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

	10.10.100				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	ber	
RUSE	HIKESHWAR REDDY AKKATI	681-92	-535	9	
Spouse's	s name	Spouse's so	ial sec	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r vear vou s	ro au	thorizino	. \
	whole dollars only on lines 1 through 5.	year you a	ii e au	unonzing	J· <i>)</i>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	7	7,921.
2	Total tax		2		9,912.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3,714.
4	Amount you want refunded to you		4		3,802.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	urn)
my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording and amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Loronitate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Industry of the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (settlement) below is my signature for the income tax return (original or amended) I and identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (orig	we are the amulter, or electrection of the tale. S. Treasury a icated in the tale to to debit the entry that the entry that the processing opayment. I fur	ounts for the counts of the co	from the inturn original sistems, (b) to designate control sector this according to the following the control of the control o	ncome tax ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the
	yer's PIN: check one box only				1
X	-	my PINI 2	5	3 5 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your s	ignature ▶ Date ▶				
Snous	e's PIN: check one box only				
Ороцо	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	ter five	digits, but] ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6		8 9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	ax return (orig nitting this ret	inal or urn in a	amended) accordanc	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	Do So			

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HOH)			ing surviv	ving
one box.	•	u checked the MFS box, enter the n on is a child but not your dependen	•	our spouse. If you	check	ed the HOH or	QSS box, enter	the child	's na	me if the	qualifying
Your first name	and mi	ddle initial	Last nar	ne				Your s	ocial	l security	number
RUSHIKES	SHWAE	R REDDY	AKKA	TI				681-	92	-5359	
If joint return, s	pouse's	first name and middle initial	Last nar	ne				Spous	e's so	ocial secu	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.				n Campaign
_2874 KES										e if you, o	or your ly, want \$3
		ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code				Checking a
MUNDELEI					II		60060			will not c	:hange
Foreign country name Foreign province/state/county Foreign province/state/county				Foreign postal code	your ta	_	refund. You	Spouse			
Digital		ny time during 2022, did you: (a) rec	•				, , , , , , , , , , , , , , , , , , , ,	` '	_		
Assets		ange, gift, or otherwise dispose of		<u>_</u>			asset)? (See insti	ructions.) L	_ Yes	⊠ No
Standard Deduction		eone can claim:		•		a dependent					
Age/Blindness	You:	Were born before January 2, 1	1958	Are blind S	pouse	: Was bo	n before January	2, 1958] Is blin	nd
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	ip (4) Check the	box if qua	lifies	for (see in	nstructions):
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Cre	dit for othe	er dependents
than four]
dependents, see instructions	s ——]
and check]
here									<u>L</u>]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1	а	8	<u>6,751.</u>
	b	Household employee wages not r	eported	on Form(s) W-2 .				. 1	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)				. 1	С		
attach Forms	d	Medicaid waiver payments not rep		. ,	instru	ıctions)		. 1	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits		·				. 1	е		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 2	9 .			. 1	f		
If you did not	g	Wages from Form 8919, line 6.							g h		
get a Form W-2, see	h	Other earned income (see instructions)									0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1</u> i				0	
	<u>z</u>	Add lines 1a through 1h		· · · · i					Z .	8	6,751.
Attach Sch. B if required.	2a	· -	2a			axable interes			b		
ii required.	3a		3a			ordinary divide			b		
	4a	_	4a			axable amoun			b		
Standard Deduction for—	5a	_	5a			axable amoun			b b		
Single or	6a	Social security benefits If you elect to use the lump-sum e	6a	nathad abadi bar		axable amoun	t	<u>.</u>	b		
Married filing separately,	с 7	Capital gain or (loss). Attach Sche		,	`	,		HF.	7		
\$12,950		Other income from Schedule 1, lir		•	•				3		0 020
Married filing jointly or	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		 This is vour total i i					9		<u>8,830.</u> 7,921.
Qualifying surviving spouse,	10	Adjustments to income from Sche	•	•					0	/	<u>,,,,,,</u>
\$25,900	11	Subtract line 10 from line 9. This is	•						1		7,921.
Head of household,	12	Standard deduction or itemized	•						2		7,921. 2,950.
\$19,400 If you checked	13	Qualified business income deduct		•	,	 5-Α			3		<u>4,730.</u>
any box under	14	Add lines 12 and 13							4	1 .	2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If ze							5		2,930. 4,971.
see instructions.				.,	,				-		-, - ,

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1	4 2 🗌 4972	3 🗌		16	9,912.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17				[18	9,912.
	19	Child tax credit or credit for other dependent	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20				[21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			[22	9,912.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is your total tax				[24	9,912.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a 13	,714.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	13,714.
15	26	2022 estimated tax payments and amount					26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you			undable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	-	-		[33	13,714.
Refund	34	If line 33 is more than line 24, subtract line					34	3,802.
Returia	35a	Amount of line 34 you want refunded to yo				. n t	35a	3,802.
Direct deposit?	b	Routing number 1 0 1 1 0 0 0		c Type:		Savings		
See instructions.	d	Account number 5 1 8 0 0 6 5						
	36	Amount of line 34 you want applied to your			36			
Amount	37	Subtract line 33 from line 24. This is the arr	ount vou owe					
You Owe	0.	For details on how to pay, go to www.irs.go	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to dis	cuss this retu	n with the IRS?	? See			
Designee	ins	tructions			Yes. Co	mplete be	low.	X No
		signee's	Phone			nal identific	ation _[
	naı		no.			er (PIN)		
Sign		der penalties of perjury, I declare that I have examine, they are true, correct, and complete. Declaration						
Here		r signature	Date	Your occupation	asca on an imormatio			t you an Identity
	10	ar signature	Date	Tour occupation				N, enter it here
Joint return?				SOFTWARE	ENGINEER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupa	tion			t your spouse an
Keep a copy for your records.						Identity (see in		ction PIN, enter it here
,		(010) 540 5054				(366 111	51.)	
		one no. (913)548-7274	Email address	AKIDDU5@G		DTIN		Chook if:
Paid		parer's name Preparer's signa		GIIDER	Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	KAM SAGAR	GUPTA TALLAM	1 02/01/2023	P02082		Self-employed
Use Only		n's name GLOBAL TAXES LLC		- 00055				678)965-9522
		n's address 245 ROONEY CT E BR	UNSWICK N			Firm's	EIN	88-2145487
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/24/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

RUSHIKESHWAR REDDY AKKATI

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 social security number
681-92-5359

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-8,830.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (<u>)</u>	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see	_		
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u –	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total other income. Add lines to through 97	8z		
9 10	Total other income. Add lines 8a through 8z		10	-8,830.
IU	Combine intes a unrough r and a citter here and on Form 1040, 1040-5K	, or 1040-110, IIIIe o	10	-0,030.

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 adjustments to income . 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	

REV 01/24/23 PRO

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury

Internal	Revenue Service	Go to www.irs.gov/Sc	neauleE for insti	ructions an	id the la	itest in	formation.		Sequen	ce No. 13
Name(s)	shown on return							Your soci	ial security	number
RUSH	IKESHWAR RED	DY AKKATI						681-9	2-5359	
Part	Note: If you a	Loss From Rental Real I re in the business of renting pers or loss from Form 4835 on page	sonal property, us		c . See	instruc	ctions. If you a	are an indi	vidual, rep	ort farm
	Did you make any p	ayments in 2022 that would r will you file required Form(s)	equire you to file							
1a		s of each property (street, city								
A		ar HANAMKONDA TELANO								
	Fragaciiiiago	TIANAMIONDA TELIANO	SANA IN 30	70001						
C										
1b	Type of Property (from list below)	2 For each rental real es above, report the num				Fa	r Rental Days		nal Use ays	QJV
Α	3	personal use days. Ch	neck the QJV bo	ox only	Α		365		0	П
В		if you meet the require			В				-	
С		qualified joint venture.	See instruction	is.	С					
Туре	of Property:									
	Single Family Resi Multi-Family Resid		-Term Rental	5 Land 6 Roya			Self-Rental Other (desci	ribe)		
							Properti	ies:		
Incom	ne:				Α		В			С
3	Rents received .		3		6	00.				
4	Royalties received	d	4							
Exper	ises:									
5										
6	•	ee instructions)								
7	=	ntenance			8	00.				
8	Commissions .									
9										
10	-	rofessional fees								
11		3			4	50.				
12		paid to banks, etc. (see inst								
13										
14						20.				
15					2,1	20.				
16					2 4	10				
17					3,4	40.				
18 19	- · · · · · · · · · · · · · · · · · · ·	ense or depletion								
20	Total expenses A	dd lines 5 through 19	20		Q 1	30.				
21	Subtract line 20 fr result is a (loss), s	rom line 3 (rents) and/or 4 (rosee instructions to find out if	yalties). If you must		-8,8					
22	Deductible rental	real estate loss after limitation re instructions)	on, if any,			30.))	()
23a	· ·	its reported on line 3 for all re		`		23a		600.		,
b		its reported on line 4 for all ro				23b				
С		its reported on line 12 for all				23c				
d		its reported on line 18 for all				23d				
е		its reported on line 20 for all				23e	9	,430.		
24		sitive amounts shown on line						. 24		
25	•	Ity losses from line 21 and rent		-		nter to	tal losses he	re 25	(8,830.)
26		estate and royalty income III, IV, and line 40 on page								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-8,830.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

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

RUSHIKESHWAR REDDY AKKATI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 681-92-5359

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only
 □ Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 3,650. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 0. 5 5 3,650. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 3,650. 7 If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . 0. 7 8 8 3,650. Employer contributions made to your HSAs for 2022 9 10 11 11 840. 12 2,810. 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Total distributions you received in 2022 from all HSAs (see instructions) 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c

Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

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.

	■III BYZ-CECZNYCASY PROJEKANOWAYANYANA		KAKKANKA MIIII
68	81-92-5359 1994		
RI	USHIKESHWAR REDDY AKKATI TOO MAA MAA MAA MAA MAA MAA MAA MAA MAA M		803 DF
			1962W2
28	374 KESSLER DR		YEROPINA: IIIII
MU	INDELEIN IL 60060 LAKE		
	AKIDDU5@GMAIL.COM		
В	Filing status: X Single Married filing jointly Married filing separately Widowed Head of h	ousehold	
C	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	Spouse	
D C	Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR 🔲 Part-year resident - A	Attach Sch	. NR
S	tep 2: Income	(Whol	e dollars only)
1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	77,921.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3		3	.00 77,921 _{.00}
4		4	77,721.00
5	tep 3: Base Income		
7 5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	.00	
6			
_	Schedule 1, Ln. 1. 6 Other subtractions, Attach Schedule M. 7	.00	
2 7 8		<u>.00</u> 8	00
5 9	·	9	
3 –	tep 4: Exemptions		
-	0 a Enter the exemption amount for yourself and your spouse. See instructions. a2,42	5.00	
8	b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b		
1	c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c	.00	
ָ בַּ	 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. 	0.00	
g Z	Exemption allowance. Add Lines 10a through 10d.	 10	2,425.00
์ ร	tep 5: Net Income and Tax		
	1 Residents: Net income. Subtract Line 10 from Line 9.		
	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule I	NR. 11	75,496 _{.00}
12	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	3,737.00
1:		13	.00
1		14	3,737.00
\overline{s}			
1:	tep 6: Tax After Nonrefundable Credits		
4		.00	
10	 Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. 		
	 Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 16 	.00	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 6 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 7 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.		0.00
2 5 1	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	.00	0.00 3,737.00
1 1 1 S	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Step 7: Other Taxes	.00 .00 18 19	3,737.00
1 1 1 1 S 2 S	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Step 7: Other Taxes Household employment tax. See instructions.	.00 .00 18	
1 1 1 S	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Itep 7: Other Taxes Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table		.00
1 1 1 1 S 2 S	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14. Itep 7: Other Taxes Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	.00 .00 18 19	3,737.00



									•••		
24 To	otal tax from Page 1, Line 20	3.								24	3,737.00
Step 8	3: Payments and Refund	lable Credit									
25 Illin	nois Income Tax withheld. At	ttach Schedule IL-W	IT.				25	5	4,	287 <u>.00</u>	
26 Est	timated payments from Forn	ns IL-1040-ES and I	L-505-I,								
	luding any overpayment app						26	i _		.00	
	ss-through withholding. Attac						27			.00	
	ss-through entity tax credit.					·	28			.00	
	rned Income Credit from Sch	-			chedule IL-E	/EIC	. 29)		<u>.00</u>	4,287.00
	tal payments and refundal	ole credit. Add Lines	s 25 through 2	29.						30	4,207.00
Step 9		Loubtroot Line 24 fro	m Lina 20							31	550.00
	ine 30 is greater than Line 24 ine 24 is greater than Line 30									31 32	00.
	0: Underpayment of Est			ations	•						.00
-	te-payment penalty for unde		-	ations	•		33	R .		.00	
	☐ Check if at least two-third	· ·		from f	arming		00	'		00	
_	Check if you or your spot				_	rsin	g hom	e.			
	Check if your income was		•	•	•		_		ome o	n Form IL-221	0.
	Attach Form IL-2210.										
	Check if you were not red	•		ncome	e Tax retur	n in	•		s tax y	ear.	
	luntary charitable donations						34	<u> </u>		.00	
	tal penalty and donations.		4.							35	.00
•	1: Refund or Amount y										
_	ou have an amount on Line	31 and this amount	is greater tha	ın Line	35, subtr	act	Line 3	5 from	Line 3		550
	is is your overpayment .				- 00 0					36	550 _{.00} 550 _{.00}
	nount from Line 36 you want	-	neck one box	on Lin	ie 38. See	inst	ruction	15.		37	330.00
	noose to receive my refund	•									
a I	☑ direct deposit - Comple	te the information be	low if you che	eck thi	s box.						
	You may also contribute to college savings funds	Routing number	1 0 1 1	0 (0 0 4	5		× c	heckin	g or Savir	ngs
	here. See instructions!	Account number	5 1 8 0	0 6	5 5 3	8	8 2	2			
h l	☐ paper check.										
	nount to be credited forward	Subtract Line 37 fro	nm Line 36 S	aa ins	tructions					39	.00
				ice ii is	ili uctionis.					05	.00
	ou have an amount on Line ou have an amount on Line			ine 35	;						
-	otract Line 31 from Line 35.									40	.00
	12: Health Insurance Ch	•									
41 📙	Check this box if IDOR mayour eligibility for health in:							encies	in ord	er to determin	е
	your ongionity for floater in	ourance benefite. Co		, 101 111		iatio					
Signat	ture - Note: If this is a joint re	eturn, both you and yo	our spouse m	ust sig	n below.						
Under	penalties of perjury, I state	that I have examine	d this return	and, to	o the best	of r	ny kno	owled	ge, it is	s true, correct	, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	ature			Date (i	mm/dd/	,,,,,,)	Daytime phone	number
Here	Todi digitataro	Date (minutaryyyy)	opodoo o oigii	atai o			Date (i	min/dd/	уууу)		3-7274
	Print/Type paid preparer's na	mo	Paid preparer	'e ciana	nturo		Data /	/- - /		<u>`</u>	
Paid	SYAM PRIYA RAM SAGAR GUPTA		SYAM PRIYA RA			,T,ΔM	Date (1				Paid Preparer's PTIN P02082703
Preparer	•		DIAN INIIA KA	IN DAGA	K OULTA TAL	ILITALI			123		
Use Only		AL TAXES LLC		NT T 0 1	2016		Firm's		•	88214548	
Third			BRUNSWICK				Firm's	pnone	•	(678) 965	
Party	Designee's name (please pri	iii)		Design	ee's phone	num	nber			_	e Department may eturn with the third
Designe	е			())						e shown in this step.
		022 IL-1040 Ins	structions	for	the add	dro	ee t	n ma	il vo		
	ricici lu liic 2	<i>U U U </i>	วเเนษเเษกร	, 101	uic auc	ui C	JJ L	, 1116	ııı yu	ai i c tuiii.	

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





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

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

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	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)

RUSHIKESHWAR REDDY AKKAT	I	6 8			3	5 9					
Your name as shown on Form IL-104	40	Your Social S	Your Social Security number								
Form type Emplo	yer/Payer Federal Wa	Column C ges, Winnings, Gross s, Compensation, etc	s Illinois Wage	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.		Column E Illinois Income Tax Withheld					
1 W 94-3282	<u>454 000 9</u> \$	86,751 •00	\$	86,751 •00	\$	4,287 •00					
2	\$	•00	\$	•00	\$	<u>•00</u>					
3	\$	•00	\$	•00	\$	<u>•00</u>					
4	\$	•00	\$	•00	\$	<u>•00</u>					
5	\$	•00	\$	•00	\$	•00					

Step 2: Provide 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	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
6			_ \$	•00	\$	•00	\$	•00	
7			_ \$	•00	\$	•00	\$	<u>•00</u>	
8			_ \$	•00	\$	•00	\$	<u>•00</u>	
9			_ \$	•00	\$	•00	\$	<u>•00</u>	
10			_ \$	<u>•00</u>	\$	<u>•00</u>	\$	•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 \$ 4,287**.00**

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



					_								_							
Submission ID																				

Step 1: Provide taxpayer information RUSHIKESHIKR REDUP AKKATT 6 8 1 9 2 5 3 5 9 9	<u>~</u>	(Do not man Form		nent of Revenue เ	unless it is requested for review.)
Pirst arms and middle mitel Sociale Starting number	Step			-	6 0 1 0 2 5 2 5 0
Print 2374 KRSSLER DR					
Specified Social Security number Specified Social Security number	Print				
State 2/P Daythire phone number	or				Spouse's Social Security number
Step 2: Complete information from tax return 1 Not income from Form IL-1040 or IL-1040-X, Line 11 2 Tax from Form IL-1040 or IL-1040-X, Line 11 2 Tax from Form IL-1040 or IL-1040-X, Line 11 3 Illinois income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 35 5 Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 35 5 Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 38 6 Filling status: X Single Married flining jointly Married flining separately Widowed Head of household 5 Step 3: Complete direct deposit of return or electronic funds withdrawal information (Optional) 7 In initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debti, deposit) with Infancial institutions located within the United States or those not funded by International Internatio	typo		IL	60060	(913) 548-7274
1 Net income from From IL-1040 or IL-1040-X. Line 11 2		City	State	ZIP	Daytime phone number
2 Tax from Form IL-1040 or IL-1040. X. Line 14 3 Illinois Income Tax withhold from Form IL-1040 or IL-1040-X. Line 35 3 Illinois Income Tax withhold from Form IL-1040. Line 36 or IL-1040-X. Line 35 5 Total amount due from Form IL-1040. Line 36 or IL-1040-X. Line 38 5 Total amount due from Form IL-1040. Line 40 or IL-1040-X. Line 38 6 Filing status: ★ Single Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7 Routing no. (RN): 1 0 1 1 0 0 0 4 5 5 8 Account no. (AN): 5 1 8 0 0 6 5 3 8 8 2 2 9 Type of account: ★ Checking Savings 10 Date the payment is to be electronically withdrawn:	Step	2: Complete informat	ion from tax return	Choose one:	X IL-1040 IL-1040-X
2 Tax from Form IL-1040 or IL-1040-X, Line 14 3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 38 5 Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 38 6 Filing status: X Single Married filing pointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international CAP transactions. IDOR will only perform direct transactions (ag., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check of Routing no. (RN): 1 0 1 1 0 0 0 4 5 5 3 8 8 2 2 9 Type of account: CAP Checking Savings 10 Date the payment is to be electronically withdrawn: 1000 11 Electronic funds withdrawal amount: 1000 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) 12 Loonsent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filled a joint return, this is an inverocable appointment of the other spouse as an agent are trum. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information in necessary to answer inquiries and resolve issues related to the payment. 1 do not want direct deposit of my refund, or an electronic overpayment of taxes to receive confidential information on accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return ma	1 N	let income from Form IL-1	040 or IL-1040-X, Line 11	_	
Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 38 Total amount due from Form IL-1040, Line 38 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Total amount due from Form IL-1040, Line 38 Total amount due from Form IL-1040-X, Line 38 Total amount due from Form IL-10					2 3,737 _00
Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 Filing status: X_Single Married filing jointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check Routing no. (RN): 1 0 1 1 0 0 0 4 5 3 8 8 2 2 Flore of account no. (AN): 5 1 8 0 0 6 5 3 8 8 2 2 Flore of accounts: Checking Savings Do Date the payment is to be electronically withdrawn: // / 11 Flectronic funds withdrawal amount:	3 II	linois Income Tax withheld	I from Form IL-1040 or IL-1040-X, Lir	ne 25 only (enter "0"	············
Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7 Routing no. (RN): 1 0 1 1 0 0 4 5 8 Account no. (AN): 5 1 8 0 0 6 5 3 8 8 2 2 9 Type of account: ★ Checking ★ Savings 10 Date the payment is to be electronically withdrawn: ★ I DOP 11 Electronic funds withdrawal amount: ★ I DOP 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) ★ I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. ☐ I authorize the Illinois Department of Revenue (IDOP) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive the refund. ☐ I do not want direct deposit of my refund, or an electronic form IL-1040 or IL-1040-X and the information in provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration and accompanying information may be sent to IDOR by my ERO IL authorize to Popiury. The transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be co	4 (Overpayment from Form IL	-1040, Line 36 or IL-1040-X, Line 35		4550 <u>00</u>
Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR willow) perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7 Routing no. (RN): 1 0 1 1 0 0 0 4 5 8 Account no. (AN): 5 1 8 0 0 6 5 3 8 8 2 2 9 9 Type of account: Checking Savings 10 Date the payment is to be electronically withdrawn: 100 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual nacem Ear return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penal					
To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check Routing no. (RN): 1 0 1 1 0 0 0 4 5 8 Account no. (AN): 5 1 8 0 0 6 5 3 8 8 2 2 9 Type of account: X Checking Savings 10 Date the payment is to be electronically withdrawn: //	6 F	iling status: X Single _	Married filing jointly Married	filing separately	Widowed Head of household
correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign	within 7 F 8 A 9 T 10 E 11 E 12 N	the United States or those Routing no. (RN): $\frac{1}{2}$ $\frac{0}{2}$ Account no. (AN): $\frac{5}{2}$ $\frac{1}{2}$ Type of account: $\frac{1}{2}$ Check Date the payment is to be explained by the Electronic funds withdrawal same on account: $\frac{1}{2}$	e not funded by international funds. Electronically withdrawn:	ectronic payments will	not be accepted and refunds will be via paper check.
withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign here Your signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO's signature O2/01/2023	×	I consent that my refund correct. If I have filed a j	I may be directly deposited as design oint return, this is an irrevocable appo	nated in Step 3 and de ointment of the other	eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign		 withdrawal as designate financial institutions invo 	d in the electronic portion of my 2022 blved in the processing of an electron	Illinois Original or Ame ic overpayment of tax	ended Individual Income Tax return. I authorize the
return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign Your signature Date Spouse's signature (if joint return, both must sign) Date Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. O2/01/2023 Check if paid preparer: (See instructions.)		I do not want direct dep	osit of my refund, or an electronic fun	ds withdrawal (direct	debit) of my balance due.
Nere Your signature Date Spouse's signature (if joint return, both must sign) Date Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO's signature 02/01/2023 Date Check if paid preparer: Image: I	return and a been	originator (ERO) are identi ccompanying information m accepted or rejected. If reje	cal. To the best of my knowledge, my re ay be sent to IDOR by my ERO. I autho	eturn is true, correct, a orize IDOR to inform m	nd complete. I consent that my return, this declaration, by ERO and/or the transmitter when my return has
Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO's signature O2/01/2023 Check if paid preparer:			Date	Spouse's signate	ure (if joint return, both must sign) Date
ERO's signature Date Date ERO's signature Date Date Date Date Date D	Step I decl inforn	5: Electronic return o are that I have examined t nation. I have followed all r	his taxpayer's electronic Form IL-104 equirements of this program and dec	0 or IL-1040-X, the in lare, under penalties	formation on this Form IL-8453, and accompanying
P 0 2 0 8 2 7 0 3 Your PTIN S ROONEY CT Mailing address E BRUNSWICK NJ 08816 BRUNSWICK NJ 08816 BRUNSWICK S C C C C C C C C C					Check if paid preparer: (See instructions.)
Firm's name or your name if self-employed use only		_		Date	
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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.

