## 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 securi   | ty number  |
| SANJEEV THUMMALA  | 101-83  | -0409  |
| Spouse's name   | Spouse's soo  | ial security number  |
| MANASA YADAV NUCHU  | 934-96  |  |
| Part I Tax Return Information — Tax Year Ending December 31,  | 2022 (Enter year you a  | re 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 46,523.  |
| <ul> <li>Total tax</li></ul>  |   | 2 1,564.   |
| 4 Amount you want refunded to you   |   | <b>3</b> 6,619. <b>4</b> 5.055   |
| 5 Amount you owe  |   | <b>4</b> 5,055.  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure   |   | -  |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original tax).  | · · · · · · · · · · · · · · · · · · ·   | <del> </del>   |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institut payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent. | or reason for rejection of the transition account indicated in the transition account indicated in the transition to debit the agent to terminate the authorization requests must be an involved in the processing of a related to the payment. I further that is the control of the payment. I further that the payment. | ransmission, (b) the reason nd its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a e received no later than 2 f the electronic payment of ther acknowledge that the |
| Taxpayer's PIN: check one box only  |   |  |
|   | ter or generate my PIN  | as mv  |
| ERO firm name signature on the income tax return (original or amended) I am now authorize   | En do   | ter five digits, but<br>n't enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN <b>and</b> your return is filed using the Practit below.  | mended) I am now authorizi  |  |
| Your signature ▶  | Date ▶ 01-18-2022   |  |
|   |   |  |
| Spouse's PIN: check one box only  |   |  |
|   | ter or generate my PIN 6  | 1  |
| ERO firm name signature on the income tax return (original or amended) I am now authorize   |   | ter five digits, but<br>n't enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN <b>and</b> your return is filed using the Practit below.  | mended) I am now authorizi  |  |
| Spouse's signature ▶  | Date <b>▶</b>   |  |
| Practitioner PIN Method Returns Only—co   | ontinue below   |  |
| Part III Certification and Authentication — Practitioner PIN Method   | Only  |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected  |   | er all zeros   |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-  | n that I am submitting this retu  | urn in accordance with the   |
| ERO's signature ►   | Date ►  |  |
| ERO Must Retain This Form — See Ir  |   |  |

REV 01/09/23 PRO

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.

| Filing Status Check only       |               |  |                  | ed filing separately        |          | _                | •                 | , –                 | spou       | se (QSS)                   |                |
|--------------------------------|---------------|--|------------------|-----------------------------|----------|------------------|-------------------|---------------------|------------|----------------------------|----------------|
| one box.                       |               | u checked the MFS box, enter the r                       |                  | our spouse. If you          | check    | ed the HOH or    | r QSS box, ent    | er the              | child's    | name if th                 | e qualifying   |
| Your first name                |               | on is a child but not your dependen                      | Last na          | mo                          |          |                  |                   |                     | our coo    | ial securit                | v numbor       |
|                                | anu mi        | udie Iriitiai  |                  |                             |          |                  |                   |                     |            | 3-0409                     | -              |
| SANJEEV                        | nouse's       | first name and middle initial                            | Last na          | MALA<br>me                  |          |                  |                   |                     |            |                            | curity number  |
| MANASA N                       |               |  | NUCH             |                             |          |                  |                   |                     |            | 6-2656                     |                |
|                                |               | r and street). If you have a P.O. box, see               |                  |                             |          |                  | Apt. no.          |                     |            |                            | on Campaign    |
|                                | ,             | NQUIN RD   |                  |                             |          |                  | 11                | - 1                 |            | ere if you,                |                |
|                                |               | ce. If you have a foreign address, also co               | omplete s        | paces below.                | Sta      | ite              | ZIP code          |                     |            |                            | tly, want \$3  |
| SCHAUMBI                       | JRG           |  |                  |                             | II       | _                | 60173             |                     | _          | this fund. (<br>w will not | Checking a     |
| Foreign countr                 |               |  | F                | Foreign province/stat       | _        |                  | Foreign postal of |                     |            | or refund.                 |                |
|                                |               |  |                  |                             |          |                  |                   |                     |            | You                        | Spouse         |
| Digital                        | At ar         | ny time during 2022, did you: (a) red                    | eive (as         | a reward, award, o          | or payr  | ment for prope   | rty or services   | s); or (b           | ) sell,    |                            |                |
| Assets                         | exch          | ange, gift, or otherwise dispose of                      | a digital        | asset (or a financia        | al inter | est in a digital | asset)? (See in   | nstruct             | ions.)     | Yes                        | ⊠ No           |
| Standard                       | Som           | eone can claim:  | ependent         | Your spot                   | ıse as   | a dependent      |                   |                     |            |                            |                |
| Deduction                      |               | Spouse itemizes on a separate retu                       | rn or you        | were a dual-statu           | s alien  | 1                |                   |                     |            |                            |                |
| Age/Blindnes                   | s You:        | ☐ Were born before January 2,                            | 1958             | Are blind S                 | pouse    | : Was bor        | rn before Janu    | ary 2, <sup>-</sup> | 1958       | ☐ Is bli                   | ind            |
| Dependent                      | s (see        | instructions):   |                  | (2) Social secur            | ity      | (3) Relationsh   | nip (4) Check     | the box             | if qualifi | es for (see                | instructions): |
| If more                        | <b>(1)</b> Fi | rst name Last name                                       |                  | number                      |          | to you           | Child             | tax cred            | lit (      | Credit for oth             | ner dependents |
| than four                      | KAR           | THIK THUMMALA  |                  | 960-96-52                   | 04       | Son              |                   |                     |            |                            | X              |
| dependents,<br>see instruction | s             |  |                  |                             |          |                  |                   |                     |            |                            | <u> </u>       |
| and check _                    | , —           |  |                  |                             |          |                  |                   |                     |            |                            | <u> </u>       |
| here                           |               |  |                  |                             |          |                  |                   |                     | $\perp$    |                            |                |
| Income                         | 1a            | Total amount from Form(s) W-2, k                         | ,                | ,                           |          |                  |                   |                     | 1a         | 4                          | 16,523.        |
| 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<br>W-2G and       | d             | Medicaid waiver payments not re                          |                  | ` ,                         | nstru    | ictions)         |                   |                     | 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         | -                          |                |
| get a Form<br>W-2, see         | h<br>:        | Other earned income (see instruction                     |                  |                             |          |                  | · · · ·           |                     | 1h         |                            | 0.             |
| instructions.                  | i<br>-        | Nontaxable combat pay election ( Add lines 1a through 1h | see mstr         | uctions)                    |          | !!               |                   |                     | 1z         |                            | 16,523.        |
| Attach Sch. B                  | z<br>2a       | Tax-exempt interest                                      | 2a               | <u>.</u>                    | <br>Ь Т  | axable interes   |                   |                     | 2b         | -                          | 10,323.        |
| if required.                   | 3a            | Qualified dividends                                      | 3a               |                             |          | ordinary 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<br>Married filing    | С             | If you elect to use the lump-sum e                       |                  | method. check her           | e (see   | instructions)    |                   | . П                 |            |                            |                |
| separately,<br>\$12,950        | 7             | Capital gain or (loss). Attach Sche                      |                  | •                           | •        | ,                |                   |                     | 7          |                            |                |
| Married filing                 | 8             | Other income from Schedule 1, lir                        |                  |                             |          |                  |                   |                     | 8          |                            |                |
| jointly or<br>Qualifying       | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7                      | , and 8.         | This is your <b>total i</b> | ncom     | e                |                   |                     | 9          | 4                          | 16,523.        |
| surviving spouse,<br>\$25,900  | 10            | Adjustments to income from Sche                          |                  |                             |          |                  |                   |                     | 10         |                            |                |
| Head of                        | 11            | Subtract line 10 from line 9. This i                     | s your <b>ac</b> |                             |          |                  |                   |                     | 11         | 4                          | 16,523.        |
| household,<br>\$19,400         | 12            | Standard deduction or itemized                           | deducti          | i <b>ons</b> (from Schedu   | le A)    |                  |                   |                     | 12         | 2                          | 25,900.        |
| If you checked                 | 13            | Qualified business income deduc                          | tion from        | Form 8995 or For            | m 899    | 5-A              |                   |                     | 13         |                            |                |
| any box under<br>Standard      | 14            | Add lines 12 and 13                                      |                  |                             |          |                  |                   |                     | 14         | 2                          | 25,900.        |
| Deduction, see instructions.   | 15            | Subtract line 14 from line 11. If ze                     | ro or less       | s, enter -0 This is         | your     | taxable incom    | ne                |                     | 15         | 2                          | 20,623.        |
|                                | ,             |  |                  |                             |          |                  |                   |                     |            |                            |                |

| Form 1040 (2022                 | 2)      |   |                       |                   |                   |                  |             |            | Page 2                    |
|---------------------------------|---------|---|-----------------------|-------------------|-------------------|------------------|-------------|------------|---------------------------|
| Tax and                         | 16      | Tax (see instructions). Check   | if any from Form      | (s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972 | 3 🗌              |             | 16         | 2,064.                    |
| Credits                         | 17      | Amount from Schedule 2, lin   | e3                    |                   |                   |                  |             | 17         |                           |
|                                 | 18      | Add lines 16 and 17   |                       |                   |                   |                  |             | 18         | 2,064.                    |
|                                 | 19      | Child tax credit or credit for  | other dependen        | ts from Sched     | ule 8812          |                  |             | 19         | 500.                      |
|                                 | 20      | Amount from Schedule 3, lin   | e8                    |                   |                   |                  |             | 20         |                           |
|                                 | 21      | Add lines 19 and 20   |                       |                   |                   |                  |             | 21         | 500.                      |
|                                 | 22      | Subtract line 21 from line 18   | . If zero or less,    | enter -0          |                   |                  |             | 22         | 1,564.                    |
|                                 | 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 <b>total tax</b> |                   |                   |                  |             | 24         | 1,564.                    |
| Payments                        | 25      | Federal income tax withheld   |                       |                   |                   |                  |             |            |                           |
| -                               | а       | Form(s) W-2   |                       |                   |                   | 25a              | 6,619       |            |                           |
|                                 | b       | Form(s) 1099  |                       |                   |                   | 25b              |             |            |                           |
|                                 | С       | Other forms (see instructions   | s)                    |                   |                   | 25c              |             |            |                           |
|                                 | d       | Add lines 25a through 25c   |                       |                   |                   |                  |             | 25d        | 6,619.                    |
| If                              | 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  | n Schedule 8812       | 2                 |                   | 28               |             |            |                           |
|                                 | 29      | American opportunity credit   | from Form 8863        | 3, line 8         |                   | 29               |             |            |                           |
|                                 | 30      | Reserved for future use .   |                       |                   |                   | 30               |             |            |                           |
|                                 | 31      | Amount from Schedule 3, lin   | e 15                  |                   |                   | 31               |             |            |                           |
|                                 | 32      | Add lines 27, 28, 29, and 31  | . These are your      | total other pa    | ayments and ref   | fundable credits | ·           | 32         |                           |
|                                 | 33      | Add lines 25d, 26, and 32. T  | •                     |                   | -                 |                  |             | 33         | 6,619.                    |
| Refund                          | 34      | If line 33 is more than line 24   |                       |                   |                   |                  |             | 34         | 5,055.                    |
| neiulia                         | 35a     | Amount of line 34 you want  |                       |                   |                   |                  |             | 35a        | 5,055.                    |
| Direct deposit?                 | b       | Routing number 0 8 1  |                       |                   |                   | Checking         | <b>-</b>    |            |                           |
| See instructions.               | d       | Account number 2 9 1  |                       |                   |                   |                  | _ 0         |            |                           |
|                                 | 36      | Amount of line 34 you want  |                       |                   |                   | 36               |             |            |                           |
| Amount<br>You Owe               | 37      | Subtract line 33 from line 24   |                       |                   |                   |                  |             |            |                           |
| rou Owe                         | 20      | For details on how to pay, g  | •                     | •                 |                   | 1 1              |             | 37         |                           |
| Thind Davis                     | 38      | Estimated tax penalty (see in   |                       |                   |                   | 38               |             |            |                           |
| Third Party Designee            |         | you want to allow another structions                                      | •                     |                   |                   |                  | Complete    | helow      | × No                      |
| Designee                        |         | signee's  |                       | Phone             |                   |                  | rsonal iden |            |                           |
|                                 |         | me  |                       | no.               |                   |                  | mber (PIN)  | unoduon    |                           |
| Sign                            |         | der penalties of perjury, I declare tief, they are true, correct, and com |                       |                   | , , ,             |                  | ,           |            | , ,                       |
| Here                            |         | ur signature  | •                     | Date              | Your occupation   |                  | lf th       | ne IRS sei | nt you an Identity        |
| laint vatuus O                  |         |   |                       |                   | SOFTWARE          | FNCTNFFD         |             | e inst.)   | IN, enter it here         |
| Joint return? See instructions. | Sn      | ouse's signature. If a joint return, t                                    | ooth must sign        | Date              | Spouse's occupa   |                  | If th       | ne IRS sei | nt your spouse an         |
| Keep a copy for                 | Op      | oues o oignatarer ir a jenit retaini, i                                   | our mast org          |                   |                   |                  |             |            | ection PIN, enter it here |
| your records.                   |         |   |                       |                   | HOME MAKE         | R                | (se         | e inst.)   |                           |
|                                 | Ph      | one no. (224)659-989  | 5                     | Email address     | SANJEEV.THUM      | MALA.Y@GMAIL.    | COM         |            |                           |
| Doid                            | Pre     | eparer's name   | Preparer's signat     | ture              |                   | Date             | PTIN        |            | Check if:                 |
| Paid                            |         |   |                       |                   |                   |                  |             |            | Self-employed             |
| Preparer                        | Fir     | m's name GLOBAL TA  | XES LLC               |                   |                   |                  | Pho         | one no.    |                           |
| Use Only                        | Fire    | m's address 245 ROONE   | Y CT E BRU            | NSWICK N          | J 08816           |                  | Firr        | n's EIN    |                           |
| Go to www.irs.go                | ov/Forn | n1040 for instructions and the late                                       | st information.       |                   | BAA               | REV 01/09/23 PRO | )           |            | Form <b>1040</b> (2022)   |

#### SCHEDULE 8812 (Form 1040)

# Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. 47

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return Go to www.irs.gov/Schedule8812 for instructions and the latest information.

101-83-0409 SANJEEV THUMMALA & MANASA YADAV NUCHU **Child Tax Credit and Credit for Other Dependents** 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 1 46,523. Enter income from Puerto Rico that you excluded . . . . . 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0 c Enter the amount from line 15 of your Form 4563 . . . . Add lines 2a through 2c . . . . . . . . . . . . . . . . 2d3 3 46,523. 4 Number of qualifying children under age 17 with the required social security number 0 5 5 6 Number of other dependents, including any qualifying children who are not under age Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 500. 8 8 500. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. Subtract line 9 from line 3. 10 • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 500. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **X** Yes. Subtract line 11 from line 8. Enter the result. 13 Enter the amount from the Credit Limit Worksheet A 13 2,064. Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents. 500. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

BAA

Schedule 8812 (Form 1040) 2022

| Part   | II-A Additional Child Tax Credit for All Filers   |        |            |
|--------|---|--------|------------|
| Cautio | on: If you file Form 2555, you cannot claim the additional child tax credit.  |        |            |
| 15     | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line   | 27 .   |            |
| 16a    | Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A       |        |            |
|        | and II-B. Enter -0- on line 27  | 16a    | 0.         |
| b      | Number of qualifying children under 17 with the required social security number: x \$1,500.                               |        |            |
|        | Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. |        |            |
|        | Enter -0- on line 27  | 16b    |            |
|        | <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.       |        |            |
| 17     | Enter the <b>smaller</b> of line 16a or line 16b  | 17     |            |
| 18a    | Earned income (see instructions)  |        |            |
| b      | Nontaxable combat pay (see instructions)  |        |            |
| 19     | Is the amount on line 18a more than \$2,500?  |        |            |
|        | No. Leave line 19 blank and enter -0- on line 20.   |        |            |
|        | Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19  |        |            |
| 20     | Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$ | 20     |            |
|        | <b>Next.</b> On line 16b, is the amount \$4,500 or more?  |        |            |
|        | No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the                |        |            |
|        | smaller of line 17 or line 20 on line 27.   |        |            |
|        | ☐ <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.   |        |            |
|        | Otherwise, go to line 21.   |        |            |
| Part   | II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident                                     | s of P | uerto Rico |
| 21     | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,                                       |        |            |
|        | boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If                                    |        |            |
|        | your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see                                      |        |            |
|        | instructions  |        |            |
| 22     | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form                                     |        |            |
|        | 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . <b>22</b>                            |        |            |
| 23     | Add lines 21 and 22   |        |            |
| 24     | 1040 and  |        |            |
|        | <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,                                 |        |            |
|        | and Schedule 3 (Form 1040), line 11.  |        |            |
|        | <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.   |        |            |
| 25     | Subtract line 24 from line 23. If zero or less, enter -0  | 25     |            |
| 26     | Enter the <b>larger</b> of line 20 or line 25   | 26     |            |
| - ·    | Next, enter the smaller of line 17 or line 26 on line 27.   |        |            |
|        | II-C Additional Child Tax Credit  |        |            |
| 27     | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28                    | 27     |            |

| or for fiscal year ending | _ |  | / | _ |
|---------------------------|---|--|---|---|
|---------------------------|---|--|---|---|

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

| SAI<br>MAN  | 1-83-0409 1984<br>NJEEV<br>NASA YADAV   | 934-96-2656<br>THUMMALA<br>NUCHU  |   |  |                                |                                 |  |
|---|---|---|---|--|--------------------------------|---------------------------------|--|
| 131   | 18 E ALGONQUIN RD   |   | 11  |  | NATIONAL CONTRACTORS OF        |                                 | \$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                     |
| SCH   | HAUMBURG IL   | G 60173   | COOK  | IIII ISAA ISAA CIRAA KARAA | PANA PER ANNA PER PER ANTARIEN | LISEDIA ISA ISA                 | ABANKA III   |
|   |   | SANJEEV.THUMMA  | LA.Y@GMAIL.CO   | MC   |                                |                                 |  |
| <b>B</b> Fil  | ing status: 🔲 Single 🗵  | Married filing jointly  | √   | ling separately    Widowe  | d 🔲 Head of h                  | nousehold                       |  |
| C C   | neck If someone can claim   | you, or your spouse if  | filing jointly, as  | a dependent. See instruction   | s. 🗌 You 🔲 🤄                   | Spouse                          |  |
|   |   | 1   |   | nt - <b>Attach</b> Sch. NR 🔲 Par   |                                |                                 | NR   |
|   |   | to you during 2022.   |   | it Attaon contract   | r your rootdone                |                                 | dollars only)  |
| _   | ep 2: Income  |   | Town 1010 o   | # 1040 CD 1 inc 11   |                                | 4                               |  |
| 1<br>2  | Federal adjusted gross inc  |   |   | r 1040-5R, Line 11.<br>r federal Form 1040 or 1040   | -SR. Line 2a.                  | 2                               | 46,523 <u>.00</u><br>.00                                     |
| 3   | Other additions. Attach S   |   |   |  | or i,o                         | 3                               | .00  |
| 4   | Total income. Add Lines   | 1 through 3.  |   |  |                                | 4                               | 46,523 <sub>.00</sub>  |
| Ste   | ep 3: Base Income   |   |   |  |                                |                                 |  |
| 5   | Social Security benefits a  |   |   |  | _                              |                                 |  |
| 2 6   | received if included in Lir   |   |   |  | 5                              | .00                             |  |
|   | Illinois Income Tax overpa<br>Schedule 1, Ln. 1.  | ayment included in le   | derai Form 104  | 0 01 1040-5H,  | 6                              | .00                             |  |
| 2 7   | Other subtractions. Attac   | ch Schedule M.  |   |  | 7                              | .00                             |  |
| 8   | Add Lines 5, 6, and 7. Th   |   | subtractions.   |  |                                | 8                               | .00.   |
| 5 9   | Illinois base income. Su  | ubtract Line 8 from Li  | ine 4.  |  |                                | 9                               | 46,523 <sub>.00</sub>  |
| Ste   | ep 4: Exemptions  |   |   |  |                                |                                 |  |
| 10  | <ul><li>a Enter the exemption ar</li><li>b Check if 65 or older:</li><li>c Check if legally blind:</li></ul>  | ☐ You + ☐ Spe   | ouse # of o   | See instructions. checkboxes X \$1,000 = checkboxes X \$1,000 =  |                                |                                 |  |
| ב<br>ט  |   |   | ount from Sched   | dule IL-E/EIC, Step 2, Line 1.   | . 2.42                         | E                               |  |
| -   |   |   |   |  | <b>d</b> 2,42                  | <u>3 .00</u><br><b>10</b>       | 7,275,00   |
| 5   | Attach Schedule IL-E/E  |   | th 10d  |  |                                |                                 |  |
|   | Exemption allowance.  | Add Lines 10a throug  | gh 10d.   |  |                                |                                 |  |
|   | Exemption allowance. App 5: Net Income and Ta   | Add Lines 10a throug<br>ax  |   |  |                                |                                 |  |
|   | Exemption allowance. A<br>ep 5: Net Income and Ta<br>Residents: Net income.   | Add Lines 10a throug<br>ax<br>. Subtract Line 10 fro  | om Line 9.  | t income from Schedule NR.   | Attach Schedule                |                                 | 39,248.00  |
| 11  | Exemption allowance. A<br>ep 5: Net Income and Ta<br>Residents: Net income.   | Add Lines 10a through<br>ax  . Subtract Line 10 fro<br>-year residents:   | om Line 9.<br>er the <b>Illinois ne</b>   | t income from Schedule NR  | Attach Schedule                |                                 |  |
| 11<br>12  | ep 5: Net Income and Ta<br>Residents: Net Income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-   | Add Lines 10a through<br>ax . Subtract Line 10 fro<br>-year residents: Enter<br>a 11 by 4.95% (.0495)<br>-year residents: Enter   | om Line 9.<br>er the <b>Illinois ne</b><br>). Cannot be led<br>er the tax from  | ss than zero.<br>Schedule NR.  | Attach Schedule                | NR. 11                          | 39,248 <sub>.00</sub><br>1,943 <sub>.00</sub>                |
| 11<br>12<br>13  | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment  | Add Lines 10a through<br>ax . Subtract Line 10 fro<br>-year residents: Enter<br>11 by 4.95% (.0495)<br>-year residents: Enter<br>tax credits. Attach S  | om Line 9.<br>er the <b>Illinois ne</b><br>). Cannot be leser the tax from<br>Schedule 4255.  | ss than zero.<br>Schedule NR.  | Attach Schedule                | NR. 11<br>12<br>13              | 39,248 <sub>.00</sub><br>1,943 <sub>.00</sub>                |
| 11<br>12<br>13<br>14  | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1   | Add Lines 10a through<br>fax. Subtract Line 10 fro-year residents: Enternational Enternations of the Additional Enternations of | om Line 9.<br>er the <b>Illinois ne</b><br>). Cannot be leser the tax from<br>Schedule 4255.  | ss than zero.<br>Schedule NR.  | Attach Schedule                | NR. 11                          | 39,248 <sub>.00</sub><br>1,943 <sub>.00</sub>                |
| 11<br>12<br>13<br>14<br>Ste   | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1   | Add Lines 10a throughax . Subtract Line 10 frogen residents: Entered 11 by 4.95% (.0495) repar residents: Entered tax credits. Attach Selection 13. Cannot be andable Credits   | om Line 9. er the <b>Illinois ne</b> ). Cannot be leser the tax from Schedule 4255. e less than zero  | ss than zero.<br>Schedule NR.  | `                              | NR. 11<br>12<br>13<br>14        | 39,248 <sub>.00</sub><br>1,943 <sub>.00</sub>                |
| 11<br>12<br>13<br>14<br>Ste 15  | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth  | Add Lines 10a throughax  . Subtract Line 10 from the subtract Line 10     | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero   | ss than zero. Schedule NR  | Attach Schedule  .  15         | NR. 11<br>12<br>13              | 39,248 <sub>.00</sub><br>1,943 <sub>.00</sub>                |
| 11<br>12<br>13<br>14<br>Ste   | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth<br>Property tax and K-12 ed  | Add Lines 10a throughax  . Subtract Line 10 from the subtract Line 10     | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero   | ss than zero. Schedule NR  | 15                             | NR. 11<br>12<br>13<br>14<br>.00 | 39,248 <sub>.00</sub><br>1,943 <sub>.00</sub>                |
| 11<br>12<br>13<br>14<br>Ste 15  | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth<br>Property tax and K-12 ed<br>Attach Schedule ICR.  | Add Lines 10a through<br>fax. Subtract Line 10 from the subtract Line 11 from the subtract Line 12 and 13. Cannot be subtract Line 13. Cannot be subtract Line 14 from the subtract Line 15 from the subtract Line 16 from the subtra | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero nois resident. At   | ss than zero. Schedule NR.   | `                              | NR. 11<br>12<br>13<br>14        | 39,248 <sub>.00</sub><br>1,943 <sub>.00</sub>                |
| 11<br>12<br>13<br>14<br>Ste<br>15<br>16<br>17<br>18                           | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth<br>Property tax and K-12 ed<br>Attach Schedule ICR.<br>Credit amount from Sche<br>Add Lines 15, 16, and 17   | Add Lines 10a through<br>fax. Subtract Line 10 from the subtract Line 11 from the subtract Line 12 from the subtract Line 10  | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero nois resident. At edit amount from Schedule 129 your credits. Car                   | ss than zero. Schedule NR.  ttach Schedule CR. n Schedule ICR.  9-C. nnot exceed the tax amount                | 15<br>16<br>17                 | NR. 11 12 13 140000000000       | 39,248.00<br>1,943.00<br>.00<br>1,943.00                     |
| 11<br>12<br>13<br>14<br>Ste 15<br>16<br>17<br>18<br>19                        | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth<br>Property tax and K-12 ed<br>Attach Schedule ICR.<br>Credit amount from Sche<br>Add Lines 15, 16, and 17<br>Tax after nonrefundable  | Add Lines 10a through<br>fax. Subtract Line 10 from the subtract Line 11 from the subtract Line 12 from the subtract Line 10  | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero nois resident. At edit amount from Schedule 129 your credits. Car                   | ss than zero. Schedule NR.  ttach Schedule CR. n Schedule ICR.  9-C. nnot exceed the tax amount                | 15<br>16<br>17                 | NR. 11<br>12<br>13<br>14<br>.00 | 39,248.00<br>1,943.00<br>.00<br>1,943.00                     |
| 11<br>12<br>13<br>14<br>Ste<br>15<br>16<br>17<br>18<br>19<br>Ste<br>19<br>Ste | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth<br>Property tax and K-12 ed<br>Attach Schedule ICR.<br>Credit amount from Sche<br>Add Lines 15, 16, and 17<br>Tax after nonrefundable<br>ep 7: Other Taxes   | Add Lines 10a throughax . Subtract Line 10 frogen residents: Entered 11 by 4.95% (.0495) and 13. Cannot be and 13. Cannot be and 13. Cannot be and 14. Cannot be and 15. Cannot be and 16. Cannot be and 16. Cannot be and 17. This is the total of your credits. Subtract L  | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero nois resident. At edit amount fror n Schedule 129 rour credits. Car ine 18 from Lin | ss than zero. Schedule NR.  ttach Schedule CR. n Schedule ICR.  9-C. nnot exceed the tax amount                | 15<br>16<br>17                 | NR. 11                          | 39,248.00<br>1,943.00<br>.00<br>1,943.00<br>0.00<br>1,943.00 |
| 11 12 13 14 Ste 15 16 17 18 19 Ste 20   | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth<br>Property tax and K-12 ed<br>Attach Schedule ICR.<br>Credit amount from Sche<br>Add Lines 15, 16, and 17<br>Tax after nonrefundable<br>ep 7: Other Taxes<br>Household employment to  | Add Lines 10a throughax  Subtract Line 10 frogen residents: Entered 11 by 4.95% (.0495) repear residents: Entered 12 and 13. Cannot be restate while an Illinguation expense credule 1299-C. Attach 7. This is the total of yellow credits. Subtract Lax. See instructions.   | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero nois resident. At edit amount from Schedule 129 rour credits. Car line 18 from Lin  | ess than zero. Schedule NR.  ettach Schedule CR. In Schedule ICR.  9-C. Innot exceed the tax amount e 14.      | 15<br>16<br>17<br>on Line 14.  | NR. 11 12 13 140000000000       | 39,248.00<br>1,943.00<br>.00<br>1,943.00                     |
| 11<br>12<br>13<br>14<br>Ste<br>15<br>16<br>17<br>18<br>19<br>Ste<br>19<br>Ste | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth<br>Property tax and K-12 ed<br>Attach Schedule ICR.<br>Credit amount from Sche<br>Add Lines 15, 16, and 17<br>Tax after nonrefundable<br>ep 7: Other Taxes<br>Household employment to<br>Use tax on internet, mail                               | Add Lines 10a throughax  Subtract Line 10 frogen residents: Entered 11 by 4.95% (.0495) repear residents: Entered 12 and 13. Cannot be restate while an Illinguation expense credule 1299-C. Attach 7. This is the total of your credits. Subtract Lax. See instructions. order, or other out-or  | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero nois resident. At edit amount from Schedule 129 rour credits. Car line 18 from Lin  | ss than zero. Schedule NR.  ttach Schedule CR. n Schedule ICR.  9-C. nnot exceed the tax amount                | 15<br>16<br>17<br>on Line 14.  | NR. 11                          | 39,248.00<br>1,943.00<br>.00<br>1,943.00<br>0.00<br>1,943.00 |
| 11 12 13 14 Ste 15 16 17 18 19 Ste 20   | ep 5: Net Income and Ta<br>Residents: Net income.<br>Nonresidents and part-<br>Residents: Multiply Line<br>Nonresidents and part-<br>Recapture of investment<br>Income tax. Add Lines 1<br>ep 6: Tax After Nonrefu<br>Income tax paid to anoth<br>Property tax and K-12 ed<br>Attach Schedule ICR.<br>Credit amount from Sche<br>Add Lines 15, 16, and 17<br>Tax after nonrefundable<br>ep 7: Other Taxes<br>Household employment to<br>Use tax on internet, mail<br>in the instructions. Do no | Add Lines 10a throughax  Subtract Line 10 frogen residents: Entered 11 by 4.95% (.0495) repear residents: Entered 13. Cannot be and 13. Cannot be and 14. Cannot be and 15. Cannot be and 16. Cannot be and 16. Cannot be and 17. This is the total of your credits. Subtract Lax. See instructions. order, or other out-of leave blank.  | om Line 9. er the Illinois ne ). Cannot be leser the tax from Schedule 4255. e less than zero nois resident. At edit amount from Schedule 129 rour credits. Car ine 18 from Lin   | ess than zero. Schedule NR.  ettach Schedule CR. In Schedule ICR.  9-C. Innot exceed the tax amount e 14.      | 15<br>16<br>17<br>on Line 14.  | NR. 11                          | 39,248.00<br>1,943.00<br>.00<br>1,943.00<br>0.00<br>1,943.00 |



| <b>24</b> Tot   | tal tax from Page 1, Line 23.                                     |                           |                     |           |               |          |                 | 24                 | 1,943.00              |
|-----------------|---|---------------------------|---------------------|-----------|---------------|----------|-----------------|--------------------|-----------------------|
| Step 8:         | Payments and Refunda  | ble Credit                |                     |           |               |          |                 |                    |                       |
|                 | ois Income Tax withheld. <b>Atta</b><br>mated payments from Forms |                           |                     |           |               |          | <b>25</b> 2 ,   | 063.00             |                       |
|                 | uding any overpayment applic                                      |                           | •                   |           |               |          | 26              | .00                |                       |
|                 | s-through withholding. Attach                                     |                           |                     |           |               |          | 27              | .00                |                       |
| <b>28</b> Pas   | s-through entity tax credit. Att                                  | ach Schedule K-1          | -P or K-1-T.        |           |               |          | 28              | .00                |                       |
|                 | ned Income Credit from Sche                                       | -                         |                     |           | chedule IL-E  | E/EIC.   | 29              | .00                |                       |
|                 | al payments and refundable  | credit. Add Lines         | s 25 through        | 29.       |               |          |                 | 30                 | 2,063.00              |
| Step 9:         |   |                           |                     |           |               |          |                 |                    |                       |
|                 | ne 30 is greater than Line 24, s                                  |                           |                     |           |               |          |                 | 31                 | 120.00                |
|                 | ne 24 is greater than Line 30, s                                  |                           |                     |           |               |          |                 | 32                 | .00                   |
| -               | ): Underpayment of Estim  |                           | -                   | ations    | 3             |          |                 |                    |                       |
|                 | e-payment penalty for underp                                      | -                         |                     |           |               |          | 33              | .00                |                       |
| _               | Check if at least two-thirds                                      |                           |                     |           | •             | uraina h | 0.000           |                    |                       |
| _               | Check if you or your spoused Check if your income was n           |                           | •                   | •         | •             | •        |                 | on Form II -221    | 10                    |
| ٠ ـ             | Attach Form IL-2210.  | ot received everily       | during the y        | year ari  | u you aiii    | iualizec | i your income ( | 5111 O1111 IL-22 I | 0.                    |
| dГ              | Check if you were not requ  | red to file an Illino     | is Individual       | Incom     | e Tax retui   | rn in th | e previous tax  | vear.              |                       |
|                 | intary charitable donations. A                                    |                           |                     |           |               |          | 34              | .00                |                       |
|                 | al penalty and donations. A                                       |                           |                     |           |               |          |                 | 35                 | .00                   |
| Step 11         | : Refund or Amount you  | ı owe                     |                     |           |               |          |                 |                    |                       |
| -               | u have an amount on Line 3  |                           | is greater th       | an Line   | 35. subtr     | ract Lin | e 35 from Line  | 31.                |                       |
| -               | is your <b>overpayment</b> .                                      |                           | 3                   |           | ,             |          |                 | 36                 | 120.00                |
| <b>37</b> Amo   | ount from Line 36 you want <b>re</b>                              | <b>funded to you</b> . Ch | neck <b>one</b> box | x on Lir  | e 38. See     | instruc  | tions.          | 37                 | 120.00                |
| <b>38</b> I cho | oose to receive my refund by                                      |                           |                     |           |               |          |                 |                    |                       |
| a⊵              | direct deposit - Complete   | the information be        | low if you ch       | neck thi  | s box.        |          |                 |                    |                       |
|                 | You may also contribute   | Routing number            | 0 8 1 9             | 0 6       | 4 8 0         | 8        | X Checki        | ng or Savi         | ngs                   |
|                 | to college savings funds  | Account number            |                     |           |               |          |                 | g                  | 90                    |
|                 | Tiere. See instructions:  | Account number            | 2 9 1 0             | 3 !       | 5 2 8         | 4 0      | 1 1             |                    |                       |
| b [             | paper check.  |                           |                     |           |               |          |                 |                    |                       |
| <b>39</b> Amo   | ount to be <b>credited forward.</b> S                             | Subtract Line 37 fro      | om Line 36.         | See ins   | structions.   |          |                 | 39                 | .00                   |
| <b>40</b> If yo | u have an amount on Line 32                                       | 2, add Lines 32 an        | d 35. <b>- or -</b> |           |               |          |                 |                    |                       |
| If yo           | u have an amount on Line 3  | I and this amount         | is less than        | Line 35   | 5,            |          |                 |                    |                       |
| subt            | tract Line 31 from Line 35. Th                                    | is is the <b>amount</b> y | <b>you owe</b> . Se | e instru  | uctions.      |          |                 | 40                 | .00                   |
| Step 12         | 2: Health Insurance Che   | ckbox and Sigr            | nature              |           |               |          |                 |                    |                       |
| 41 🗆            | Check this box if IDOR may  | share vour income         | e information       | with o    | ther Illinois | s state  | agencies in or  | der to determir    | ne                    |
| _               | your eligibility for health insu                                  |                           |                     |           |               |          | 3               |                    |                       |
|                 |   |                           |                     |           |               |          |                 |                    |                       |
| _               | ure - Note: If this is a joint retu                               |                           | •                   | _         |               |          |                 |                    |                       |
| Under p         | enalties of perjury, I state th                                   | at I nave examine         | a this returr       | i and, t  | o tne besi    | t ot my  | knowledge, it   | is true, correc    | t, and complete.      |
| Sign            | Your signature  | Date (mm/dd/yyyy)         | Spouse's sig        | nature    |               | Da       | te (mm/dd/yyyy) | Daytime phone      | e number              |
| Here            |   |                           |                     |           |               |          |                 | (224) 659          | 9-9895                |
|                 | Print/Type paid preparer's name                                   | )                         | Paid prepare        | r's signa | ature         | Da       | te (mm/dd/yyyy) | Check if           | Paid Preparer's PTIN  |
| Paid            |   |                           |                     |           |               |          |                 | self-employed      |                       |
| Preparer        | Firm's name GLOBAL  | TAXES LLC                 |                     |           |               | Fir      | m's FEIN        |                    | -                     |
| Use Only        |   |                           | BRUNSWIC            | KNJ O     | 3816          |          | m's phone       | ( )                |                       |
| Third           | Designee's name (please print)                                    |                           |                     |           | ee's phone    |          |                 | Check if th        | e Department may      |
| Party           | ,   |                           |                     | , solidi  |               | , mannot |                 |                    | eturn with the third  |
| Designee        |   |                           |                     | (         |               |          |                 | party designe      | e shown in this step. |
|                 | Refer to the 202  | 22 IL-1040 Ins            | struction           | s for     | the add       | dress    | s to mail ve    | 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-E/EIC Attach to your Form IL-1040

### **Illinois Exemption and Earned Income Credit**

IL Attachment No. 30

#### **Read this information first**

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

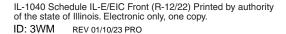
You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

<u>≡Note</u> If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

| THUMMALA &                | ide the followin M NUCHU   | 9                           | 1                                     | 0 1 _  | 8                       | 3 _ 0                        | 4  | 0 9   |
|---------------------------|--|-----------------------------|---------------------------------------|--|-------------------------|------------------------------|--|---|
|                           | on your Form IL-1040   |                             | Your S                                | Social Security num                          |                         |                              |  |   |
| Step 2: Dep               | pendent Exem<br>endent information of the search person you are conal Dependent information. | ation<br>claiming as a depe |                                       | lf you are claim                             | ing more                | than ten                     | dependen                                     | ts, comple                                    |
| Dependent's first<br>name | Dependent's last name  | Social Security number      | Dependent's<br>relationship<br>to you | Dependent's<br>date of birth<br>(mm/dd/yyyy) | Full<br>time<br>student | Person<br>with<br>disability | Number<br>of<br>months<br>living<br>with you | Eligible<br>for<br>Earned<br>Income<br>Credit |
| KARTHIK                   | THUMMALA   | 960-96-5204                 | Son                                   | 01/31/2016                                   |                         |                              | 12   |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           |  |                             |                                       |  |                         |                              |  |   |
|                           | umber of dependents you a<br>re and on Form IL-1040, L                                       |                             | 251 X \$2,4                           | 25   |                         | 1                            |  | 2,425   |

Continue to Page 2 to calculate Illinois Earned Income Credit







#### **Illinois Earned Income Credit**

Complete this section only if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. **<u>≡Note</u>** If you are not claiming a qualifying child, do not complete the table below.

#### **Step 3: Qualifying Child Information**

Comp

|  | Child's first name   | Child's last name  | Social Security number   | Child's<br>relationship<br>to you  | Child's date of<br>birth<br>(mm/dd/yyyy) | Full<br>time<br>student   | Person<br>with<br>disability | Number<br>of months<br>living with<br>you |              |
|--|--|--|--|--|--|---------------------------|------------------------------|---|--------------|
|  |  |  |  |  |  |                           |                              |   |              |
|  |  |  |  |  |  |                           |                              |   |              |
|  |  |  |  |  |  |                           |                              |   |              |
|  |  |  |  |  |  |                           |                              |   |              |
|  |  |  |  |  |  |                           |                              |   |              |
|  |  |  |  |  |  |                           |                              |   |              |
|  |  |  | 1  |  |  |                           |                              |   |              |
|  |  |  |  |  |  |                           |                              |   |              |
|  |  |  | <u> </u>   | <u> </u>   | <u> </u>                                 |                           |                              |   |              |
|  |  | s and tips from your fede  |  |  |  | 1_                        |                              |   | .(           |
|  | •  | ome or (loss) from your<br>nt on Line 2, you mus   |  | ,  |  | . 2                       |                              |   | .(           |
|  | -  | quire a city, state, or cour   | -  |  |  |                           | Yes                          | 1 N.                                      |              |
|  |  | Line 2a, you must enter  |  | _  |  |                           | 163                          | ] No                                      |              |
| •  | certification number.  | zino za, you maet onto   |  | anig agonoy and  | your noones, rogic                       | , and in                  |                              |   |              |
|  |  | Issuing Agency   |  | Li   | cense, Registration                      | n, or Certifi             | ication Num                  | ber                                       | 1            |
|  |  |  |  |  | · ·                                      | <u> </u>                  |                              |   | 1            |
|  |  |  |  |  |  |                           |                              |   | 1            |
|  |  |  |  |  |  |                           |                              |   | -            |
|  |  |  |  |  |  |                           |                              |   | -            |
|  |  |  |  |  |  |                           |                              |   | -            |
|  |  |  |  |  |  |                           |                              |   | ]            |
|  |  |  |  |  |  |                           |                              |   |              |
| lf v   | ou are filing your 202   | 2 federal return as marr   | ied filing iointly but a   | are filing vour 20   | 22 Illinois                              |                           |                              |   |              |
|  |  | 2 federal return as marr<br>eparately, enter your fe   |  |  |  |                           |                              |   |              |
| ret  | urn as married filing s<br>arried filing jointly fede  | eparately, enter your fe<br>ral Form 1040 or 1040-   | deral adjusted gross<br>SR, Line 11.   | s income (AGI) fr  | om your                                  | 3_                        |                              |   | .(           |
| ret<br>ma<br><b>a</b> If   | urn as married filing s<br>arried filing jointly fede<br>you entered an amou   | eparately, enter your feoral Form 1040 or 1040-<br>nt on Line 3, enter your  | deral adjusted gross<br>SR, Line 11.   | s income (AGI) fr  | om your                                  | _                         |                              |   | .(           |
| ret<br>ma<br><b>a</b> If y<br>ma   | urn as married filing s<br>arried filing jointly fede<br>you entered an amou<br>arried filing jointly fede   | eparately, enter your fed<br>ral Form 1040 or 1040-<br>nt on Line 3, enter you<br>eral return.   | deral adjusted gross<br>SR, Line 11.<br>r spouse's Social Se   | s income (AGI) freecurity number f   | om your                                  | 3 _<br>3a<br>4            | <br>Yes                      | <br>] No [                                | <u>.</u><br> |
| ret<br>ma<br><b>a</b> If y<br>ma   | urn as married filing s<br>arried filing jointly fede<br>you entered an amou<br>arried filing jointly fede<br>the statutory employee   | eparately, enter your fed<br>ral Form 1040 or 1040-<br>nt on Line 3, enter your<br>eral return.<br>box marked on your W-2  | deral adjusted gross<br>SR, Line 11.<br>r spouse's Social Se<br>, Wage and Tax State   | s income (AGI) frecurity number frement, Box 13?   | om your                                  | 3a                        |                              | <br>] No [                                |              |
| ret<br>ma<br>a If y<br>ma<br>Is t  | urn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee  A: Figure yo  | eparately, enter your fed<br>ral Form 1040 or 1040-<br>nt on Line 3, enter your<br>eral return.<br>box marked on your W-2  | deral adjusted gross<br>SR, Line 11.<br>r spouse's Social Se<br>, Wage and Tax State   | e curity number from the sincome (AGI) from t | om your                                  | 3a<br>4                   | <br>Yes                      | <u>-</u> _<br>] No [                      |              |
| ret<br>ma<br>a If y<br>ma<br>Is t<br>tep   | urn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee  1 4: Figure you ter the amount of fed   | eparately, enter your fer ral Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2 our Illinois Ear eral Earned Income Cr                               | deral adjusted gross<br>SR, Line 11.<br>r spouse's Social Se<br>, Wage and Tax State   | e curity number from the sincome (AGI) from t | om your                                  | 3a<br>4<br>27. <b>5</b> _ | <br>Yes                      | <br>] No [                                |              |
| ret<br>ma<br>a If<br>ma<br>Is I  | urn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee  1. Figure you ter the amount of fed alltiply the amount on the samount of the samount of the samount on the samount of the sa | eparately, enter your federal Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2  Our Illinois Ear eral Earned Income Cr Line 5 by 18% (.18).         | deral adjusted gross<br>SR, Line 11.<br>r spouse's Social Se<br>, Wage and Tax State   | e curity number from the sincome (AGI) from t | om your                                  | 3a<br>4                   | Yes                          | <u>-</u> _<br>] No [                      |              |
| ret<br>ma<br>a If y<br>ma<br>Is I  | urn as married filing sarried filing jointly fede you entered an amount arried filing jointly fede the statutory employee  1. Figure you ter the amount of fedultiply the amount on lands residents: Enter   | eparately, enter your federal Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2  Our Illinois Ear eral Earned Income Cr Line 5 by 18% (.18).         | deral adjusted gross<br>SR, Line 11.<br>r spouse's Social Se<br>, Wage and Tax State<br>rned Income  | e credit ral Form 1040 or  | om your<br>rom your                      | 3a<br>4<br>27. <b>5</b> _ | Yes -                        | <br>] No [                                |              |
| ret ma sa If y ma sa I | urn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee  O 4: Figure you ter the amount of fed altiply the amount on longing residents: Enterpresidents and partialtiply Line 6 by the definition of the longest partial the presidents and partial titliply Line 6 by the definition of the longest partial titliply Line 6 by the definition of the longest partial titliply Line 6 by the definition of the longest partial titling the longest partial | eparately, enter your fed ral Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2  Dur Illinois Ear eral Earned Income Cruline 5 by 18% (.18). er 1.0. | deral adjusted gross SR, Line 11. r spouse's Social Se, Wage and Tax State rned Income edit from your feder or the decimal from a syour Illinois Earne | e curity number from the security number from 13?  Credit ral Form 1040 or Schedule NR, L  | om your rom your 1040-SR, Line 2         | 3a<br>4<br>27. <b>5</b> _ | Yes                          | <br>] No [                                | ).<br>       |

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act





#### 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)

| SANJEEV THUMM   |  |   |   |  | 3   | <u>0</u> <u>4</u> | <u> </u>                                  |
|---|--|---|---|--|---|-------------------|---|
| Your name as show   | n on Form IL-1040  |   | Your Social Se  | ecurity numbe  | r   |                   |   |
| Column A<br>Form type   | Column B<br>Employer/Payer<br>Identification Number  | Federal Wa  | Column C<br>ages, Winnings, Gross<br>ns, Compensation, etc.                       | Illinois Wag   | column D<br>ges, Winnings, Gros<br>s, Compensation, e               | s II              | Column E<br>linois Income<br>Tax Withheld |
| 1 <u>W</u>  | 38-3374137 000   | \$  | 46,523 <b>•00</b>   | \$   | 46,523 <b>•00</b>   | \$                | 2,063 <b>•00</b>                          |
| 2   |  | \$  | •00   | \$   | •00   | \$                | <u>•00</u>                                |
| 3   |  | \$  | •00   | \$   | •00   | \$                | •00                                       |
| 4   | -  | \$  | •00   | \$   | •00   | \$                | •00                                       |
|   |  | _   | •00   | \$   | •00   | \$                | •00                                       |
| Step 2: Provide   |  | ecords (inc   | lude all W-2 and  | 1099 forms   | 0 6 _   |                   |   |
| Step 2: Provide   | spouse's withholding re  | ecords (inc   | lude all W-2 and  | 1099 forms   | 0 6 _   |                   |   |
| Step 2: Provide   | spouse's withholding re  | ecords (inc   | lude all W-2 and  | 1099 forms  4 9 Social Securit                                     | 0 6 _   | 2 6               |   |
| Step 2: Provide  MANASA YADAV 1  Your spouse's name  Column A                 | Spouse's withholding resolution on Form IL-1040  Column B Employer/Payer                                     | ecords (inc<br>ecords (inc<br>ecords (inc<br>ecords)      | lude all W-2 and a your spouse's a Your spouse's a Column C ages, Winnings, Gross | 1099 forms  4 _ 9 Social Securit  Collinois Wag Distribution       | ty number  Column D  Jes, Winnings, Gros                            | 2 6               | 5 5 6  Column E  linois Income            |
| Step 2: Provide  MANASA YADAV I Your spouse's name  Column A Form type  6     | Spouse's withholding resolved as shown on Form IL-1040  Column B Employer/Payer Identification Number        | ecords (inc   | 9 3 Your spouse's  Column C ages, Winnings, Gross ns, Compensation, etc.          | 1099 forms  4 9 Social Securit  C Illinois Wag Distribution        | ty number  Solumn D Jes, Winnings, Gross, Compensation, e           | 2 6               | Column E linois Income Tax Withheld       |
| Step 2: Provide  MANASA YADAV I Your spouse's name  Column A Form type  6     | Spouse's withholding research NUCHU as shown on Form IL-1040  Column B  Employer/Payer Identification Number | ecords (inc<br>Federal Wa<br>Distribution<br>— \$<br>— \$ | your spouse's Column Cages, Winnings, Gross ns, Compensation, etc.                | 1099 forms  4 9 Social Securit  Collinois Wag Distribution  \$     | o 6 y number  Column D les, Winnings, Gross, Compensation, e        | 2 6               | Column E linois Income Tax Withheld       |
| Step 2: Provide  MANASA YADAV I Your spouse's name  Column A Form type  6 7 8 | Spouse's withholding research NUCHU as shown on Form IL-1040  Column B  Employer/Payer Identification Number | Federal War Distribution  \$                              | 9 3 Your spouse's  Column C ages, Winnings, Gross ns, Compensation, etc.  •00 •00 | 1099 forms  4 9 Social Securit  C Illinois Wag Distribution  \$ \$ | ty number  Solumn D Jes, Winnings, Gross, Compensation, e  •00  •00 | 2 6               | 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.

2,063.00 11 \$

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





## Illinois Department of Revenue

|               |  |  |  |  | _ |  |  |  |  |  |  |  | _ |  |  |  |  |  |  |  |
|---------------|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| Submission ID |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form II -8453 to the Illinois Department of Revenue unless it is requested for review.)

|                                 | ' ( <b>Do not mail</b> Form   | IL-8453 to the Illinois  | s Departmen   | t of Revenue  | unles                       | s it is requested  | for revie                             | :W.)                    |              |     |  |
|---------------------------------|---|--|---|---|-----------------------------|--|---------------------------------------|-------------------------|--------------|-----|--|
| Step                            | 1: Provide taxpayer in  |  |   |   |                             |  |                                       |                         | •            | •   |  |
|                                 |   | MANASA YADAV NUCHU   |   | Lostnama  |                             | 1 0 1 - 8<br>Social Security number                                      | 3                                     | 04                      | 0            | 9   |  |
| Print                           | 1318 E ALGONQUIN  | Spouse's first name (and last nar  | me ii dillerent)  | Last name   |                             | -  |                                       | 2 6                     | _            | _   |  |
| or                              | Mailing address   | <u>KD 11                                  </u>   |   |   |                             | 9 3 4 – 9<br>Spouse's Social Securit                                     |                                       | 26                      | _5           | _ 6 |  |
| type                            |   | TT   |   | C0172   |                             | (224) 659-98   |                                       |                         |              |     |  |
|                                 | SCHAUMBURG  | IL   |   | 60173<br>ZIP  |                             |  | , ,                                   |                         |              |     |  |
| <u> </u>                        | City  | State  |   |   | <u> </u>                    | Daytime phone number   |                                       |                         |              |     |  |
| •                               | 2: Complete informati   |  |   | Choose one:   | X IL-                       | 1040 🔲 IL-1040-  | X                                     | 20.0                    | 401          |     |  |
|                                 | let income from Form IL-1   |  |   |   |                             |  | 1                                     | 39,2                    |              |     |  |
|                                 | ax from Form IL-1040 or II  |  |   |   |                             |  | 2                                     | 1,9                     |              |     |  |
|                                 | linois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none)   |  |   |   |                             |  | 3                                     | 2,00                    |              |     |  |
|                                 | Overpayment from Form IL  |  |   |   |                             |  | 4                                     |                         | <u>20  </u>  |     |  |
|                                 | otal amount due from Forr   |  |   |   |                             |  | 5                                     |                         | '-           | 00  |  |
| 6 F                             | Filing status: Single _   | Married filing jointly   | Married filing  | separately  | _ Widov                     | ved Head of ho   | usehold                               |                         |              |     |  |
| within 7 F 8 A 9 T 10 E 11 E    | not support international Air the United States or those Routing no. (RN): 0 8 Account no. (AN): 2 9 Type of account: X Che Date the payment is to be expected by the Electronic funds withdrawall same on account: | a not funded by international 1 9 0 4 8 0 1 1 0 3 5 2 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                              | al funds. Electro   |   |                             |  |                                       |                         |              |     |  |
|                                 |   |  |   | on letin / Oten   | 0                           | if amplicable Ot   | 0 )                                   |                         |              |     |  |
| Step                            | 4: Taxpayer declaration   | n and signature (Sign  | only after cor  | npleting Step   | 2 and                       | , ir applicable, St  | ep 3.)                                |                         |              |     |  |
| ×                               | I consent that my refund correct. If I have filed a j   | I may be directly deposited oint return, this is an irrevo   | d as designated<br>ocable appointm                        | in Step 3 and onent of the other                          | leclare<br>spous            | the information on leas an agent to rec                                  | ines 7 thr<br>eive the r              | ough 9 i<br>efund.      | is           |     |  |
|                                 | <ul> <li>withdrawal as designated<br/>financial institutions invo</li> </ul>  | epartment of Revenue (ID<br>d in the electronic portion of<br>olved in the processing of a<br>quiries and resolve issues | of my 2022 Illino<br>an electronic ov                     | is Original or Am<br>erpayment of ta                      | ended                       | Individual Income Ta   | ıx return. I                          | authoriz                | ze th        | е   |  |
|                                 | I do not want direct depo   | osit of my refund, or an ele   | ectronic funds w  | rithdrawal (direc   | t debit)                    | of my balance due.   |                                       |                         |              |     |  |
| return<br>and a<br>been<br>Sign |   | cal. To the best of my knowl<br>ay be sent to IDOR by my I<br>cted, I authorize IDOR to id                               | ledge, my return<br>ERO. I authorize<br>entify the reasor | is true, correct, a<br>IDOR to inform in(s) so the return | and con<br>my ERC<br>may be | nplete. I consent that<br>D and/or the transmit<br>e corrected and retra | my return<br>er when m<br>nsmitted if | n, this de<br>ny return | clara<br>has |     |  |
| <u>here</u>                     | Your signature  | Date   |   | Spouse's signa  | iture (if jo                | int return, <b>both</b> must sigr  | )                                     | Date                    |              |     |  |
| I decl                          | 5: Electronic return of are that I have examined that I have followed all rayer's return and accompare ERO's signature  | his taxpayer's electronic F<br>equirements of this progra  | orm IL-1040 or<br>am and declare,                         | IL-1040-X, the i under penalties                          | nforma                      | tion on this Form IL   | of my kno                             | owledge                 | the          |     |  |
|                                 | Li to a signature   |  |   | Date  |                             |  |                                       |                         |              |     |  |
| ERO<br>use                      | Firm's name or your name if self-   | employed   |   |   |                             | Your PTIN  |                                       |                         |              |     |  |
| only                            | Mailing address   |  |   |   |                             | Federal employer identi  | dentification number (FEIN)           |                         |              |     |  |
|                                 | City  | State  |   | 7IP   |                             | 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.

