### 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

IIILEITIAIT	levellue Service								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social secu	rity num	ber					
SRIE	RAM PENDYALA	065-35-3174							
Spouse'		Spouse's social security number							
Part	, ,	year you	are au	thoriz	ing.)				
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	l	0.0	01/			
1	Adjusted gross income		2			$\frac{814.}{750.}$			
2 3	Total tax		3						
4	Amount you want refunded to you		4			919.			
5	Amount you owe		5			169.			
Part			_	/our r	eturi	n)			
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)								
to send for any Agent t paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution required in the total remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I are a fundamental withdrawal Caracacter.	ction of the S. Treasury cated in the n to debit the the authori lests must lests must lests must lests must lests processing ayment. I fu	transminand its cand	ssion, (designation to this To revolved no lectronic knowled)	(b) the ated Fin softwaccouple (capture) accouple (capture) ater ic payredge t	e reason inancial ware for int. This ancel) a than 2 ment of that the			
	nic Funds Withdrawal Consent.								
	yer's PIN: check one box only	!	5 3 :	1   7	4				
×	I authorize GLOBAL TAXES LLC to enter or generate BERO firm name	Ė	nter five		but	as my			
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros				
	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 <b>and</b> your return is filed using the Practitioner PIN meth below.								
Your s	ignature ▶ Date ▶								
Spous	e's PIN: check one box only								
Spous	I authorize to enter or generate	my DINI				00 001			
	ERO firm name		nter five	digits.		as my			
	signature on the income tax return (original or amended) I am now authorizing.		on't ente						
	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 <b>and</b> your return is filed using the Practitioner PIN meth below.		_			_			
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part	Certification and Authentication — Practitioner PIN Method Only								
EDO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9	8 (	9			
Eno s	Erin/Fin. Enter your six-digit Erin followed by your live-digit self-selected Fin.		nter all z		101				
		2011 ( 61	an 20	00					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting this re	turn in a	accord	anće v				
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To D	o So							

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

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Novour spouse. If you co					spou	se (QSS)	-
Value first name		on is a child but not your dependent							V	sial against	
Your first name	and mi	adie mitiai	Last na						Your social security number		
SRIRAM		first name and middle initial	PEND						065-35-3174  Spouse's social security number		
ii joint return, s	pouse s	first name and middle initial	Last nai	me					Spouse	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Presider	ntial Electio	n Campaign
5650 ABI	BEY I	OR #2L								ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code				tly, want \$3 Checking a
LISLE			IL 6				60532		_	w will not	•
Foreign country	y name		F	oreign province/state/	county	/	Foreign postal	code	your tax	or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	⊠ No
Standard		eone can claim: You as a de					, ,				
Deduction		Bpouse itemizes on a separate retur	•	-							
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before Jan	uary 2,	1958	Is bli	nd
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check	the box	x if qualif	ies for (see i	instructions):
If more	•	rst name Last name		number		to you	.	I tax cre	edit	Credit for oth	er dependents
than four											
dependents, see instruction											<u> </u>
and check	5 —										
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .					1a	10	0,314.
	b	Household employee wages not reported on Form(s) W-2									
Attach Form(s) 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	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6 .									
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>					
	Z	Add lines 1a through 1h							1z	10	0,314.
Attach Sch. B	2a	· –	2a			axable interes			2b		
if required.	<u>3a</u>		3a			rdinary divide			3b		
	4a	_	4a			axable amoun			4b		
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun			5b		
Single or	6a	,	6a			axable amoun	t		6b		
Married filing separately,	С _	If you elect to use the lump-sum e		•	•	,					
\$12,950	7	Capital gain or (loss). Attach Sche			,			. L	7		0 500
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin		This is a second at all the					8		9,500.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					9	+ 9	0,814.
\$25,900	10	Adjustments to income from Sche							10	+	0 014
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-					11		0,814.
\$19,400 If you checked	12	Qualified business income deduct		`	,				12	1 1	2,950.
any box under	13									1	2 050
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer							14		2,950.
see instructions.	13	Cubitact line 14 HOITI line 11. II Zel	o or ies	3, OHIGH -U HIIS IS Y	our ti	avanie ilicoli			13	/	7,864.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	12,750.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	12,750.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ie 8					. 20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	12,750.
	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	12,750.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	14,919	€.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,919.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			. 26	
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	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	fundable cred	its	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	14,919.
Pofund	34	If line 33 is more than line 24							2,169.
Refund	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	is attached, ch	eck here .	[	35a	2,169.
Direct deposit?	b	Routing number X X X	X X X X	XX	<b>c</b> Type:	Checking	Saving	ıs	
See instructions.	d	Account number X X X	X X X X	X X X X			_ `		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	person to disc	cuss this retu	rn with the IRS	? See	s. Complet	te below.	⊠ No
		signee's		Phone			Personal ide		
	naı			no.			number (PIN	,	
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
TICIC	Yo	ur signature		Date	Your occupation		P	rotection P	nt you an Identity IN, enter it here
Joint return?					SOFTWARE		`	ee inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupa		nt your spouse an ection PIN, enter it here		
	——Ph	one no. (248)679-292	 6	Email address	SREERAMPEND	YATA96@GMAT	L COM		
		eparer's name	Preparer's signat		SIGERAPIE BIND	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.מו			082703	Self-employed
Preparer		m's name GLOBAL TA		ILIII DAOAK	COLIZI TALLIA	02/02/20			(678)965-9522
Use Only			Y CT E BRU	INSWICK M.	J 08816			irm's EIN	88-2145487
Co to ware to				TIONITCH IN				IIII O LIIN	
GO TO WWW.Irs.go	virom	n1040 for instructions and the late	ระ เทเงกาเสนิดก.		BAA	REV 01/28/23 F	'KO		Form <b>1040</b> (2022)

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

SRIRAM PENDYALA

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

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

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

_		Sequence No. 01
	Your soci	al security number
	065-35	_217/

Par	rt 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. Attach Sc		5	-9,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	)		
b	Gambling			
С	Cancellation of debt	,		
d	Foreign earned income exclusion from Form 2555	)		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
!	Prizes and awards			
J	Activity not engaged in for profit income			
k	Stock options			
ı	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81			
	for profit but were not in the business of renting such property 8I  Olympic and Paralympic medals and USOC prize money (see			
m	instructions)			
n	Section 951(a) inclusion (see instructions)			
n o	Section 951A(a) inclusion (see instructions)			
g	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 8q			
r	Scholarship and fellowship grants not reported on Form W-2 8r			
s	Nontaxable amount of Medicaid waiver payments included on Form			
•	1040, line 1a or 1d	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or	,		
_	a nongovernmental section 457 plan 8t			
u	Wages earned while incarcerated 8u			
Z				
	8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 10		10	-9,500.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[	12	1
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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

#### **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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

SRI	RAM PENDYALA					065-35	<u>5-3</u> 174	
Pa	Income or Loss From Rental Real Estate and							
	<b>Note:</b> If you are in the business of renting personal propert rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use <b>Sch</b>	edule C. See	instruct	ions. If you a	are an indivi	idual, rep	ort farm
Α	Did you make any payments in 2022 that would require you to	to file Forn	n(s) 1099? S	See insti	ructions		□ Ye	s X No
В	If "Yes," did you or will you file required Form(s) 1099? .							
1a								
A	SEETHARAMPUR KARIMNAGAR TELANGANA IN 5							
<u>A</u>	SEETHARAMPOR KARIMWAGAR TELIANGANA IN S	03001						
C								
 1b	Type of Property 2 For each rental real estate proper	rty listed		Fair	Rental	Persona	al I lea	
	(from list below) above, report the number of fair r				Days	Day		QJV
Α	personal use days. Check the QJ		/ A		365		0	
В	if you meet the requirements to fi qualified joint venture. See instruc		В					
С	qualified joint venture. See instruc	CHORS.	С					
Туре	of Property:							
	Single Family Residence 3 Vacation/Short-Term Rent	al 5	Land		Self-Rental			
2	Multi-Family Residence 4 Commercial	6	Royalties	8 0	Other (desc	ribe)		
					Propert	ies:		
Inco	me:		Α		В			С
3	Rents received	3	6	00.				
4	Royalties received	4						
Ехре	enses:							
5	Advertising	5						
6	Auto and travel (see instructions)	6						
7	Cleaning and maintenance	7	1,5	00.				
8	Commissions	8						
9	Insurance	9						
10 11	Legal and other professional fees	10	0	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12	0	00.				
13	Other interest	13						
14	Repairs	14	2.8	00.				
15	Supplies	15		00.				
16	Taxes	16	,					
17	Utilities	17	3,0	00.				
18	Depreciation expense or depletion	18						
19	Other (list)	19						
20	Total expenses. Add lines 5 through 19	20	10,1	00.				
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 <b>Form 6198</b>	01	٥ ٦	00				
00		21	-9,5	00.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (	9 50	00.)(		)(		,
23a	'		9,30	23a		600.		
23a b				23b				
C				23c		-		
d				23d				
е				23e	10	,100.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>	t include a	ny losses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-	nter tot	al losses he			9,500.
26	Total rental real estate and royalty income or (loss).					_ <del>                                    </del>		
	here. If Parts II, III, IV, and line 40 on page 2 do not a	apply to y	ou, also er	nter this	amount of			
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	nount in th	ie total on li	ne 41 o	n page 2	. 26		-9,500.

**Passive Activity Loss Limitations** 

See separate instructions.

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

OMB No. 1545-1008

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

	<b>2022</b>							
	Attachment Sequence No. <b>858</b>							
Identifying number								

SRIE	RAM PENDYALA				065	-35-	-3174
Pai							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	ll Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part IV	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo				9,500.)		
С	Prior years' unallowed losses (enter th	ne amount from Pa	art IV, column (c))	1c (	)		
d	Combine lines 1a, 1b, and 1c					1d	-9,500.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	'. column (a)) .	2a			
b	Activities with net loss (enter the amo		)				
С							
d	Combine lines 2a, 2b, and 2c					2d	
3							
	losses on the forms and schedules no	ormally used .			[	3	-9,500.
		loss (and line 1d is	•				
Part II	on: If your filing status is married filing . Instead, go to line 10.		-			year,	do not complete
Par	-			_			
	Note: Enter all numbers in Par			tions for an examp	ole.		
4	Enter the <b>smaller</b> of the loss on line 1					4	9,500.
5	Enter \$150,000. If married filing separ				.50,000.		
6	Enter modified adjusted gross income				.00,314.		
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s / and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	49,686.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> e		 .000 If married fili			8	24,843.
9	Enter the <b>smaller</b> of line 4 or line 8					9	9,500.
Par	Total Losses Allowed						27200.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	e activities for 20	22. Add lines 9 ar	nd 10. See instruct	ions to find		
	out how to report the losses on your to					11	9,500.
Par	Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Over	all ga	in or loss
	Hamo or donvity	(a) Net income (b) Net loss (line 1a) (line 1b)		(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
SEE	THARAMPUR	0.	9,500.				9,500.

9,500.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022) Page **2** 

									•	
Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instrud	ctions.			•	
Name of activity		Currer	nt year		Prior y	ears	Overa	ll ga	ain or loss	
Marile of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	<b>Line 9.</b> S	ee instrud	ctions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
SEETHARAMPUR		E Ln 22		9,500.	1.0000	0000	9,50	0.	0.	
Total			uction	9,500.	1.0	0	9,50	0.	0.	
Allocation of offallowed L	.053			5.						
Name of activity	Form or sche and line num to be reporte (see instructi		mber ed on (a) L		Loss (		(b) Ratio (c		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr								<u> </u>		
Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss		
Total										

Amended Return

### 2022 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 18, 2023. Ty	уре о	r print in blue or b	lack i	nk.						(Inclu	ude Schedule AMD)			
1. Filer's First Name	M.I.	Last Name 2. Fil							Social Sec	urity	No. (Example: 123-45-6789	))		
SRIRAM  If a Joint Return, Spouse's First Name	M.I.	PENDYALA  Last Name					- o	65	_	35	<del></del> 3174			
							3. Spou	se's F	Full Social S	Secur	rity No. (Example: 123-45-67	789)		
$ \begin{array}{lll} \mbox{Home Address (Number, Street, or P.O. Box)} \\ \mbox{5650 ABBEY DR $\sharp 2L$} \end{array} $											_			
City or Town		St	tate	ZIP Code			4. Scho	ol Dis	strict Code	(5 dig	gits – see page 60)	ᅥ		
LISLE			ΙL	6053	2				0000					
filing a joint return) want \$3 of your	Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.  a. Filer Check this box if ishing, or seafa										AFARERS  ncome is from farming,			
7. <b>2022 FILING STATUS.</b> Check one a. X Single	* If y	8. 2022 RESIDENCY ST a. Resident Resident								STATUS. Check all that apply.  * If you check box "				
b. Married filing jointly	belov	•			b. [	Nonreside	nt *			"c," you must complete and include Schedule				
c. Married filing separately*	Married filing separately*  c. X Part-Year Resi								ident *		NR.			
9. <b>EXEMPTIONS. NOTE:</b> If someo	ne els	e can claim you as	a dep	endent, ch	neck box	9e, e <u>r</u>	nter 0 on I	ine 9	)a and ent	ler \$	1,500 on line 9e (see ins	tr.).		
							1				5000			
a. Number of exemptions (see ins		,					1	х	\$5,000	9a.	5000	00		
<ul> <li>b. Number of individuals who qual blind, hemiplegic, paraplegic, o</li> </ul>						af,   9b.		×	\$2,900	9b.	1	00		
c. Number of qualified disabled v				-		· -		x	\$400	9c.		00		
d. Number of Certificates of Stillb								, ,	\$5,000	9d.		00		
a. Hamber of Columbiator of Camp	nuins	, (SSS	Mucas	Лю,		۲.۳		] ^	ψ0,000	ا				
e. Claimed as dependent, see lin	e 9 N	OTE above				9e.				9e.		00		
f. Add lines 9a, 9b, 9c, 9d and 9e	e. Enf	ter here and on line	15						г	9f.	5000	00		
10. Adjusted Gross Income from yo	our U.S	3. Form <i>1040</i> (see ir	nstruc	tions)					. 10.		90814	00		
11. Additions from Schedule 1, line 9.	. Inclu	ıde Schedule 1							. 11.			00		
12. <b>Total.</b> Add lines 10 and 11									. 12.		90814	00		
13. Subtractions from Schedule 1, line	e 30.	Include Schedule	1						. 13.		21525	00		
14. Income subject to tax. Subtract	line 1	3 from line 12. If line	e 13 is	s greater tl	han line	12, en	ter "0"		. 14.		69289	00		
15. <b>Exemption allowance.</b> Enter am	iount f	rom line 9f or Sched	dule N	R, line 19.					. 15.		3815	00		
16. <b>Taxable income.</b> Subtract line 15	5 from	line 14. If line 15 is	great	er than lin	e 14, en	ıter "0"			. 16.		65474	00		
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.	0425)	1							. 17.		2783	00		
NON-REFUNDABLE CREDITS	o . <u>.</u> .,					моинт			· _		CREDIT			
18. Income Tax Imposed by government Include a copy of the return (see it				8a.				00	18b.			00		
19. Michigan Historic Preservation Ta		,		9a.				00	19b.			00		
20. <b>Income Tax.</b> Subtract the sum of														
If the sum of lines 18b and 19b is	great	er than line 17, ente	er "0"						. 20.		2783	00		

2022 M	II-1040, Page 2 of 2								
	Filer'	s Full Social S	Security Number	0	65 —	- 3	35 <del>—</del>	3174	
21.	Enter amount of Income Tax from line 20					21.		278	3 00
22.	Voluntary Contributions from Form 4642, line 6. Include I	orm 4642				22.			00
23.	USE TAX. Use tax due on Internet, mail order or other ou Worksheet 1 (see instructions)	•				23.			0 00
	,								
24.	Total Tax Liability. Add lines 21, 22 and 23				24.			278	3 00
REFU	INDABLE CREDITS AND PAYMENTS					Г			
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR	-2				25.			00
26.	Farmland Preservation Tax Credit. Include MI-1040CR	-5				26.			00
		_	FED	ERAL		_	MIC	CHIGAN	
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.06) enter result on line 27b.				00	27b			00
28.	Michigan Historic Preservation Tax Credit (refundable). In	clude Form	3581			28.			00
29.	Credit for allocated share of tax paid by an electing flow-to-	hrough entity	y (see instructi	ons)		29.			00
30.	Michigan tax withheld from Schedule W, line 6. Include S	chedule W	(do not subm	nit W-2s)		30.		294	4 00
31.	Estimated tax, extension payments and 2021 credit forwards	ırd				31.			00
32.	2022 AMENDED RETURNS ONLY. Taxpayers completing Amended returns must include Schedule AMD (see inst	g an original							
	If you had a refund and/or credit forward on the orig	,	eck box 32a and	l enter this amo	ount as a				
	32a negative number on line 32c.								
	32b. If you paid with the original return, check box 32b at any additional tax paid after filing, as a positive num					32c.			00
33.	Total refundable credits and payments. Add lines 25, 26, 2	27b, 28, 29,	30, 31 and 32	c	33.			294	4 00
	IND OR TAX DUE	16 11 11							
34.	If line 33 is less than line 24, subtract line 33 from line 24.	If applicable	e, see instructi	ons.					
	Include interest 00 and penalty	00	Ү	OU OWE	34.				00
35.	Overpayment. If line 33 is greater than line 24, subtract I	ine 24 from I	ine 33		35.			16	1 00
36.	Credit Forward. Amount of line 35 to be credited to your	2023 estima	ited tax for you	ır 2023 tax re	turn	36.			00
									_
	Subtract line 36 from line 35			REFUND	37.	1		16	1 00
	ECT DEPOSIT it your refund directly to your financial  a. Routing Transit	Number	D. A	ccount Numbe	<b>!</b> r	┨╻┌	¬ ``	f Account 2. Sa	vings
institut and c.	ion! See instructions and complete a, b					'	Checking	2 Sa	viilys
	ased Taxpayer. If Filer and/or Spouse died after December 3			Preparer Ce					
	TATE OF BEATT ONE 1. Example: 04-10-2022 (MINI-DB-11	11)	\	Preparer's PTII					
Filer	— — Spouse –	- <u>-</u>	-	P02082					
	ayer Certification. I declare under penalty of perjury that the tachments is true and complete to the best of my knowledge.	e information ii	n this return	Preparer's Nan SYAM PI			SAGAR	GUPTA	TA
Filer's	Signature	Date		Preparer's Sigr SYAM PI		RAM	SAGAR	GUPTA	TA
Spous	se's Signature	Date		Preparer's Bus					
				GLOBAL	TAXE	S L	LC		
				245 RO					
	By checking this box, I authorize Treasury to discuss my r	eturn with m	y preparer.	E BRUNS 678-965			08816		

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

### 2022 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040. Type or	print	in blue or black ink.	
Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)

SRIRAM	PENDYALA	065 —	35 — 3174
Additions to Income (all entries	must be positive numbers)		
Gross interest and dividends fr (other than Michigan) or their p	om obligations issued by states political subdivisions	1.	00
	ured by income, including self-employment tax, are of tax paid by an electing flow-through entity		00
3. Gains from Michigan column o	f MI-1040D and MI-4797	3.	00
4. Losses attributable to other sta	ites (see instructions)	4.	00
5. Net loss from federal column o	f your Michigan MI-1040D or MI-4797	5.	00
	lic mineral expenses (Michigan sourced) dedu		00
7. Federal Net Operating Loss de	eduction included in AGI	7.	00
8. Other (see instructions). Descr	ibe:	8.	00
9. Total additions. Add lines 1 t	hrough 8. Enter here and on MI-1040, line	<b>11</b> 9.	0 00
Subtractions from Income (all	entries must be positive numbers)		
•	bonds and other U.S. obligations included in r \$5,000		00
	ne 10, from military retirement benefits due to n National Guard, or taxable railroad retiremen		00
12. Gains from federal column of N	Aichigan MI-1040D and MI-4797	12.	00
13. Income attributable to another	state. Explain type and source: SCHEDULE	E NR 13.	21525 00
14. Taxable Social Security benefit	s or military pay (not retirement) included on	MI-1040, line 10 14.	00
	t of a Renaissance Zone (see instructions)	15.	00
on MI-1040, line 10 (see instru	ne tax refunds received in 2022 and included ctions)		00
	rogram, MI 529 Advisor Plan, and Michigan A		00
18. Michigan Education Trust		18.	00
19. Oil, gas, and nonferrous metall	lic minerals income (Michigan sourced) includ	ded in AGI 19.	00
	e exempted under a State/Tribal tax agreemerative Bulletin 1988-47		00
	s Program. Enter amount from line 3 of Form s Program. Include Form 5792		00
22. Miscellaneous subtractions (se	e instructions). <b>Describe:</b>	22.	00

Attachment 01

### 2022 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
SRIRAM		PENDYALA	065 — 35 — 3174

#### **Deduction Based on Year of Birth**

Complete 23A through 23H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 24, 25, 26, or 27. Check box(es) 23C and/or 23G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing**.

Deio	re continuing.													
23.		FI	LER					SPOUSE						
	A.	B.	C.	D.		E.	F.		G.	H.				
	Year of Birth (19xx)	Age as of 12-31-2022	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-2022	2	Check if spouse received benefits from SSA exempt employment	Check if spo retired as 01-01-2013 born after 1	of and			
	1996	26												
	(if married) wa	s born during the	duction. Complete period January 1	, 1946 through	De	cember 31, 19	52, and	24.		•	00			
	25. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1956, and reached age 67 on or before December 31, 2022. <b>Do not complete lines 24, 26 or 27.</b> Enter amount from line 6 of Worksheet 2								00					
26.			nount from line 16					26.			00			
27.	limited to \$12,0 any deduction  Check this	697 for single or for retirement be box if you are the	deduction for taxp married filing sepa enefits (see instruc- unremarried survivir	arately filers an ctions) g spouse claimin	d \$:  g a	25,394 for joint	t filers, less	27.			00			
	Ü		born before 1946 w		0					21525				
		-	27							∠⊥5∠5	00			
29.			on. Enter amount f lude Form 5674 .								00			
30.	Total Subtrac	tions. Add lines	28 and 29. Enter	here and on MI	-10 <sub>-</sub>	40, line 13		30.		21525	00			

### 2022 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. File	er's First Name	M.I.	Last Na	me					2. Filer's Full Soci	al Sec	curity No. (Examp	ple: 123-45-6789	3)
SR	IRAM		PEN	DYALA					065 <b>—</b>	_	35 <del></del>	3174	
	pint Return, Spouse's First Name	M.I.	Last Na						3. Spouse's Full S	ocial	Security No. (Exa	ample: 123-45-6	789)
										_			,
4.	2022 RESIDENCY STATUS:			*Dates	of Michia	an resid	ency	/ in 2022	(Enter dates as N	ΛM-D	D-YYYY Exan	nnle: 04-15-20	22)
	Check all that apply.			Batoc		<b>411</b> 10010	oney	FILER		v. <u>B</u>	SPOL		
	a. Nonresident				FROM:	01	_	- 01	2022			<del></del>	22
	b. X Part-Year Resident of Enter dates of Michiga	Michiga n resid	an. lency in	2022*	TO:	04	_	- 30	2022			202	22
Inco	me Allocation				Total Inc	omo		D M	ichigan Incom		C Other S	State(s) Inco	<u></u>
				A.	TOTAL INC	ome	$\vdash$	D. IVI	ichigan incom	<u>e</u>	C. Other S	itate(s) inco	lile
5.	Wages, salaries, other payments	tips,	etc.)		100	314	00		69289	00		31025	00
6.	Interest and dividends						00			00			00
7.	Business and farm income (inclu U.S. Schedules C and F)						00			00			00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-479; or U.S. Form 4797	7					00			00			00
9.	Income reported on U.S. Schedu U.S. Schedule E and supporting	ıle E (iı	nclude		-9	500	00		0			-9500	00
10.	Pensions, IRA distributions, annuand Social Security (see Form 48	uities					00			00			00
11.	Other (see instructions)						00			00			00
12.	Total income. Add lines 5 through	າ 11			90	814	00		69289	00		21525	00
13.	Enter the total adjustments from Describe:						00			00			00
14.	Subtract line 13 from line 12. The column A should equal MI-1040, li amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	amoun ne 10. 1, line	t in Enter 13 or, if		90	814			69289			21525	00
Exen	nption Allowance (If one spo	use is	a full-y	ear resid	ent, and th	ne othe	r is	not, see	instructions.)	_			
15.	Enter amount from MI-1040, line	9f							<u> </u>	15		5000	00
16.	Enter Michigan source income fr	om line	e 14, coli	umn B	16	i		(	59289 00				
17.	Enter total income from line 14, o	column	Α		17	·		9	00814 00	Г			Τ-
18.	Divide line 16 by line 17 (if line 1	6 is gre	eater tha	n line 17,	enter 100%	b)				18.		76.3	%
19.	If both spouses are part-year or there and on MI-1040, line 15. If here and on MI-1040, line 15	one sp	ouse is	a full-year	resident, c	omplete	: Woi	rksheet 6	and enter	19.		3815	00

### 2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

#### Attachment 13

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
SRIRAM		PENDYALA	065 — 35 — 3174
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

### TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	The state of the s									
Α		В	С	D		E				
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld				
Х		22-3093525	ASCENDION INC	20315	00	863	00			
X		36-4386212	EGEN SOLUTIONS I	79999	00	2081	00			
					00		00			
					00		00			
					00		00			
Enter	Enter Table 1 Subtotal from additional Schedule W forms (if applicable)									
4.	SUB	TOTAL. Enter total of Table 1, c	olumn E		4.	2944	00			

## TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	C D		E	П
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld	
			00		00
			00	0	00
			00	0	00
			00	0	00
			00	0	00
Enter Table	e 2 Subtotal from additional Sche	dule W forms (if applicable)		0	00
5. <b>SUB</b>	. 0	00			
6. <b>TOT</b>	<b>AL.</b> Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30	) 6	2944 0	00

REV 01/21/23 PRO

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

SRIRAM PENDYALA

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

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

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

_		Sequence No. 01
	Your soci	al security number
	065-35	_217/

Par	rt 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. Attach Sc		5	-9,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	)		
b	Gambling			
С	Cancellation of debt	,		
d	Foreign earned income exclusion from Form 2555	)		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
!	Prizes and awards			
J	Activity not engaged in for profit income			
k	Stock options			
ı	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81			
	for profit but were not in the business of renting such property 8I  Olympic and Paralympic medals and USOC prize money (see			
m	instructions)			
n	Section 951(a) inclusion (see instructions)			
n o	Section 951A(a) inclusion (see instructions)			
g	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 8q			
r	Scholarship and fellowship grants not reported on Form W-2 8r			
s	Nontaxable amount of Medicaid waiver payments included on Form			
•	1040, line 1a or 1d	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or	,		
_	a nongovernmental section 457 plan 8t			
u	Wages earned while incarcerated 8u			
Z				
	8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 10		10	-9,500.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[	12	1
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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

#### **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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

SRI	RAM PENDYALA					065-35	<u>5-3</u> 174						
Pa	Income or Loss From Rental Real Estate and												
	<b>Note:</b> If you are in the business of renting personal propert rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use <b>Sch</b>	edule C. See	instruct	ions. If you a	are an indivi	idual, rep	ort farm					
Α	Did you make any payments in 2022 that would require you to	See insti	ructions		□ Ye	s X No							
В	If "Yes," did you or will you file required Form(s) 1099? .												
1a													
A	1 1 3 ( ) 3 .	SEETHARAMPUR KARIMNAGAR TELANGANA IN 505001											
<u>A</u>	SEETHARAMPOR KARIMWAGAR TELIANGANA IN S	03001											
C													
 1b	Type of Property 2 For each rental real estate proper	rty listed		Fair	Rental	Persona	al I lea						
	(from list below) above, report the number of fair r				Days	Day	QJV						
Α	personal use days. Check the QJ		/ A		365		0						
В	if you meet the requirements to fi qualified joint venture. See instruc		В										
С	qualified joint venture. See instruc	CHORS.	С										
Туре	of Property:												
	Single Family Residence 3 Vacation/Short-Term Rent	al 5	Land		Self-Rental								
2	Multi-Family Residence 4 Commercial	6	Royalties	8 0	Other (desc	ribe)							
					Propert	ies:							
Inco	me:		Α		В			С					
3	Rents received	3	6	00.									
4	Royalties received	4											
Ехре	enses:												
5	Advertising	5											
6	Auto and travel (see instructions)	6											
7	Cleaning and maintenance	7	1,5	00.									
8	Commissions	8											
9	Insurance	9											
10 11	Legal and other professional fees	10	0	00.									
12	Mortgage interest paid to banks, etc. (see instructions)	12	0	00.									
13	Other interest	13											
14	Repairs	14	2.8	00.									
15	Supplies	15		00.									
16	Taxes	16	,										
17	Utilities	17	3,0	00.									
18	Depreciation expense or depletion	18											
19	Other (list)	19											
20	Total expenses. Add lines 5 through 19	20	10,1	00.									
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 <b>Form 6198</b>	01	٥ ٦	00									
00		21	-9,5	00.									
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (	9 50	00.)(		)(		,					
23a	'		9,30	23a		600.							
23a b				23b									
C				23c		-							
d				23d									
е				23e	10	,100.							
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>	t include a	ny losses			. 24							
25	Losses. Add royalty losses from line 21 and rental real estate		-	nter tot	al losses he			9,500.					
26	Total rental real estate and royalty income or (loss).					_ <del>                                    </del>							
	here. If Parts II, III, IV, and line 40 on page 2 do not a	apply to y	ou, also er	nter this	amount of								
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	nount in th	ie total on li	ne 41 o	n page 2	. 26		-9,500.					

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.

Step 4: Exemptions  10 a Enter the exemption amount for yourself and your spouse. See instructions.  a 2,425,00  b Check if 65 or older:		065	-35-3174	1996				E NAVERA HAVEN AND RAVE IN S	MANICAR CATULATA NAMED AND SANDAR NAMED AND SANDAR AND SANDAR	
B Filing status:   Single   Married filing jointly   Married filing separately   Wildowed   Head of household		SRI	RAM		PENDY	ALA				
B Filing status:   Single   Married filing jointly   Married filing separately   Wildowed   Head of household										
STEERAMERDYALA968GMAIL.COM					60520	D11D 1 GE				CRESING III
B Filing status:   Single   Married filing jointly   Married filing separately   Widowed   Head of household		LISI	LE	IL			COM			
C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.		) <b>–</b> :::.	na atatua. 🔽 C	Single DM	-			Midawad D Haad a	f bayaabald	
Step 2: Income			_	_	•	· —	· · · —			
Step 2: Income				-	-	1	· · · · · · · · · · · · · · · · · · ·	<del></del>	-	
Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 11.	D	Che	eck the box if this	s applies to	you during 202	22: Nonres	ident - <b>Attach</b> Sch. NR	➤ Part-year resident		
Pederally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3		Ste	p 2: Income						(Whole	e dollars only)
3								4040 OD 15 0-	1	
Total income. Add Lines 1 through 3.   3   90,814,00						a income from y	our lederal Form 1040 (	or 1040-5H, Line 2a.		.00
Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.    Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.   Social Security benefits are very page 1. Inc. 1.										90,814.00
received if included in Line 1. Attach Page 1 of federal return.  6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.  7 0ther subtractions. Attach Schedule M.  8 Add Lines 5, 6, and 7. This is the total of your subtractions.  8 000 and Add Lines 5, 6, and 7. This is the total of your subtractions.  8 000 glillinois base income. Subtract Line 8 from Line 4.  9 90, 814_00  Step 4: Exemptions  10 a Enter the exemption amount for yourself and your spouse. See instructions.  10 a Enter the exemption amount for yourself and your spouse. See instructions.  10 a Enter the exemption amount for yourself and your spouse. See instructions.  11 a Enter the exemption amount for yourself and your spouse. See instructions.  12 a 2,425_00  13 c Check if 6 gally blind:	L	Ste	p 3: Base Inco	me						
Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.		5	,					_		
Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 9 Illinois base income. Subtract Line 8 from Line 4.  Step 4: Exemptions 10 a Enter the exemption amount for yourself and your spouse. See instructions. a 2, 425,00 b Check if 65 or older:	ט	6						5	.00	
Add Lines 5, 6, and 7. This is the total of your subtractions.   Step 4: Exemptions   Step 4: Exemption   Step 5: Net Income   Step 4: Exemption   Step 5: Net Income   Step 5: Net Income   Step 6: Tax After   Step 6: Ta		•			ient included i	ir lederal i oitii	1040 01 1040-011,	6	.00	
Step 4: Exemptions  10 a Enter the exemption amount for yourself and your spouse. See instructions.  a 2,425,00  b Check if 65 or older:	2		Other subtraction							
Step 4: Exemptions  10 a Enter the exemption amount for yourself and your spouse. See instructions.  a 2,425,00  b Check if 65 or older:					-		S.			90 814 00
a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older:					ract Line 8 iro	III LINE 4.			<u> </u>	307011.00
b Check if 65 or older:	-				int for vourself	and your enoug	se See instructions	<b>a</b> 2.4	25 00	
c Check if legally blind:  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	מונ	10	b Check if 65 c	or older: [	☐ You + ☐	Spouse #	of checkboxes X \$1,0			
Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d.  Step 5: Net Income and Tax  11 Residents: Net income. Subtract Line 10 from Line 9.  Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11  2 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.  Nonresidents and part-year residents: Enter the tax from Schedule NR.  12 I. 495_00  13 Recapture of investment tax credits. Attach Schedule 4255.  14 Income tax. Add Lines 12 and 13. Cannot be less than zero.  15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.  16 Property tax and K-12 education expense credit amount from Schedule ICR.  Attach Schedule ICR.  16	V		c Check if lega	ally blind:	☐ You + ☐	Spouse #	of checkboxes X \$1,0	000 = c		
Step 5: Net Income and Tax  11 Residents: Net income. Subtract Line 10 from Line 9.  Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11  2 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.  Nonresidents and part-year residents: Enter the tax from Schedule NR.  12 1,495_00  13 Recapture of investment tax credits. Attach Schedule 4255.  14 Income tax. Add Lines 12 and 13. Cannot be less than zero.  15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.  16 Property tax and K-12 education expense credit amount from Schedule ICR.  Attach Schedule ICR.  17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.  18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.  19 1,495_00  Step 7: Other Taxes  20 Household employment tax. See instructions.  21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.  22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	ב					amount from So	chedule IL-E/EIC, Step 2,		0 00	
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15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.  16 Property tax and K-12 education expense credit amount from Schedule ICR.  Attach Schedule ICR.  16	ב כ	14	Income tax. Ad	ld Lines 12 a	and 13. Canno	t be less than z	ero.		14	1,495.00
16 Property tax and K-12 education expense credit amount from Schedule ICR.  Attach Schedule ICR.  1600  17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.  18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.  19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.  19 1,495.00  Step 7: Other Taxes  20 Household employment tax. See instructions.  21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.  22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.  2300	5		•							
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Household employment tax. See instructions.  1 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.  2 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.  2 0 .00  20 .00  21 0.00  22 .00					i cuita. Subila	LINE TO HOTH	LING 14.			±,155.00
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in the instructions. <b>Do not</b> leave blank.  Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.  21 0.00 22	pie						hases from UT Workshe	et or UT Table		
	Ola	20				Dua	deale of acceptation of	a Baanaa a constran		
<b>23 Total Tax.</b> Add Lines 19, 20, 21, and 22. <b>23 1</b> , 495.00	7	22				rogram Act and	a sale of assets by gamin	g licensee surcharges.	22	



<b>24</b> Tot	al tax from Page 1, Line 23.					24	1,495.00	
Step 8:	Payments and Refunda	ole Credit						
	ois Income Tax withheld. Atta mated payments from Forms				<b>25</b> 1,	517.00		
	iding any overpayment applic				26	.00		
	s-through withholding. <b>Attach</b>				27			
	s-through entity tax credit. Att				28	.00		
<b>29</b> Earr	ned Income Credit from Sche	dule IL-E/EIC, Step	4, Line 8. <b>A</b>	.ttach Schedule IL-E/EIC	. 29	.00		
30 Tota	I payments and refundable	credit. Add Lines	25 through	29.		30	1,517 <sub>.00</sub>	
Step 9:	Total							
<b>31</b> If Lin	ne 30 is greater than Line 24, s	ubtract Line 24 fro	m Line 30.			31	22.00	
<b>32</b> If Lin	ne 24 is greater than Line 30, s	subtract Line 30 from	m Line 24.			32	.00	
Step 10	: Underpayment of Estim	ated Tax Penalt	y and Don	ations				
33 Late	-payment penalty for underp	ayment of estimate	ed tax.		33	.00		
_	Check if at least two-thirds			•				
	Check if you or your spouse		-	•	-			
c [	Check if your income was n	ot received evenly	during the	ear and you annualiz	zed your income o	n Form IL-221	0.	
	Attach Form IL-2210.							
	Check if you were not requi			Income lax return in				
	ntary charitable donations. A				34	<u>.00</u> <b>35</b>	.00	
	al penalty and donations. A		4.			35	00	
-	: Refund or Amount you							
-	u have an amount on Line 3	and this amount	is greater th	an Line 35, subtract	Line 35 from Line		22.00	
	is your <b>overpayment</b> .	fundad ta val. Ch	ook ana bo	can Line 20. Coe inst	ru ationo	36 37	22.00	
	ount from Line 36 you want <b>re</b>	iunded to you. Or	ieck one box	t on Line 36. See inst	ructions.	31		
	oose to receive my refund by			1.02.1				
а∟	direct deposit - Complete		low if you cr	neck this box.				
	You may also contribute to college savings funds	Routing number			Checkin	g or Savir	ngs	
		Account number						
bΣ	paper check.							
	ount to be <b>credited forward.</b> S	Subtract Line 37 fro	om Line 36	See instructions		39	.00	
						33		
-	u have an amount on Line 32 u have an amount on Line 3 <sup>5</sup>							
-	ract Line 31 from Line 35. Th					40	.00	
				e instructions.				
	2: Health Insurance Che	•						
	Check this box if IDOR may					ler to determin	ie	
	your eligibility for health insu	rance benefits. Se	e instruction	is for more informatio	n.			
Signati	ure - Note: If this is a joint retu	rn both you and w	nur snouse n	nust sian helow				
	enalties of perjury, I state th				nv knowledge. it i	s true, correct	t, and complete.	
					-			
Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number	
пете						(248) 679	9-2926	
Doid	Print/Type paid preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if Paid Preparer's P		
Paid Preparer	SYAM PRIYA RAM SAGAR GUPTA T	ALLAM	SYAM PRIYA R	RAM SAGAR GUPTA TALLAM	02/02/2023	self-employed	P02082703	
Use Only	Firm's name • GLOBAL	TAXES LLC			Firm's FEIN	88214548	7	
200 Only	Firm's address > 245 RC	ONEY CT E	BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	5-9522	
Third	Designee's name (please print)			Designee's phone num	nber	Check if th	e Department may	
Party				/		discuss this re	eturn with the third	
Designee				( )		party designe	e shown in this step.	
	Refer to the 202	22 IL-1040 Ins	struction	s for the addre	ss to mail yo	ur return.		

IL-1040 Back (R-12/22) DR\_\_\_\_\_ AP\_\_\_ RR DC IR ID ID: 3WM REV 01/10/23 PRO





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3

# Illinois Department of Revenue 2022 Schedule NR

Attach to your Form IL-1040

# Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

Your name as shown on your Form IL-1040  Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  Yes  No  If you answered "Yes," you cannot use this form (see instructions).  If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.  I lived in Illinois from 05 / 01 / 2 2 to 12 / 31 / 2 2  Month Day Year Month Day Year  Month Day Year Month Day Year  If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate both of the tax year and the tax year and the you claimed residency for tax purposes in 202 Enter the two-letter abbreviation of that state.												
Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  Yes  No  If you answered "Yes," you cannot use this form (see instructions).  If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.  I lived in Illinois from 05 / 01 / 2 2 to 12 / 31 / 2 2  Month Day Year Month Day Year  I lived in Michigan from 01 / 01 / 2 2 to 04 / 30 / 2 2  Month Day Year Month Day Year  Month Day Year Month Day Year Month Day Year State Month Day Year Month Day Year  If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate both of any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2025.	SRIRAM PENDYALA	0 6 5 _ 3 5 _ 3 1 7 4										
Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  Yes  No  If you answered "Yes," you cannot use this form (see instructions).  If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.  I lived in Illinois from 05 / 01 / 2 2 to 12 / 31 / 2 2  Month Day Year Month Day Year  I lived in Michigan from 01 / 01 / 2 2 to 04 / 30 / 2 2  Month Day Year Month Day Year Month Day Year  If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate both of any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022.  **Total Total  Your name as shown on your Form IL-1040	Your Social Security number											
Yes X No If you answered "Yes," you cannot use this form (see instructions).  If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.  a I lived in Illinois from 05 / 01 / 2 2 to 12 / 31 / 2 2  Month Day Year Month Day Year I lived in Michigan from 01 / 01 / 2 2 to 04 / 30 / 2 2  Month Day Year Month Day Year Month Day Year State from//2 2 to//2 2  Month Day Year Month Day Year State from//2 2 to//2 2  If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate bound in the military of the states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2020.	tep 1: Provide the following information											
If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.  a I lived in Illinois from 05 / 01 / 2 2 to 12 / 31 / 2 2  Month Day Year Month Day Year I lived in Michigan from 01 / 01 / 2 2 to 04 / 30 / 2 2  Month Day Year Month Day Year Month Day Year State from	Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?											
a I lived in Illinois from 05 / 01 / 2 2 to 12 / 31 / 2 2  B My spouse lived in Illinois from//2 2 to//2 2 to/	Yes No If you answered "Yes," TOP you cannot use this form (see instructions).											
Month Day Year Month Day Year State Month Day Year Month Day Year  b My spouse lived in Illinois from//2 2 to//2 2, and from//2 2 to//2 2  Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year  If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate bo												
Month Day Year Month Day Year State Month Day Year Month Day Year If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate bound in the military of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate bound in the property of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate bound in the property of the prope	a I lived in Illinois from $\frac{05}{\text{Month Day}}$ / $\frac{01}{\text{Year}}$ / $\frac{2}{\text{Z}}$ to $\frac{12}{\text{J}}$ / $\frac{31}{\text{Z}}$ / $\frac{2}{\text{Z}}$ I lived in $\frac{\text{Michigan}}{\text{State}}$ from $\frac{01}{\text{Day}}$ / $\frac{2}{\text{Z}}$ to $\frac{04}{\text{J}}$ / $\frac{30}{\text{J}}$ / $\frac{2}{\text{Z}}$ where $\frac{2}{\text{State}}$ is $\frac{1}{\text{Month Day}}$ / $\frac{2}{\text{Year}}$ in $\frac{2}{\text{Month Day}}$ / $\frac{2}{\text{Year}}$ is $\frac{2}{\text{Month Day}}$ / $\frac{2}{Month D$											
was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate bound in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate bound in lowa. It is any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2021.	, ,	,										
List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 202												
	☐ Iowa ☐ Kentucky ☐ Michigan	Wisconsin Military Spouse										
		ne 2 or 3 above, that you claimed residency for tax purposes in 2022										

### Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

### Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_	_			Column A Federal Total	Column B Illinois Portion
П	!	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	100,314.00	31,025 <u>.00</u>
П	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	.00	.00.
П	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00.	.00.
П	8	Taxable refunds, credits, or offsets of state and local income taxes			
П		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
П	(	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00.
П	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10_	.00	.00
П	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11_	.00	.00.
П	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	
	2   13 5   14	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	
	ភ្ជ 14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14_	.00	
	일         	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15_	-9,500 <sub>.00</sub>	0.00
П	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16_	.00	.00
П	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17_	.00	.00
П	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18_	.00.	.00.
П	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	9)		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19	.00	.00.
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in <b>Continue with Step 3 on Page 2</b>	- N	. 20	31,025.00

IL-1040 Schedule NR Front (R-12/22)
Printed by authority of the state of Illinois. Electronic only, one copy.

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.



### Schedule NR - Page 2

St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
г	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	31,025 <sub>.00</sub>
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 _	.00	.00
1	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
٥		Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
Income	1		25	.00	.00
8	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)			.00
드		Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,			
10		Schedule 1 Line 16)	27	.00	.00
S	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			
۱Ħ	20	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			
18	20	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)			
ΙË	30	Alimony paid (lederal Form 1040 or 1040-5R, Scriedule 1, Line 19a)		.00	
🖺	31	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) RESERVED	31 _	.00	
Ιġ	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32 _	.00	
ام	33	RESERVED			
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34 _		.00
	35	Other adjustments (see instructions)	35 _	.00	.00
1	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37	•	37	90,814.00	.00
					31,025.00
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss inc	come. 38	
Adjustments 3	39 40	Other additions (Form IL-1040, Line 3)	39 _ 40 _	.00 .00	.00
15	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	31,025.00
l등	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
١ĕ		Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
ois	'		43	.00	.00
	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
틸		Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00
	_	5: Figure your Illinois income and tax			
	146	3. I igure your illinois illcome and tax			
	١.٠				
1		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is		46	31 025 00
		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	31,025.00
l Su		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	47		31,025.00
ions		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.	47 _	<b>46</b> 90,814 <u>.00</u>	31,025.00
ations		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	_	90,814.00	31,025.00
ulations	48	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	_	90,814.00 0 • 342	<u>31,025.00</u>
Iculations	48	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	_	90,814.00	31,025.00
Calculations	48 49	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 _	90,814.00 0 • 342	31,025.00
x Calculations	48 49	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	48 _	90,814 <sub>.00</sub> 0 • 342 2,425 <sub>.00</sub>	
	48 49 50	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	48 _	90,814.00 0 • 342	31,025.00
Tax Calculations	48 49 50	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.	48 _	90,814.00 0 • 342 2,425.00 <b>50</b>	829.00
	48 49 50 51	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.  Enter the amount here and on your Form IL-1040, Line 11.	48 _ 49 _	90,814 <sub>.00</sub> 0 • 342 2,425 <sub>.00</sub>	
	48 49 50 51	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.  Enter the amount here and on your Form IL-1040, Line 11.  Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.	48 _ 49 _	90,814.00 0 • 342 2,425.00 <b>50</b>	829.00
	48 49 50 51	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.  Enter the amount here and on your Form IL-1040, Line 11.	48 _ 49 _	90,814.00 0 • 342 2,425.00 <b>50</b>	829.00





### 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)

5 3 _ 5 3 _ ecurity number						
Column C  ages, Winnings, Gross ns, Compensation, etc.  Column D  Illinois Wages, Winnings, Gross Distributions, Compensation, etc.						
\$ <u>31,025<b>•00</b></u>	\$ 1,517 <b>.00</b>					
\$ <u>•00</u>	\$ <u>•00</u>					
\$ <u>•00</u>	\$ <u>•00</u>					
\$ <u>•00</u>	\$ <u>•00</u>					
\$ <u>•00</u>	\$ <u>•00</u>					
	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.  \$ 31,025.00 \$ .00 \$ .00 \$ .00					

### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040	Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C s, Winnings, Gross Compensation, etc.	Co Illinois Wage Distributions,	Column E Illinois Income Tax Withheld		
6			_ \$	•00	\$	•00	\$	•00
7			_ \$	•00	\$	•00	\$	<u>•00</u>
8			- \$	•00	\$	•00	\$	•00
9			_ \$	•00	\$	•00	\$	<u>•00</u>
10			_ \$	•00	\$	•00	\$	•00

#### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

**11** \$ 1,517**.00** 

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





# Illinois Department of Revenue

			_								-				
Submission ID										-					

2022 II	L-845	3	Illinois	Ind	ividual	Income Tax E	Electro	onic Filing	j Dec	laratio

Step	<ul> <li>(<u>Do not mail</u> Form IL-8453 to the structure of the structure</li></ul>			
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	First name and middle initial Spouse's first name	(and last name if different)	Last name	Social Security number
Print	5650 ABBEY DR #2L			
or type	Mailing address			Spouse's Social Security number
٠.	LISLE	IL	60532	(248) 679-2926
	City	State	ZIP	Daytime phone number
Sten	2: Complete information from tax r	eturn	Choose one: X	IL-1040   IL-1040-X
	let income from Form IL-1040 or IL-1040-		onecce one.	130,196 _00
	ax from Form IL-1040 or IL-1040-X, Line			2 1,495 00
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		,	25 only (enter 0 in	422 00
	Overpayment from Form IL-1040, Line 36		2	5  00
	otal amount due from Form IL-1040, Line			
6 F	iling status: 🗶 Single Married filing	jointly Married filir	ng separately Wi	dowed Head of household
does within 7 F	not support international ACH transactions	. IDOR will only perform nternational funds. Elect	direct transactions (e.	d within the electronic transmission. Illinois g., debit, deposit) with financial institutions located the accepted and refunds will be via paper check
10	Date the payment is to be electronically wit	hdrawn://		
11 E	Electronic funds withdrawal amount:	<u> 1 00 </u>		
	lame on account:			
	4: Taxpayer declaration and signatu	ro (Sign only offer or	ampleting Step 2 a	nd if applicable Stop 2 \
	_	deposited as designate	ed in Step 3 and decla	are the information on Lines 7 through 9 is
	I authorize the Illinois Department of Re	evenue (IDOR) and its do ic portion of my 2022 Illin essing of an electronic of	esignated financial ag nois Original or Amend overpayment of taxes	ent to initiate an ACH electronic funds ed Individual Income Tax return. I authorize the
×	I do not want direct deposit of my refund	d, or an electronic funds	withdrawal (direct del	oit) of my balance due.
Unde	r penalties of periury. I declare the information	on on my electronic Form	IL-1040 or IL-1040-X	
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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.

