Form 8879
(Rev. January 2021)
Depertment of the Treesury

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.

Submission Identification Number (SID)

Taxpay	er's name	Social security number	
VIK	RANTH AMIRISHETTY	680-55-6791	
Spouse	's name	Spouse's social security number	
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	ter year you are authorizing.)	
Enter	whole dollars only on lines 1 through 5.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income	1 44,04	2.
2	Total tax	2 3,52	24.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 7,26	52.
4	Amount you want refunded to you	4 3,73	88.
5	Amount you owe	5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: che	ck one bo	x only		
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X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

5	6	7	9	1	
	er fiv i't er				as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Dikant

Your signature

Spouse's	PIN:	check	one	box	only	

I authorize

to enter or generate my PIN

Date

Enter five digits, but don't enter all zeros

as mv

02/08/2023

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date							
Practitioner PIN Method Returns Only—cont	nue be	low	'					
Part III Certification and Authentication – Practitioner PIN Method Or	ly							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	. 2	2	2		 6 all zei	 9	8 9	Э

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
D	ERO Must Retain This Form — S on't Submit This Form to the IRS Unle		
For Demonstrate Deduction Act Not	the second second second in standard times		Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/28/23 PRO

Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 46,542. 10 2,500. • Head of bruschedd 11 Subtract line 10 from line 9. This is your adjusted gross income 11 44,042.	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 1545	5-0074	IRS Use	e Only	—Do not	write or staple	e in this space.
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If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your 1617 9TH ST Check here if you, or your Check here if you, or your Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State Check here if you, or your Foreign country name Foreign province/state/county Foreign postal cool your two or refurnts Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) sell, acchange, gift, or otherwise dispose of a digital asset (or a financial alsest)? (Eee instructions) Yes No Standard Someone can claim: You as a dependent Dyour spouse as a dependent Our spouse as a dependent Dependents (see instructions): (g) Social security (g) Relationship (h) check the box if qualifies for isee instructions, and check the box if qualifies for isee instructions, and check there. in in Income 1a Total amount from Form(s) W-2, box 1 (see instructions). in in in W-20 and other and structions in in in in <td></td> <td>-</td>													-
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4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 9 Social security benefits 6a b Taxable amount 7 • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 7 • C If you elect to use the lump-sum election method, check here (see instructions) 0 7 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 46, 542. 10 2, 500. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 44, 042. 11 44, 042. 12 12, 950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 14 12, 950. 14 12, 950. 15 31, 092	Attach Sch. B	2 a	Tax-exempt interest	2a		bΤ	axable interes	st.			. 2	b	375.
Standard Deduction for- 5a 5a b Taxable amount	if required.	3a	E	3a		b C	ordinary divide	ends .			. 3	b	
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 • If you elect to use the lump-sum election method, check here (see instructions) •		4a	IRA distributions	4a		bΤ	axable amoun	nt			. 4	b	
 Single or Married filing separately, \$12,950 Married filing geparately, \$12,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Other income from Schedule 1, line 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) In Add lines 12 and 13 Add lines 12 and 13 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 	Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	nt			. 5	b	
Married filling separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . <td< td=""><td></td><td>6a</td><td>Social security benefits</td><td>6a</td><td></td><td>bΤ</td><td>axable amoun</td><td>nt</td><td></td><td>•</td><td>. 6</td><td>b</td><td></td></td<>		6a	Social security benefits	6a		bΤ	axable amoun	nt		•	. 6	b	
\$12,950 7 Capital gain or (loss). Attach Schedule D if required, theor required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 46,542. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 10 2,500. • If you checked any box under Standard 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 12,950. 14 12,950. • If Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 31,092	Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check he	re (see	instructions)			. L			
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income946,542.10Adjustments to income from Schedule 1, line 26102,500.11Subtract line 10 from line 9. This is your adjusted gross income1144,042.12Standard deduction or itemized deductions (from Schedule A)1212,950.13Qualified business income deduction from Form 8995 or Form 8995-A13141412,950.1412,950.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income1531,092					required. If not re	equired	, check here			.[
Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income946,542.10Adjustments to income from Schedule 1, line 26102,500.11Subtract line 10 from line 9. This is your adjusted gross income1144,042.12Standard deduction or itemized deductions (from Schedule A)121213Qualified business income deduction from Form 8995 or Form 8995-A131412,950.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income15													
\$25,900 10 Adjustments to income nom outedule 1, inte 20 11 10 2,300. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 44,042. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 14 12,950. • If Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 31,092	Qualifying									•			46,542.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 I4 Add lines 12 and 13 14 12,950. 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 31 092										•			
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 12,950. • Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 31,092										•			
any box under Standard14Add lines 12 and 131412,950.Deduction,15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income1531,092	\$19,400				,	,				•			12,950.
Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 31.092										•			
	Standard									•			
		15	Suptract line 14 from line 11. If zer	o or less	s, enter -0 This i	s your t	axable incom	ne .		•	. 1	5	31,092.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)								Pa	ge 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	3,524	4.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	3,524	4.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,524	4.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	(ο.
	24	Add lines 22 and 23. This is	your total tax					24	3,524	4.
Payments	25	Federal income tax withheld								
,, ,	а	Form(s) W-2				25a 7	,262.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions				25c		1		
	d	Add lines 25a through 25c	,					25d	7,262	2.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit				29		1		
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. T		-	-			33	7,262	2.
	34	If line 33 is more than line 24	,					34	3,738	
Refund	35a	Amount of line 34 you want				, .		35a	3,738	
Direct deposit?	b	Routing number 0 8 1					Savings	oou		
See instructions.		Account number 1 9 9					ouvingo			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24						-		
You Owe	31	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	-			38		01		
Third Party		you want to allow another								
Designee		structions	•				omplete l	below.	× No	
Deciginee	De	signee's		Phone			onal identi			
	na			no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all information	on of which	ı prepar	er has any knowled	ge.
	Yo	ur signature		Date	Your occupation				nt you an Identity	
laint nation 0					SOETWARE	FNCINFFD		inst.)	IN, enter it here	Τ
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation		`	,	nt your spouse an				
Keep a copy for	op		our must sign.	Date					ection PIN, enter it	here
your records.							(see	inst.)		Γ
	Ph	one no. (309)750-940	4	Email address	VIKRANTHAMIRIS	SHETTY31@GMAIL.C	ОМ			
Daid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	VENK	KATA SAI PAVAN KUMAR DUDIPALLI				02/03/2023	P0247	0833	Self-employe	эd
Preparer	Fir	m's name GLOBAL TAX	XES LLC				Phor	ne no. (678)965-952	22
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			's EIN	88-214548	
Go to www.irs.g	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/28/23 PRO			Form 1040 (2	
0									,	

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
VIKRANTH AMIRI	SHETTY	680-55	-6791
Port I Additie	nal Incomo		

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c	_	
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f	_	
g	Alaska Permanent Fund dividends	8g	_	
h	Jury duty pay	8h	_	
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	_	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	_	
m	Olympic and Paralympic medals and USOC prize money (see			
		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 (_	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:	0_		
0	Tatal ather income. Add lines to through 0-	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 1040-INR, IIM 8	10	

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a			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	2,500.
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 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	2,500.
	BAA REVO)1/28/23 PRO	Schedule	e 1 (Form 1040) 2022



or for fiscal year ending ____/___

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

	VIK 161 CHAI	-55-6791 RANTH 7 9TH ST RLESTON ng status: 🔀 S	1998 IL Single 🔲 N		COLES SHETTY31@GMAIL.	COM filing separately	United and the second	d 🗌 Head of	household	
						s a dependent. See				
						ent - Attach Sch. I				NR
		p 2: Income		,				,		e dollars only)
	1 2 3 4	Federal adjuste	xempt intere a. Attach Sc	est and dividend hedule M.		or 1040-SR, Line 1 ur federal Form 10		-SR, Line 2a.	1 2 3 4	44,042.00 .00 .00 44,042.00
T		p 3: Base Inco								
forms here	5 6 7 8 9	received if inclu Illinois Income T Schedule 1, Ln. Other subtraction	uded in Line Tax overpayr . 1. ons. Attach . and 7. This	1. Attach Page ment included in Schedule M. is the total of yo	nent plan income 1 of federal retu federal Form 10 pur subtractions.	rn. 40 or 1040-SR,		5 6 7		<u>.00</u>
660		p 4: Exemption							<u> </u>	
Staple W-2 and 1099 forms here		 a Enter the exe b Check if 65 of c Check if lega d If you are clai Attach Sched 	emption amo or older: ally blind: iming depend dule IL-E/EIC	 You + □ You + □ dents, enter the a 	Spouse # of Spouse # of amount from Sche	. See instruction checkboxes X checkboxes X edule IL-E/EIC, Step	\$1,000 = \$1,000 =		.00	2,425 _{.00}
S	Ste	p 5: Net Incon	ne and Tax	[
▲ >-0		<i>Residents:</i> Mu <i>Nonresidents</i> Recapture of in	and part-ye Itiply Line 1 and part-ye ivestment ta	ear residents: E 1 by 4.95% (.04 ear residents: E x credits. Attac l	Enter the Illinois r	n Schedule NR. 5.	hedule NR. /	Attach Schedule	NR. 11 12 13 14	41,617 _{.00} 2,060 _{.00} .00 2,060 _{.00}
104	Ste	p 6: Tax After								
Staple your check and IL-1040-V	15 16 17 18 19	Property tax an Attach Schedu Credit amount 1 Add Lines 15, 1	nd K-12 edua Ile ICR. from Schedu I6, and 17. T	cation expense ule 1299-C. Atta This is the total c	credit amount fro ach Schedule 12	annot exceed the t		15 16 17 on Line 14.	00 00 18 19	0.00 2,060.00
our		p 7: Other Tax								
Staple y	20 21 22 23	in the instructio	rnet, mail or ons. Do not l Use of Med	rder, or other ou leave blank. lical Cannabis P	t-of-state purcha	uses from UT Work			20 21 22 23	.00 0.00 .00 2,060.00

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.



24 Total tax from Page 1, Line 23.	24 2,060.00								
Step 8: Payments and Refundable Credit									
25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25_	2,285.00								
26 Estimated payments from Forms IL-1040-ES and IL-505-I,									
including any overpayment applied from a prior year return. 26	.00								
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27	.00								
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28_	.00								
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29	.00								
30 Total payments and refundable credit . Add Lines 25 through 29.	30 2,285.00								
Step 9: Total									
31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31 225.00								
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32 0								
Step 10: Underpayment of Estimated Tax Penalty and Donations									
33 Late-payment penalty for underpayment of estimated tax. 33	.00								
a 🔲 Check if at least two-thirds of your federal gross income is from farming.									
b Check if you or your spouse are 65 or older and permanently living in a nursing home.									
c 🔲 Check if your income was not received evenly during the year and you annualized your ir	ncome on Form IL-2210.								
	Attach Form IL-2210.								
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.									
	-								
34Voluntary charitable donations. Attach Schedule G.34	.00								
34Voluntary charitable donations. Attach Schedule G.3435Total penalty and donations. Add Lines 33 and 34.34	-								
34Voluntary charitable donations. Attach Schedule G.3435Total penalty and donations. Add Lines 33 and 34.34Step 11: Refund or Amount you owe	<u>.00</u> 35 <u>.00</u>								
34 Voluntary charitable donations. Attach Schedule G. 34	.00 35 00								
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 	.00 35 .00 om Line 31. 36 225.00								
 34 Voluntary charitable donations. Attach Schedule G. 34	.00 35 00								
 34 Voluntary charitable donations. Attach Schedule G. 34	.00 35 .00 om Line 31. 36 225.00								
 34 Voluntary charitable donations. Attach Schedule G. 34	.00 35 .00 om Line 31. 36 225.00								
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. 	.00 35 .00 om Line 31. 36 225.00								
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds 	.00 35 .00 om Line 31. 36 _225.00 37 _225.00								
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! Routing number 0 8 1 2 0 2 7 5 9 × Account number 1 9 9 3 7 8 8 1 7 6 2 1	.00 35 .00 om Line 31. 36 _225.00 37 _225.00								
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b □ paper check. 	.00 35 .00 om Line 31. 36 _225.00 37 _225.00								
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! Routing number 0 8 1 2 0 2 7 5 9 × Account number 1 9 9 3 7 8 8 1 7 6 2 1	.00 35 .00 om Line 31. 36 _225.00 37 _225.00								
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b □ paper check. 									
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! B □ paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 									
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! B □ paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 									
 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! B □ paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35,									

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature	Date (mm/dd/yyyy)) Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number		
Here							(309) 750	-9404	
	Print/Type paid preparer's nar	Paid preparer's signature		Date (mm/dd/yyyy)			Paid Preparer's PTIN		
Paid	VENKATA SAI PAVAN KUMAR DU			02/03/2023	02/03/2023		P02470833		
Preparer Use Only	Firm's name GLOBA			Firm's FEIN	•	882145487			
occ only	Firm's address 245 B	E BRUNSWICKNJ 08816 Firm's		Firm's phone		(678) 965	-9522		
Third	Designee's name (please pri		Designee's phone number			Check if the Department may discuss this return with the third			
Party									
Designee				()			party designee shown in this step.		

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



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	Ν					

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

VIKRANTH AMIRISHETTY Your name as shown on Form IL-1040	6 Your S	80 Social Sec	5 curity numbe		6 7	9 1		
Column A Colur Form type Employe Identification	er/Payer Federal V	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Jes, Winnings, Gro s, Compensation,	ss Illi	Column E Illinois Income Tax Withheld	
1 <u>W</u> <u>87-4333</u>	913 000 \$	46,167	• <u>00</u>	\$	46,167 .00	\$	2,285 .00	
2	\$		• <u>00</u>	\$	•00	\$	•00	
3	\$		• <u>00</u>	\$	•00	\$	•00	
4	\$		• <u>00</u>	\$	•00	\$	•00	
5	\$		• <u>00</u>	\$	•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	\$	•00	
8		- \$	•00	\$	•00	\$	•00	
9		- \$	•00	\$	•00	\$	•00	
10		- \$	•00	\$	•00	\$	<u>•00</u>	

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.

➡ Attach all Schedules IL-WIT to your IL-1040.

T	Illinois Department of Rev			Submission ID
S	2022 IL-8453 Illinois (<u>Do not mail</u> Form IL-8453 to the			ctronic Filing Declaration less it is requested for review.)
Step	1: Provide taxpayer information			
	VIKRANTH First name and middle initial Spouse's first name (a		ISHETTY nt) Last name	<u>6 8 0 5 5</u> 6 7 <u>9 1</u> Social Security number
Print	1617 9TH ST		any East name	
or type				Spouse's Social Security number
71	CHARLESTON	IL	61920	(309) 750-9404
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax ret	urn	Choose one: 🗙	IL-1040 🔲 IL-1040-X
1 1	Net income from Form IL-1040 or IL-1040-X,	Line 11		1 <u>41,617</u> <u>00</u>
	fax from Form IL-1040 or IL-1040-X, Line 14			$2 - \frac{2,060}{2,000}$
	llinois Income Tax withheld from Form IL-104		•	
	Overpayment from Form IL-1040, Line 36 or Total amount due from Form IL-1040, Line 40			4 <u>225 00</u> 5 00
	Filing status: X Single Married filing j			· · · · · · · · · · · · · · · · · · ·
	3: Complete direct deposit of refund		<u> </u>	
To in does within 7 F	itiate a payment or refund transaction, the not support international ACH transactions. If the United States or those not funded by inter- Routing no. (RN): $0 8 1 2 0 2$	information in t DOR will only per ernational funds. 7 5 9	his Step must be include form direct transactions (<i>e</i> Electronic payments will n	ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located of be accepted and refunds will be via paper check.
	Account no. (AN): <u>1 9 9 3 7 8</u>			
9 1	Type of account: <u>×</u> Checking Sav	ings		
10 [Date the payment is to be electronically with	drawn:/_/_		
11 E	Electronic funds withdrawal amount:	<u> </u>		
12 N	Name on account:			
Step	4: Taxpayer declaration and signature	(Sign only aft	er completing Step 2 a	and, if applicable, Step 3.)
×		leposited as desig	gnated in Step 3 and dec	are the information on Lines 7 through 9 is
	financial institutions involved in the proces necessary to answer inquiries and resolve	portion of my 202 ssing of an electro ssues related to	2 Illinois Original or Amen onic overpayment of taxes o the payment.	ded Individual Income Tax return. I authorize the to receive confidential information
	I do not want direct deposit of my refund,			
returr and a been	n originator (ERO) are identical. To the best of r ccompanying information may be sent to IDOF accepted or rejected. If rejected, I authorize ID	ny knowledge, my R by my ERO. I au OR to identify the	r return is true, correct, and thorize IDOR to inform my reason(s) so the return ma	and the information I provided to my electronic complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
Sign	Your signature	02/08	8/2023 Shouse's signature	(if joint return, both must sign) Date
	5: Electronic return originator (ERO)		· · · · · ·	
I decl inform	are that I have examined this taxpayer's electron	tronic Form IL-10 s program and d	040 or IL-1040-X, the info eclare, under penalties of	rmation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the
	ERO's signature		02/03/2023 Date	Check if paid preparer: 🔀 (See instructions.)
	GLOBAL TAXES LLC			P 0 2 4 7 0 8 3 3
ERO	Firm's name or your name if self-employed			$\frac{P}{Y_{\text{our}}} \frac{0}{PTIN} \frac{2}{2} \frac{4}{4} \frac{7}{7} \frac{0}{0} \frac{8}{3} \frac{3}{3} \frac{3}{3}$
use	245 ROONEY CT			88-2145487
only	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	<u>(678) 965-9522</u>
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

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.

