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.

	30-55-6791 IKRANTH	1998	AMIRI	SHETTY	15 to			
16	17 9TH ST							(KXXXXXX
CH	ARLESTON	IL	61920	COLES		EAYAMAATRIBE MAARIYYD LLEHARAATIA	ALCH EXPRESSION	SASY,GKBOTHIII
			VIKRANTHAMIR:	ISHETTY31@GMA	IL.COM			
BF	Filing status: 🛛 S	single M	arried filing jo	intly $\square$ Marri	ied filing separately	Widowed Head	of household	
C	check If someone ca	an claim you	or your spous	se if filing jointly	y, as a dependent. See in	structions. You	Spouse	
D C	<b>check</b> the box if this	s applies to y	ou during 202	22: Nonre	sident - <b>Attach</b> Sch. NR	Part-year resider	nt - <b>Attach</b> Sch	. NR
S	tep 2: Income						(Whole	e dollars only)
1	Federal adjusted				40 or 1040-SR, Line 11.		1	44,042.00
2 3	Other additions.			d income from	your federal Form 1040	or 1040-SR, Line 2a.	2 3	.00 .00
4	Total income. A						4	44,042 <u>.00</u>
	tep 3: Base Inco							
5	Social Security I received if include					5	.00	
6			•		1040 or 1040-SR,	3	.00	
-	Schedule 1, Ln.					6	.00	
2 7	Other subtraction Add Lines 5, 6,			our subtraction	ne	/	<u>.00</u> <b>8</b>	00
9	Illinois base in		-		110.		9	44,042.00
S	tep 4: Exemption	าร						
1					use. See instructions.			
Ŋ	<ul><li>b Check if 65 o</li><li>c Check if lega</li></ul>				f of checkboxes X \$1 f of checkboxes X \$1			
	d If you are clair	ming depende			Schedule IL-E/EIC, Step 2			
2	Attach Schede Exemption allo		Linos 10s th	rough 10d		d	<sup>0</sup> .00	2,425.00
, e	tep 5: Net Incom		Lines Toa tili	ough rou.			10	27123.00
	1 <i>Residents:</i> Net		btract Line 10	) from Line 9.				
Γ	Nonresidents a	and part-yea	ar residents:	Enter the Illinoi	is net income from Sche	dule NR. <b>Attach</b> Sched	ule NR. <b>11</b>	41,617 <sub>.00</sub>
1:	2 Residents: Mul				oe less than zero. rom Schedule NR.		12	2,060.00
1:						•	13	.00
1	_						14	2,060 <sub>.00</sub>
S	tep 6: Tax After N							
1 19 1 10	•				nt. <b>Attach</b> Schedule CR. t from Schedule ICR.	. 15	.00	
<u>'</u>	Attach Schedul		allon expense	Credit amount	i iloili Scriedule Ion.	16	.00	
1						17	.00	0
18 19					. Cannot exceed the tax n Line 14.	amount on Line 14.	18 19	0 <u>.00</u> 2,060 <u>.00</u>
_	tep 7: Other Taxe							
20	Household emp	loyment tax.					20	.00
2				ut-of-state pur	chases from UT Worksh	neet or UT Table	01	0.00
Š 2	in the instruction Compassionate			Program Act ar	nd sale of assets by gam	ing licensee surcharge	<b>21</b> s. <b>22</b>	.00
_	3 Total Tax. Add L			J	, g	5	23	2,060,00



<b>24</b> Tot	al tax from Page	1, Line 23.						24	2,060 <u>.00</u>
Step 8:	Payments and	Refundabl	e Credit						
	ois Income Tax wit mated payments f						<b>25</b> 2,	285.00	
	iding any overpay			•			26	.00	
	s-through withhold						27	.00	
<b>28</b> Pass	s-through entity ta	x credit. Attac	ch Schedule K-1	-P or K-1-T.			28	.00	
	ned Income Credit					Schedule IL-E/EIC	. 29	.00	
	I payments and	refundable o	credit. Add Lines	25 through	29.			30	2,285.00
Step 9:									225
	ne 30 is greater tha							31	225.00
	ne 24 is greater tha							32	.00
-	): Underpaymen			-	ation	S	22	00	
	-payment penalty  Check if at least				from	forming	33	.00	
	Check if you or					-	n home		
_				•	•	•	zed your income c	n Form IL-221	0.
_	Attach Form IL-		,	J ,		,	, , , , , , , , , , , , , , , , , , , ,		
d□	Check if you we	re not require	ed to file an Illino	is Individual	Incom	ne Tax return in	the previous tax y	/ear.	
	ntary charitable d						34	.00	
35 Tota	I penalty and do	nations. Add	d Lines 33 and 34	4.				35	.00
Step 11	: Refund or An	nount you	owe						
_			and this amount	is greater th	an Lin	e 35, subtract	Line 35 from Line	31.	225
	is your <b>overpay</b> n							36	225.00
<b>37</b> Amo	ount from Line 36 y	ou want <b>refu</b>	<b>inded to you</b> . Ch	neck <b>one</b> box	on Li	ne 38. See inst	ructions.	37	225.00
	oose to receive m								
a⊵	direct deposit -	Complete th	e information be	low if you ch	eck th	nis box.			
	You may also co		outing number	0 8 1 2	0	2 7 5 9	X Checkin	g or Savir	ngs
	to college saving here. See instru		count number	1 9 9 3	7	8 8 1 7	6 2 1		
<b>.</b>	1								
	<b>paper check.</b> punt to be <b>credited</b>	I forward Su	htraat Lina 27 fra	m Lino 26 9	Soo in	etructions		39	.00
					see iii	Structions.		39	00
-	u have an amoun u have an amoun				lino 2	E			
_	ract Line 31 from							40	.00
					C IIIOti	dollorio.			
-	2: Health Insur		_						
	Check this box if your eligibility for						te agencies in ord	ler to determin	е
	your engionity for	nealli insura	ince benefits. Se	e instruction	5 101 11	nore informatio	111.		
Signatu	ıre - Note: If this is	s a joint returr	n, both you and yo	our spouse m	nust sig	gn below.			
_		-		-	-	-	my knowledge, it i	s true, correct	, and complete.
Sign	Your signature		Date (mm/dd/yyyy)	Spouso's sign	natura		Data ((-  /	Doutime phone	numbar
Here	four signature		Date (IIIII/dd/yyyy)	Spouse's sigi	lature		Date (mm/dd/yyyy)	Daytime phone	
	Drint/Time noid no			Doid propers	r'a aian	at wa	Data ( /III )	<u>`</u>	0-9404
Paid	Print/Type paid pre		AT T T	Paid prepare		KUMAR DUDIPALLI	Date (mm/dd/yyyy) 02/18/2023	Check if self-employed	Paid Preparer's PTIN P02470833
Preparer				AFMVAIN DAI	PAVAIN I	KUMAK DUDIPALLI			
Use Only	Firm's name		TAXES LLC			2215	Firm's FEIN	88214548	
Th: us!	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 0	8816	Firm's phone	(678) 965	
Third Party	Designee's name (	piease print)			Desig	nee's phone num	nber	_	e Department may eturn with the third
Designee					(	)			eturn with the third e shown in this step.
		the 2022	)    _1040 lpa	struction	s for	r the addre	ss to mail yo		
	rielei ll	2022	. <i>1</i> _ 1070 1118	, 4011011	<i>3 101</i>	and addit	JJ LU IIIAII YC	aı i Glülli.	

IL-1040 Back (R-12/22) DR\_\_\_\_\_ AP\_\_\_ RR DC IR ID ID: 3WM REV 02/01/23 PRO





### Illinois Department of Revenue

## 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

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

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

VIKRANTH AMIRI Your name as shown				8 0 cial Sec	urity numb	5 per 5		6	7	9	_1
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, ( s, Compensatio				nings, Gro		Illino	lumn ois Inco Withhe	me
1 <u>W</u>	87-4333913 000	\$	46,167 <b>₀</b> 0	<u>0</u>	\$	46,3	167 <b>•00</b>	\$		2,28	35 <b>•00</b>
2		\$	•0	<u>0</u>	\$		•00	\$			<u>•00</u>
3		\$	<u>•0</u>	0	\$		<u>•00</u>	\$			<u>•00</u>
4		\$	<u>•0</u>	<u>0</u>	\$		<u>•00</u>	\$			<u>•00</u>
5		\$	<u>•0</u>	<u>0</u>	\$		<u>•00</u>	\$			<u>•00</u>

#### 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 , Winnings, Gross compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	III	Column E inois Income ax Withheld
6			. \$	•00	\$	•00	\$	•00
7			. \$	•00	\$	•00	\$	•00
8			\$	•00	\$	•00	\$	•00
9			. \$	•00	\$	•00	\$	•00
10			. \$	<u>•00</u>	\$	<u>•00</u>	\$	<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.

11 \$ 2,285<u>•00</u>

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



			-						_				
				S	ubmi	ssior	ı ID						

# 

Step 1: Provide taxpayer information  VIKARATH First name and middle initial Spouse's first name (and last name if different) First name and middle initial Spouse's first name (and last name if different) Last name Print 1617 9TH ST  Type Mailling address CHARLESTON IL 61920 City State ZIP Daytime phone number  Step 2: Complete information from tax return 1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 Tax from Form II-1040 or IL-1040-X, Line 11 1 Tax from Form II-1040 or IL-1040-X, Line 14 2 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 35 4 Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 35 5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35 6 Filling status: X Single Married filling jointly Married filling separately Widowed Head of household Step 3: Complete direct deposit of retund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transm does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will 17 7 Routing no. (RN): 0 8 1 2 0 2 7 5 9  8 Account no. (AN): 1 9 9 3 7 8 8 1 7 6 2 1  9 Type of account: X Checking Savings 10 Date the payment is to be electronically withdrawn:	ission. Illinois institutions located
Print 1617 9TH ST Type Mailling address CHARLESTON IL 61920 (309) 750-9404 City State ZIP Deytine phone number  Step 2: Complete information from tax return Choose one: X IL-1040 IL-1040-X 1 Net income from Form IL-1040 or IL-1040-X, Line 11 2 Tax from Form IL-1040 or IL-1040-X, Line 14 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) 3 Coverpayment from Form IL-1040, Line 36 or IL-1040-X, Line 25 only (enter "0" if none) 4 Overpayment from Form IL-1040, Line 40 or IL-1040-X, Line 35 5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 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 transactions, the information in this Step must be included within the electronic transm does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will formation in this Step must be included within the electronic transm does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will formation on CRN):   7 Routing no. (RN):   9 Type of account: X Checking Savings  10 Date the payment is to be electronically withdrawn:   10 Date the payment is to be electronically withdrawn:   11 Electronic funds withdrawal amount:   12 Lonsent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 to correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive to withdrawal as des	41,617   00 2,060   00 2,285   00 225   00   00
Or Pythe Mailing address       Mailing address       Spouse's Social Security number (309) 750-9404         City       State       ZIP       Dayline phone number         Step 2: Complete information from tax return       Choose one: XIL-1040       IL-1040-X         1       Net income from Form IL-1040 or IL-1040-X, Line 11       1         2       Tax from Form IL-1040 or IL-1040-X, Line 14       2         3       Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 35       4         4       Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35       4         5       Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38       5         6       Filling 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 transm does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the Individual Informational funds. Electronic funds withdrawal amount: Individual Income Tax return funds withdrawal amount: Individual Income Tax return financial institutions in	2,060   00 2,285   00 225   00   00
type Mailing address CHARLESTON  IL  61920  (309) 750-9404  (400) IL-1040-X  (400) IL-1040-	2,060   00 2,285   00 225   00   00
CHARLESTON  City  State  ZIP  Dayline phone number  Step 2: Complete information from tax return  Net income from Form IL-1040 or IL-1040-X, Line 11  Tax from Form IL-1040 or IL-1040-X, Line 14  Coverpayment from Form IL-1040, Line 36 or IL-1040-X, Line 25 only (enter "0" if none)  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  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 transm does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will in the Payment.  I consent that my refund may be directly deposited as desig	2,060   00 2,285   00 225   00   00
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11 Electronic funds withdrawal amount:I 00_  12 Name on account:I 00_  Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)  X I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 transference. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return 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.	
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 to correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the uthorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return 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.	
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	. I authorize the
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	mv electronic
return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted	rn, this declaration, my return has
Sign     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, a information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my k taxpayer's return and accompanying information are true, correct, and complete.	
BRO's signature Date Check if paid preparer: ☑	See instructions.)
ERO GLOBAL TAXES LLC P 0 2 4 7 Your PTIN	1 0 2 2
use 245 ROONEY CT 8 8 - 2 1 4	0 8 3 3
only Mailing address Sederal employer identification nu	
E BRUNSWICK NJ 08816 (678) 965-9522	5 4 8 7
City State ZIP Daytime phone number	5 4 8 7

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.

