDIPET TELANGANA IN 502103 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 624. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,467. 8 Commissions 8 9 9 Insurance . . 10 Legal and other professional fees 10 11 Management fees 11 1,897. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,414. 14 Repairs 1,319. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,698. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 7,795. Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -7,171. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7.171.624. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 7,795. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 7,171. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -7,171.

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 Attachment Sequence No. **50**

Name(s) shown on return DEEKSHITH KUMAR & SINDHUSRI THADISHETTI

Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number 734-98-9727



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)			}	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	nity credit;	7			
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	t here and	8			
Part	Nonrefundable Education Credits					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	ctions) .	9			
10	After completing Part III for each student, enter the total of all amounts from a					
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19		10	19,555.		
11	Enter the smaller of line 10 or \$10,000				11 12	10,000.
12	Multiply line 11 by 20% (0.20)		 I		12	2,000.
13	qualifying surviving spouse	13	1	L80,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	_	L08,478.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on	17	-	100,470.		
	line 18, and go to line 19	15		71,522.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		20,000.		
17	If line 15 is:					
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				4-	1 000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)				17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•			18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3				19	2,000.

Name(s) shown on return	Your social security number
DEEKSHITH KUMAR & SINDHUSRI THADISHETTI	734-98-9727



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part	Student and Educational Institution Information	Soo instructions	
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as sl	hown on page 1 of
	SINDHUSRI	your tax return)	
	THADISHETTI	641-85-3569	
22	Educational institution information (see instructions)		
а	. Name of first educational institution	b. Name of second educational instituti	on (if any)
	BRADLEY UNIVERSITY		- ()/
- (-	1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.0) hox) City town or
'	post office, state, and ZIP code. If a foreign address, see	post office, state, and ZIP code. If	
	instructions.	instructions.	a roroigir addrood, coo
	1501 W BRADLEY AVE		
	PEORIA IL 616250001		
- 1	2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098	_T
	from this institution for 2022?	from this institution for 2022?	Yes No
(3) Did the student receive Form 1098-T	(3) Did the student receive Form 1098	-T
	from this institution for 2021 with box Yes No	from this institution for 2021 with b	ox 🗌 Yes 🗌 No
	7 checked?	7 checked?	
(4	4) Enter the institution's employer identification number (EIN)	(4) Enter the institution's employer idea	ntification number (EIN
•	if you're claiming the American opportunity credit or if you	if you're claiming the American opp	
	checked "Yes" in (2) or (3). You can get the EIN from Form	checked "Yes" in (2) or (3). You can	
	1098-T or from the institution.	1098-T or from the institution.	
	37-0661494		
23	Has the American opportunity credit been claimed for this	.,	
	student for any 4 prior tax years?	Yes - Stop! Go to line 31 for this student.	Go to line 24.
	,	— Go to line 31 for this student. —	
24	Was the student enrolled at least half-time for at least one		
	academic period that began or is treated as having begun		
	in 2022 at an eligible educational institution in a program	_ No	- Stop! Go to line 31
	leading towards a postsecondary degree, certificate, or		his student.
	other recognized postsecondary educational credential?	101 6	ino otadorit.
	See instructions.		
25	Did the student complete the first 4 years of postsecondary	Yes - Stop!	0
	education before 2022? See instructions.	Go to line 31 for this student.	Go to line 26.
26	Was the student convicted, before the end of 2022, of a	☐ Yes — Stop! ☐ No -	- Complete lines 27
	felony for possession or distribution of a controlled		ugh 30 for this student
	substance?		
	You can't take the American opportunity credit and the li	fetime learning credit for the same student	in the same year If
/ !	you complete lines 27 through 30 for this student, don't d		iii uie sairie year. ii
CAUT	ion	ompiete line or.	
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Don	't enter more than \$4,000	27
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28
29			29
30	If line 28 is zero, enter the amount from line 27. Otherwise, a	<u> </u>	
00	enter the result. Skip line 31. Include the total of all amounts f		30
	Lifetime Learning Credit	on an ration, into oo, on raiti, into 1.	
24	<u> </u>	ude the total of all amounts from all Danta	
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31 19,555.
			UI 17,000.

(Rev. January 2023)

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in

OMB No. 1545-2137 Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

DEEKSHITH KUMAR & SINDHUSRI THADISHETTI

Sequence No. **69**

Identifying number

734-98-9727

	c vehicles acquired before but placed in service in 2022 ctions for vehicle definitions and other requirements.	, and	new clean vehicles placed in s	ervice after 2022. See separate
Part	Tentative Credit			
	separate column for each vehicle. If you need more columditional Forms 8936 and include the totals on lines 12 and		(a) Vehicle 1 2022	(b) Vehicle 2
1	Year, make, and model of vehicle	1	VOLVO XC60	
2	Vehicle identification number (see instructions)	2	YV4H60DZ1N1064878	
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3	04/25/2022	
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500.	
b	Phase-out percentage (see instructions)	4b	100.00 %	%
С	Tentative credit. Multiply line 4a by line 4b	4c	7,500.	

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Par	Credit for Business/Investment Use Part of	Vehi	cle		
5	Business/investment use percentage (see instructions)	5		%	%
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6			
7	Section 179 expense deduction (see instructions) .	7			_
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 10% (0.10)	9			
10	Maximum credit per vehicle	10	2,	,500	2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11			_
12	Add columns (a) and (b) on line 11			12	
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)			13	
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Schamount on Form 3800, Part III, line 1y	nedule	e K. All others, report this	14	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Form 8936 (Rev. 1-2023) Page **2**

Credit for Personal Use Part of Vehicle Part III (a) Vehicle 1 (b) Vehicle 2 15 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 7,500. blank and go to line 18 15 16 Multiply line 15 by 10% (0.10) 16 17 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 17 18 For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 7,500. 2022, see instructions 18 19 Add columns (a) and (b) on line 18 19 7,500. 9,486. 20 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 20 21 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 21 2,000. 22 Subtract line 21 from line 20. If zero or less, enter -0- and stop here. You cannot claim 22 7,486. 23 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line 19, see instructions . . . 23 7,486.

REV 02/24/23 PRO Form **8936** (Rev. 1-2023)

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.

3 5 1	DEE SIN 715 PEO!	-98-9727 1993 641-85-3569 1997 KKSHITH KUMAR THADISHETTI DHUSRI THADISHETTI O N TERRA VISTA DR 1012 RIA IL 61614 PEORIA T.DEEKSHITH@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.		
D	Ch	eck the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident -	Attach Sci	h. NR
	Ste 1 2 3 4	p 2: Income 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.	(Who 1 2 3 4	.00 .00 .00 .00 .00 .00
L	Ste	p 3: Base Income		
	5 6 7	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. Other subtractions. Attach Schedule M. 5	.00 .00	
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	<u> </u>	.00
2	9	Illinois base income. Subtract Line 8 from Line 4.	9	108,478.00
3	Ste	p 4: Exemptions		
	10			
apie W-z ailu			.00.00	4,850 _{.00}
otapie W-z an		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. Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d.	.00 .00	4,850 _{.00}
Staple W-z all	Ste	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. Attach Schedule IL-E/EIC.	.00.00	4,850 _{.00}
Staple W-z all	Ste 11	b Check if 65 or older:	.00 .00 0.00 10 NR. 11	103,628.00
Staple W-z all	Ste 11 12	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. Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d. p 5: Net Income and Tax 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.		103,628.00 5,130.00
Stable W-z all	Ste 11	b Check if 65 or older:	.00 .00 0.00 10 NR. 11	103,628.00
Orable W-z an	Ste 11 12 13 14	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. Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d. p 5: Net Income and Tax 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.	.00 .00 10	103,628.00 5,130.00
T-10-10-10-10-10-10-10-10-10-10-10-10-10-	Ste 11 12 13 14 Ste 15	b Check if 65 or older:	.00 .00 10	103,628.00 5,130.00
T-10-10-10-10-10-10-10-10-10-10-10-10-10-	Ste 11 12 13 14 Ste	b Check if 65 or older:	.00 .00 10	103,628.00 5,130.00
alia iz-10-10-10	Ste 11 12 13 14 Ste 15 16	b Check if 65 or older:	.00 .00 10	103,628.00 5,130.00
leck all IE-1040-V	Ste 11 12 13 14 Ste 15	b Check if 65 or older:	.00 .00 10	103,628.00 5,130.00
oul criech and 12-1040-4	Ste 11 12 13 14 Ste 15 16 17 18 19 Ste	b Check if 65 or older:	.00 .00 10	103,628.00 5,130.00 .00 5,130.00
e your check and 12-10-0-	Ste 11 12 13 14 Ste 15 16 17 18 19 Ste 20	b Check if 65 or older:	.00 .00 10	103,628.00 5,130.00 .00 5,130.00
e your check and 12-10-0-	Ste 11 12 13 14 Ste 15 16 17 18 19 Ste	b Check if 65 or older:	.00 .00 10	0.00 5,130.00 0.00 5,130.00
Staple you cliech and it-1040-v	Ste 11 12 13 14 Ste 15 16 17 18 19 Ste 20	b Check if 65 or older:	.00 .00 10	0.00 5,130.00 00 5,130.00



24 To	otal tax from Page 1, Line 23	3.					24	5,130 <u>.00</u>
Step 8	: Payments and Refund	able Credit						
	ois Income Tax withheld. At					25 5,	818.00	
	luding any overpayment app					26	.00	
27 Pas	ss-through withholding. Attac	ch Schedule K-1-P or	r K-1-T.			27	.00	
	ss-through entity tax credit. A					28	.00	
	rned Income Credit from Sch	· · · · · · · · · · · · · · · · · · ·			chedule IL-E/EIC	. 29	.00	5 010
	al payments and refundab	ole credit. Add Lines	25 through	29.			30	5,818.00
Step 9								600
	ine 30 is greater than Line 24						31	688.00
	ine 24 is greater than Line 30			. 4			32	.00
_	0: Underpayment of Esti		=	ations	S	00	0.0	
	e-payment penalty for unde	•		from	forming	33	.00	
_	☐ Check if at least two-third☐ Check if you or your spou				-	n home		
_	☐ Check if your income was		-	-	-	-	n Form IL-221	0.
0 1	Attach Form IL-2210.	The received evenly	daning and y	our un	ia you aiiiaaii	ed your moonie o	0 12 22 .	
d [Check if you were not rec	uired to file an Illinoi	s Individual I	Incom	e Tax return in	the previous tax y	ear.	
_	untary charitable donations.	•				34	.00	
35 Tot	al penalty and donations.	Add Lines 33 and 34	1.				35	.00
Step 1	1: Refund or Amount yo	ou owe						
36 If ye	ou have an amount on Line	31 and this amount i	s greater tha	ın Line	e 35, subtract l	Line 35 from Line	31.	
Thi	s is your overpayment .						36	688 _{.00}
37 Am	ount from Line 36 you want	refunded to you . Ch	eck one box	on Lir	ne 38. See inst	ructions.	37	688 <u>.00</u>
38 I ch	noose to receive my refund b	ру						
a [☑ direct deposit - Complet	e the information be	low if you ch	eck th	is box.			
	You may also contribute	Routing number (3 1 1	0	0 6 4 9	× Checkin	g or Savir	ngs
	to college savings funds here. See instructions!	Account number 7	7 0 4 0	0	2 7 4 0	0		
h í	☐ paper check.							
	ount to be credited forward .	Subtract Line 37 fro	m Line 36 S	See ind	structions		39	.00
				occ inc	on donorio.		00	.00
-	ou have an amount on Line ou have an amount on Line			ina 31	5			
-	otract Line 31 from Line 35.						40	.00
				, inoti	40110110.			.00
	2: Health Insurance Ch	•						
41 ∐	Check this box if IDOR ma						ler to determir	ne
	your eligibility for health ins	surance benefits. See	e instructions	s for it	iore informatio	n.		
Signat	t ure - Note: If this is a joint re	turn, both you and yo	ur spouse m	ust sio	ın below.			
	penalties of perjury, I state					ny knowledge, it is	s true, correct	t, and complete.
Sign	V	Data ((III)	0			5	D :: 1	
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sign	alure		Date (mm/dd/yyyy)	Daytime phone	
	D					_	<u>`</u>	5-6244
Paid	Print/Type paid preparer's nar		Paid preparer			Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Preparer	SYAM PRIYA RAM SAGAR GUPTA		SYAM PRIYA RA	AM SAGA	AR GUPTA TALLAM	02/27/2023		P02082703
Use Only Firm's name GLOBAL TAXES LLC Firm's FEIN 843171965								
	Firm's address • 245 F		BRUNSWICK	O UN	8816	Firm's phone	(678) 965	5-9522
Third	Designee's name (please prin	nt)		Desigr	nee's phone num	nber	_	e Department may
Party Designer				()			eturn with the third
Designe		000 11 4040 1	A 4.! -	\	/ 			e shown in this step.
	Refer to the 20)22 IL-1U4U INS	tructions	s tor	τne addre	ss to mail yo	ur return.	

IL-1040 Back (R-12/22) DR______ AP____ RR DC IR ID ID: 3WM REV 02/01/23 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	М	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)

our name as shown	on Form IL-1040		Your Social Se	ecurity numb	er		
Column A Form type	Column B Employer/Payer Identification Number	Federal W	Column C ages, Winnings, Gross ns, Compensation, etc.	Illinois Wa	Column D ages, Winnings, Gros ns, Compensation, e	s II	Column E linois Income Tax Withheld
W	51-0614937 000	_ \$	116 , 900 .00	\$	116 , 900 .00	\$	5 , 787 .00
		_ \$	•00	\$	•00	\$	•00
		_ \$	•00	\$	•00	\$	•00
		_ \$	•00	\$	•00	\$	•00
						_	00
Step 2: Provide s	spouse's withholding re ISHETTI as shown on Form IL-1040			1099 form	s that show Illi 8 5 - 3	nois	withholding
Step 2: Provide s	Spouse's withholding re ISHETTI as shown on Form IL-1040 Column B	cords (inc	clude all W-2 and 6 4 Your spouse's	1099 form 1 Social Secui	s that show Illi 8 5 - 3 rity number	nois	withholding
Step 2: Provide solution in the state of the	spouse's withholding re ISHETTI as shown on Form IL-1040	cords (inc	clude all W-2 and 6 4 Your spouse's	1099 form 1 Social Secui	ns that show Illi 8 5 - 3	nois 1	withholding
Step 2: Provide s INDHUSRI THAD four spouse's name a	SPOUSE'S WITHHOLDING RE ISHETTI as shown on Form IL-1040 Column B Employer/Payer	cords (inc	clude all W-2 and 6 4 Your spouse's Column C ages, Winnings, Gross	1099 form 1 Social Secur	s that show Illi 8 5 rity number Column D ages, Winnings, Gros	nois 1	withholding 6 9 Column E linois Income
Step 2: Provide so INDHUSRI THAD four spouse's name at Column A Form type	Spouse's withholding re ISHETTI as shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal W Distributio	elude all W-2 and 6 4 Your spouse's Column C ages, Winnings, Gross ns, Compensation, etc.	1099 form 1 Social Secur Illinois Wa Distributio	ns that show Illi 8 5 rity number Column D ages, Winnings, Gros ns, Compensation, e	nois	withholding 6 9 Column E linois Income Tax Withheld
Step 2: Provide s INDHUSRI THAD four spouse's name a Column A Form type	Spouse's withholding re ISHETTI as shown on Form IL-1040 Column B Employer/Payer Identification Number 37-0661494 000 2	Federal W Distributio	Column C ages, Winnings, Gross ns, Compensation, etc. 625,00	1099 form 1 Social Secur Illinois Wa Distributio \$ \$	s that show Illi 8 5 rity number Column D ages, Winnings, Gros ns, Compensation, e	nois (withholding 6 9 Column E linois Income Tax Withheld 31.00
Step 2: Provide s INDHUSRI THAD four spouse's name a Column A Form type	Spouse's withholding re I SHETTI as shown on Form IL-1040 Column B Employer/Payer Identification Number 37-0661494 000 2	Federal W Distributio	elude all W-2 and 6 4 Your spouse's Column C ages, Winnings, Gross ns, Compensation, etc. 625,00	1099 form 1 Social Secur Illinois Wa Distributio \$ \$ \$	s that show Illi 8 5 rity number Column D ages, Winnings, Gros ns, Compensation, e 625,00	nois 1	withholding 6 9 Column E linois Income Tax Withheld 31.00

→ Attach all Schedules IL-WIT to your IL-1040. ←

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.

IL-1040 Schedule IL-WIT Front (R-12/22)

Printed by authority of the state of Illinois. Electronic only, one copy.

ID: 3WM REV 02/01/23 PRO

Enter this amount here and on Form IL-1040, Line 25.

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.

5,818.00

11 \$



Illinois Department of Revenue

			_						_				
				 S	ubmi	ssior	ı ID						

8	2022 IL-8453 III In (Do not mail Form IL-8453 t			•	
Step	1: Provide taxpayer information	I		•	·
	DEEKSHITH KUMAR SINDHUS				89_7_2_7
Print	·	name (and last name if different)	Last name	Social Security number	
Or	[†] 7150 N TERRA VISTA DR 101 Mailing address			6 4 1 - 8 Spouse's Social Security nu	$\frac{5}{100} = \frac{3}{100} = \frac{5}{100} = \frac{6}{100} = \frac{9}{100}$
type	PEORIA	IL	61614	(219) 916-6244	libei
	City	State	ZIP	Daytime phone number	
Ston	2: Complete information from to				
-	-		Choose one:	X IL-1040	103,628 00
	Net income from Form IL-1040 or IL-10 Tax from Form IL-1040 or IL-1040-X, L				5,130 00
	Illinois Income Tax withheld from Form		25 only (enter " 0 "	if none)	5,818 00
	Overpayment from Form IL-1040, Line		20 omy (ontor o	11 110110)	688 00
	Total amount due from Form IL-1040, I		38	ţ	j
	Filing status: Single X Married			Widowed Head of house	ehold
withir 7	not support international ACH transact the United States or those not funded Routing no. (RN): 0 3 1 1 0 0 Account no. (AN): 7 0 4 0 0 Type of account: X Checking Date the payment is to be electronically Electronic funds withdrawal amount: Name on account:	by international funds. Electron of the second of the seco			
	4: Taxpayer declaration and sign	nature (Sign only after o	completing Step 2	2 and, if applicable, Step 3	3.)
×	I consent that my refund may be dir correct. If I have filed a joint return, I authorize the Illinois Department of withdrawal as designated in the electinancial institutions involved in the necessary to answer inquiries and recognitions.	this is an irrevocable appoint from the front of the fron	ntment of the other and designated financial inois Original or Ameroverpayment of tax	spouse as an agent to receive agent to initiate an ACH elec ended Individual Income Tax re	e the refund. tronic funds eturn. I authorize the
Г	I do not want direct deposit of my re			debit) of my balance due.	
returr and a	r penalties of perjury, I declare the inform n originator (ERO) are identical. To the baccompanying information may be sent to accepted or rejected. If rejected, I autho	est of my knowledge, my ret o IDOR by my ERO. I author	urn is true, correct, a ize IDOR to inform m	nd complete. I consent that my ny ERO and/or the transmitter v	return, this declaration when my return has
here	Your signature	Date	Spouse's signate	ure (if joint return, both must sign)	Date
l dec inforr	Time hame of your hame it soil employed	's electronic Form IL-1040 s of this program and decla	or IL-1040-X, the in are, under penalties	formation on this Form IL-845 of perjury, that to the best of r Check if paid preparer: $\frac{P}{Your PTIN}$	(See instructions.) 3 2 7 0 3
only	245 ROONEY CT Mailing address			<u>882_1</u> Federal employer identificati	4 5 4 8 7
	E BRUNSWICK	NJ	08816	(678) 965-9522	on nambor (i Liiv)
	City	NU	7IP	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.

