

Illinois Department of Revenue 2022 Form IL-1040 Individual Income Tax Return

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.

B	ALI RAM 21 SOU Fili	-96-7429 1977 350-94-4248 1980 ASGHER HUSAIN NIK GILL CHIPPING CAMPDEN DR TH BARRINGTON IL 60010 COOK AAHUSAIN@GMAIL.COM ng status: ☐ Single 🕅 Married filing jointly ☐ Married filing separately ☐ woowed ☐ read or i		
		eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You S	•	
D	Che	eck the box if this applies to you during 2022: Nonresident - Attach Sch. NR 🔲 Part-year resident - A		
	Ste	p 2: Income	(Who	le dollars only)
_	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 2 3 4	464,977.00 .00 .00 464,977.00
T		p 3: Base Income		
ere	5 6	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	
and 1099 forms here	7 8	Schedule 1, Ln. 1.6Other subtractions. Attach Schedule M.7Add Lines 5, 6, and 7. This is the total of your subtractions.7	<u> </u>	7,820.00
991	9	Illinois base income. Subtract Line 8 from Line 4.	9	457,157 <u>.00</u>
Staple W-2 and 10		p 4: Exemptions a 4,85 a Enter the exemption amount for yourself and your spouse. See instructions. a 4,85 b Check if 65 or older: You + □ Spouse # of checkboxes X \$1,000 = c b c Check if legally blind: □ You + □ Spouse # of checkboxes X \$1,000 = c c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. d 7,27 Attach Schedule IL-E/EIC. d 7,27 Exemption allowance. Add Lines 10a through 10d. 10d. 10	<u>.00</u> .00	12,125 <u>.00</u>
S	Ste	p 5: Net Income and Tax		
t		<i>Residents:</i> Net income. Subtract Line 10 from Line 9. <i>Nonresidents and part-year residents:</i> Enter the Illinois net income from Schedule NR. Attach Schedule N <i>Residents:</i> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		445,032.00
▲ <i>\</i> -0;	13 14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	12 13 14	22,029 <u>.00</u> .00 22,029 <u>.00</u>
check and IL-1040-V	Ste 15 16 17 18 19	p 6: Tax After Nonrefundable Credits 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 Property tax and K-12 education expense credit amount from Schedule ICR. 1646 Attach Schedule ICR. 1646 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 14.	00 9 _{.00} 00 18 19	469 <u>.00</u> 21,560 <u>.00</u>
 Staple your 	Ste 20 21 22 23	 p 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. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22. 	20 21 22 23	.00 0 _{.00} .00 21,560 _{.00}



24 Tota	al tax from Page 1, Line 2	3.										24	21,560 <u>.00</u>
Step 8: I	Payments and Refund	dable Credit											
25 Illinoi	s Income Tax withheld. A	ttach Schedule IL-	WIT.					2	5	2	2,544	.00	
26 Estim	nated payments from Form	ns IL-1040-ES and	IL-505-I,										
includ	ding any overpayment ap	plied from a prior ye	ear return.					2	6			.00	
27 Pass-	-through withholding. Atta	ch Schedule K-1-P	or K-1-T.					2				.00	
	-through entity tax credit.							2				.00	
	ed Income Credit from Sc		-		Sche	dule IL-	E/EIC	. 2	9			.00	
	payments and refunda	ble credit. Add Lin	es 25 throu	ıgh 29.								30	22,544.00
Step 9:1													
	e 30 is greater than Line 24											31	984.00
	e 24 is greater than Line 30											32	.00
Step 10:	: Underpayment of Est	imated Tax Pena	Ity and D	onatio	ns								
33 Late-	payment penalty for unde	erpayment of estimation	ated tax.					3	3			.00	
	Check if at least two-third					•							
	Check if you or your spo		-	-	-			-					
с 🗌	Check if your income was	s not received even	ly during th	ne year	and y	ou ani	nualiz	zed y	our i	ncom	e on Fo	orm IL-2210.	
	Attach Form IL-2210.												
	Check if you were not re	-		ual Inco	me Ta	ax retu	ırn in			ous ta	ix year.		
	tary charitable donations							3	4			.00	
	penalty and donations		34.									35	.00
Step 11:	: Refund or Amount y	ou owe											
36 If you	I have an amount on Line	31 and this amour	nt is greater	r than Li	ine 3	5, subt	ract I	Line 3	35 fr	om Li	ne 31.		
36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.													
This i	is your overpayment .											36	984.00
	is your overpayment . unt from Line 36 you want	refunded to you.	Check one	box on l	Line 3		e inst	ructio	ns.			36 37	984 _{.00} 984 _{.00}
37 Amou			Check one .	box on l	Line 3		e inst	ructio	ns.				
37 Amou 38 I choo	unt from Line 36 you want	by				8. See	e insti	ructio	ns.				
37 Amou 38 I choo	unt from Line 36 you want ose to receive my refund direct deposit - Comple	by te the information b	pelow if you	ı check	this b	88. See ox.		ructio	ns.	Cher	king or	37	984.00
37 Amou 38 I choo	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds	by te the information b Routing number	Delow if you	0 0	this b	08. See	3		ns.	Chec	king or		984.00
37 Amou 38 I choo	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute	by te the information b	Delow if you	0 0	this b	88. See ox.		9	ns.	Chec	king or	37	984.00
37 Amou 38 I choo a ⊠	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds here. See instructions!	by te the information b Routing number	Delow if you	0 0	this b	08. See	3		ns.	Chec	king or	37	984.00
37 Amou 38 I choo a ⊠ b □	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds here. See instructions! paper check.	by te the information b Routing number Account number	Delow if you 0 7 3 8	0 0 7 9	this b 0 7	88. See ox. 0 1 3 9	3		ns.	Chec	king or	37	984.00
 37 Amou 38 I choo a ⊠ b □ 39 Amou 	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds here. See instructions! paper check. unt to be credited forward	by the the information b Routing number Account number	from Line 3	0 0 7 9 6. See 1	this b 0 7	88. See ox. 0 1 3 9	3		ns.	Chec	king or	37	984 <u>.00</u>
 37 Amou 38 I chou a ⊠ b □ 39 Amou 40 If you 	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds here. See instructions! paper check. unt to be credited forward have an amount on Line	by the the information by Routing number Account number I. Subtract Line 37 for \$ 32, add Lines 32 a	0 7 1 3 8 7 from Line 3 3 35.	0 0 7 9 6. See i	this b 0 7 instru	88. See ox. 0 1 3 9	3		ns.	Chec	king or	37	984 <u>.00</u>
 37 Amou 38 I choo a ⊠ b □ 39 Amou 40 If you If you 	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds here. See instructions! paper check. unt to be credited forward have an amount on Line have an amount on Line	by te the information b Routing number Account number I. Subtract Line 37 f 32, add Lines 32 a 31 and this amour	from Line 3 and 35 on	I check 0 0 7 9 86. See i or - an Line	this b 0 7 instru 35,	ox. 0 1 3 9 ctions	3		ns.	Chec	king or	37 × Saving 39	984 <u>.00</u> s
 37 Amou 38 I choor a ⊠ b □ 39 Amou 40 If you If you subtration 	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds here. See instructions! paper check. unt to be credited forward have an amount on Line have an amount on Line act Line 31 from Line 35.	by ste the information by Routing number Account number I. Subtract Line 37 f 32, add Lines 32 a 31 and this amount This is the amoun	from Line 3 and 35 on t is less that	I check 0 0 7 9 86. See i or - an Line	this b 0 7 instru 35,	ox. 0 1 3 9 ctions	3		ns.	Chec	king or	37	984 <u>.00</u>
 37 Amou 38 I choo a ⊠ 39 Amou 40 If you ulf you subtra 	unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds here. See instructions! paper check. unt to be credited forward have an amount on Line have an amount on Line	by ste the information by Routing number Account number I. Subtract Line 37 f 32, add Lines 32 a 31 and this amount This is the amoun	from Line 3 and 35 on t is less that	I check 0 0 7 9 86. See i or - an Line	this b 0 7 instru 35,	ox. 0 1 3 9 ctions	3		ns.	Chec	king or	37 × Saving 39	984 <u>.00</u> s

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		nature	Date (mm/dd/yyyy)		Daytime phone number		
Here							(972) 679-4297			
	Print/Type paid preparer's name			Paid prepare	Date (mm/dd/yyyy	/)	Check if	Paid Preparer's PTIN		
Paid	VENKATA SAI PAVAN I	KUMAR DUDIPA	ALLI	VENKATA SAI	PAVAN KUMAR DUDIPALLI	02/25/202	3	self-employed	P02470833	
Preparer Use Only	Firm's name	Firm's name GLOBAL TAXES LLC						88214548	487	
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522	
Third	Designee's name (please print)				Designee's phone nur		Check if the Department may			
Party								discuss this return with the third		
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 M Other Additions and Subtractions for Individuals IL Attachment No. 15

Attach to your Form IL-1040

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

ENote If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

ALI ASGHER HUSAIN & RAMNIK GILL	3	3	2 _	9	6	_ 7	4	2	9
Your name as shown on Form IL-1040	Your So	ocial Se	ecurity nu	Imber					

Step 2: Figure your additions for Form IL-1040, Line 3

Ente	er the amount of		(Whole dollars only)
1	Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.	1	•00
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate.		
	Attach Illinois Schedule K-1-P or Schedule K-1-T and enter the additions from Column A on this line.	2	•00
3	Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in		
	your adjusted gross income.	3	•00
4	Earnings distributed from IRC Section 529 college savings, tuition, and ABLE programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs, or other college savings and tuition programs that meet certain disclosure		
	requirements, or Illinois ABLE account programs. See instructions.)	4	•00
5	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562.	5	•00
6	Business expense recapture (nonresidents only).	6	•00
7	Recapture of deductions for contributions to Illinois college savings plans and ABLE plans transferred to an		
	out-of-state plan.	7	•00
8	Student-Assistance Contribution Credit taken on Schedule 1299-C.	8	•00
9	Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for		
	nonqualified expenses or refunded.	9	•00
10	RESERVED	10	
11	Other income - Identify each item.	11 _	•00
12	Total Additions. Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3.	12	•00

Step 3: Figure your subtractions for Form IL-1040, Line 7

Enter the amount of

13 Contributions made to "Bright Start" and "Bright Directions" College Savings Programs and "College Illinois" Prepaid Tuition Program -Enter the account number and amount contributed for each. Check the box in Column C if your contribution was a gift. See Instructions.

Column A: Account Number	Column B: Contribution Amount	Column C: Gift	
1 5000222938	1,800		
2 852966731	6,020		
3			
4			
5			
6			
7			
8			
9			
10			
Total - Add Column B, Lines 1-10	and enter here.	13a	7,820

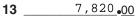
Continue Line 13 calculation on Page 2. ID: 3WM REV 02/01/23 PRO

Step 3: Continued

- 13 Enter the lesser amount from Page 1, Line 13a or \$10,000 (\$20,000 if married filing a joint return).
- 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Enter the subtractions from Column A on this line.
- 15 Restoration of amounts held under claim of right under IRC Section 1341.
- **16** Contributions to a job training project.
- 17 Expenses related to federal credits or federally tax-exempt income.
- 18 RESERVED
- 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 11. Attach Form IL-4562.
- **20** Contributions made to a qualified Illinois ABLE account Enter the account number and amount contributed for each Illinois ABLE account. Check the box in Column C if your contribution was a gift. See Instructions.

	Column A: Account Number	Column B: Contribution Ame	ount Column C: Gift		
	1				
	2				
	3				
	4				
	Total - Add Column B, Lines 1-4 a	nd enter here.	20a	•00	
	Enter the lesser amount of Line	20a or \$10,000 (\$20,000 if mar	ied filing a joint return).	20	•00
Ent	er the following only if inclu	Ided in Form II -1040 Line	s 1 2 or 3		
	•••		5 1, 2, 01 3.	04	
21	Military pay earned. Attach military			21	•00
22	U.S. Treasury bonds, bills, notes, sa				
	Attach a copy of federal Form 1040	•	•	22	•00
23	August 1, 1969, valuation limitation	amount from your Schedule F, Li	ne 17. Attach Schedule F and	00	
	required federal forms.			23	•00
24	River edge redevelopment zone an	÷ .	subtraction amount from your	0.4	
	Schedule 1299-C, Step 1, Line 7. A			24	•00
25	Recovery of items previously deduc		, , , , , , , , , , , , , , , , , , , ,		
	any state and local income taxes, ot	,	rederal Form 1040 or 1040-SR, P	•	00
26	Schedule 1, and any other required			25 26	
26 27	Ridesharing money and other bene			20	
27	Payment of life insurance, endowm	•	1 1005		
28	Lloyd's plan of operation income if		L-1065.		• <u>00</u>
29	Income from Illinois pre-need funer	•		29	•00
30	Education loan repayments made f		gree to practice in designated	00	
~	shortage areas under the Family P	•		30	
31	Reparations or other amounts rece		•	31	•00
32	Add Lines 13 through 31 and enter	the amount here and on Page 3,	Line 33.	32	7,820 _{•00}





15

•<u>00</u>

•00

•00

•00

14

18

19

16 ____ 17 ____



Step 3: Continued

- **34** Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.
 - **a** Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)
 - b Tri-County River Valley Development Authority bonds
 - **c** Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)
 - **d** Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)
 - College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act
 - f Illinois Sports Facilities Authority bonds
 - g Higher Education Student Assistance Act bonds
 - h Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87
 - i Rural Bond Bank Act bonds and notes
 - j Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act
 - k Quad Cities Interstate Metropolitan Authority bonds
 - I Southwestern Illinois Development Authority bonds
 - m Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act
 - n Illinois Power Agency bonds issued by the Illinois Finance Authority
 - o Central Illinois Economic Development Authority bonds
 - p Eastern Illinois Economic Development Authority bonds
 - q Southeastern Illinois Economic Development Authority bonds
 - r Southern Illinois Economic Development Authority bonds
 - s Illinois Urban Development Authority bonds
 - t Downstate Illinois Sports Facilities Authority bonds
 - **u** Western Illinois Economic Development Authority bonds
 - V Upper Illinois River Valley Development Authority Act bonds
 - w Will-Kankakee Regional Development Authority bonds
 - x Export Development Act of 1983 bondsy New Harmony Bridge Authority bonds
 - y New Harmony Bridge Authority bonds
 z New Harmony Bridge Bi-State Commiss
- z New Harmony Bridge Bi-State Commission bonds35 Interest on the following non-U.S. government bonds.
 - a Bonds issued by the government of Guam
 - **b** Bonds issued by the government of Puerto Rico
 - c Bonds issued by the government of the Virgin Islands
 - d Bonds issued by the government of American Samoa
 - e Bonds issued by the government of the Northern Mariana Islands
 - f Mutual mortgage insurance fund bonds
- **36** Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 22, 34, or 35 as reported on federal Form 8814.
- **37** Railroad sick pay and railroad unemployment income. **Attach** Form 1099-G or W-2 and a copy of your federal return.
- 38 Unjust imprisonment compensation awarded by Illinois Court of Claims.
- **39** Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.
- 40 Total Subtractions. Add Lines 33 through 39. Enter the amount here and on Form IL-1040, Line 7.

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34a	•00
34b	0 <u>0</u>
34c	•00
34d	<u></u> • <u>00</u>
34e	<u>•00</u>
34f	•00
34g	<u>00</u>
34h	•00
34i	<u> </u>
34j	<u> </u>
34k	•00
341	•00
34m	•00
34n	•00
34o	•00
34p	<u>•00</u>
34q	•00
34r	•00
34s	<u>•00</u>
34t	•00
34u	•00
34v	•00
34w 34x	•00
34x 34y	•00
34y 34z	<u>•00</u>
	•00
35b	•00
35c	•00
35d	•00
35e 35f	•00
301	• <u>00</u>
36	•00
37	•00
38	• <u>00</u>
39	•00
40	7,820 _{•00}

33 _____

7,820,00



Illinois Department of Revenue **2022 Schedule ICR** Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit See Publication 108.
- K-12 Education Expense Credit See Publications 112, 119, and 132.

Illinois Credits

- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax due.

Step 1: Provide the following information

AL	ΙA	SGHER HUSAIN & RAMNIK GILL	3	3	2_	9	6	_ 7	4	2	9
Υοι	ır naı	me as shown on your Form IL-1040	Your Socia	I Secu	irity numl	ber					
C	•		4:1								
Э	tep	o 2: Figure your nonrefundable cree	alt								
1		er the amount of tax from your Form IL-1040, Line 14.						1		22,	029.00
2		er the amount of credit for tax paid to other states from your Form	IL-1040,	Line ⁻	15.			2			.00
3	Sub	ptract Line 2 from Line 1.						3		22,	029.00
Se	ctio	on A - Illinois Property Tax Credit (See instructions for direct	ctions o	n how	v to obta	ain your	prop	erty nu	umber)		
4	а	Enter the total amount of Illinois Property Tax paid during the									
		tax year for the real estate that includes your principal residence.	4a	ı		9,38	34.00				
	b	Enter the county and property number of your principal residence	. See ins	tructio	ons.						
		4b COOK 21 CHIPPING CAME		R							
	^	County Property number		o 1o							
	С	Enter the county and property number of an adjoining lot, if includ		e 4a.							
		4c County Property numbe	er								
	d	Enter the county and property number of another adjoining lot, if i		in Line	e 4a.						
		4d									
	е	County Property numbe Enter the portion of your tax bill that is deductible as a business	er								
	C	expense on U.S. income tax forms or schedules, even									
		if you did not take the federal deduction.	4e				.00				
	f	Subtract Line 4e from Line 4a.	41	f		9,38	34.00				
	g	Multiply Line 4f by 5% (.05).	4g	l		46	59 _{.00}				
5	Cor	mpare Lines 3 and 4g, and enter the lesser amount here.						5			469.00
6	Sub	otract Line 5 from Line 3.	6	;		21,56	50.00				
Se	ctio	on B - K-12 Education Expense Credit									
_		You must complete the K-12 Education Expense Credit Workshi	eet on th	o haa	k						
		schedule and attach any receipt(s) you received from your student									
		cation expense credit.									
7	а	Enter the total amount of K-12 education expenses from Line 11									
		of the worksheet on the back of this schedule.	7a	۱ <u> </u>			.00				
	b	You may not take a credit for the first \$250 paid.	7b)		2	<u>50.00</u>				
	С	Subtract Line 7b from Line 7a. If the result is negative, enter "zero	o." 7 0	;			.00				
	d	Multiply Line 7c by 25% (.25). Compare the result and \$750, and									
•	0	enter the lesser amount here.	70	I			.00	•			00
-		mpare Lines 6 and 7d, and enter the lesser amount here.						8			.00
Se		on C - Total Nonrefundable Credit									
9		Lines 5 and 8. This is your nonrefundable credit amount. Enter thi	is amour	it on			•	•			160
	⊢or	m IL-1040, Line 16.				I		9			469.00



K-12 Education Expense Credit Worksheet

-Note -> You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

10 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F School type (check only one) P = Public N = Non-public H = Home school	G Total tuition, book/lab fees
a					🗆 🗆 🗆	
b						
					р N H	
c					L L L P N H	
d						
e					р N H 🗆 🗆 🗆	
f					р N Н	
g					р N Н	
-					р N Н	
	_				р м н П П П	
I					LJ LJ LJ P N H	
j					🗆 🗆 🗆	
additional pages you attache	G for Lines 10a through 10j (and t d). This is the total amount of you here and on Step 2, Line 7a of this	qualified edu			→ 11	.00

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



Illinois Department of Revenue 2022 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties. You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Step 1: Provide the following information

ALI ASGHER HUSAIN & RAMNIK GILL	3	3	2_	9	б	_ 7	4	2	9
Your name as shown on your Form IL-1040	Your So	cial Secu	urity numb	oer					

Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
SAHIR	HUSAIN	321-11-7818	Son	03/26/2010			12	
DUA	HUSAIN	831-47-1096	Son	06/08/2013			12	
MIR	HUSAIN	866-91-7813	Son	02/27/2016			12	

 Multiply the total number of dependents you are claiming by \$2,425. _____3 X \$2,425 Enter the result here and on Form IL-1040, Line 10d.

7,275.00

Continue to Page 2 to calculate Illinois Earned Income Credit



1



Illinois Earned Income Credit

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

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
2 2a	Ente If yo Doe If yo	er your business inc ou report an amoun s your occupation rea	s and tips from your feder ome or (loss) from your nt on Line 2, you must quire a city, state, or coun b Line 2a, you must enter	federal Form 1040 answer the quest ty issued profession	or 1040-SR, Sc ion in Line 2a k al license, registr	below. ration, or certificat	2_ ion? 2a	Yes 🗌] No	.00
			Issuing Agency		Li	cense, Registration	n, or Certif	ication Num	ber]
										-
										-
										-
	,									-
	retu mar	rn as married filing s ried filing jointly fede	2 federal return as marri separately, enter your feo eral Form 1040 or 1040-s	leral adjusted gross SR, Line 11.	income (AGI) fr	om your	3_			L .00
3a	-	ou entered an amou ried filing jointly fede	nt on Line 3, enter your eral return.	spouse's Social Se	ecurity number fi	rom your	3a			
4			box marked on your W-2,	Wage and Tax State	ement, Box 13?		4	Yes	No [
5 6	Ente Mul	er the amount of fed tiply the amount on ois residents: Ente	Dur Illinois Ear leral Earned Income Cre Line 5 by 18% (.18). er 1.0. t-year residents: Enter	edit from your feder	al Form 1040 or		27. 5 <u></u> 6 _	•		.00 .00

- Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.
- 8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.

Enter this amount here and on your Form IL-1040, Line 29.

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

.00

→ 8_____





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	Form Type Letter Code for Form Type 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)

ALI ASGHER HUSAIN Your name as shown on Form IL-1040						2 ecurity nun	9 nber	6	7	4	2	9
	Jumn A orm type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings as, Compensat			Wages,	u mn D Winnings Compensat		Illir	olumn Iois Inco x Withho	ome
1 2 3 4 5	W W W	39-1263473 26-0406045 000 27-3572632 000 1	- \$ - \$ - \$ - \$		<u>00</u>	\$ \$ \$ \$	1		00	\$ \$ \$ \$	84	05.00 44.00 70.00

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

RAMNIK GILL	3	5	0		9	4		4	2	4	8
Your spouse's name as shown on Form IL-1040	Your s	spouse	's Socia	al Sec	urity r	numbe	r 🗌				

	Column A Form type	Column B Employer/Payer Identification Number	Employer/Payer Federal Wages, Winnings, Gross		Column D Vages, Winnings, Gross ions, Compensation, etc.	Column E Illinois Income Tax Withheld		
6	W	54-1780389 000 6	_ \$	196,109 .00	\$ 196,109 .00	\$	9,707 .00	
7	W	36-0719665 000 0	_ \$	6,982 .00	\$ 6,982 .00	\$	318 .00	
8			- \$	•00	\$ •00	\$	•00	
9			- \$	•00	\$ •00	\$	•00	
10			\$	•00	\$ •00	\$	•00	

Step 3: Total Illinois withholding

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

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

33	Illinois Department of Reve	nue		
S	2022 IL-8453 Illinois II	ndividual Inc		ronic Filing Declaration
P	(Do not mail Form IL-8453 to the I			
Step	1: Provide taxpayer information			
	ALI ASGHER RAMNIK GILL First name and middle initial Spouse's first name (and		Last name	<u>3</u> <u>3</u> <u>2</u> <u>9</u> <u>6</u> <u>7</u> <u>4</u> <u>2</u> <u>9</u> Social Security number
Prin	^t 21 CHIPPING CAMPDEN DR	a last flame il different)	Last hame	350 - 94 - 4248
	Mailing address			Spouse's Social Security number
type	SOUTH BARRINGTON	IL	60010	(972) 679-4297
	City	State	ZIP	Daytime phone number
Ster	2: Complete information from tax retu	rn	Choose one: 🗙 IL-	1040 🔲 IL-1040-X
-	Net income from Form IL-1040 or IL-1040-X, L			1 <u>445,032</u>] <u>00</u>
	Tax from Form IL-1040 or IL-1040-X, Line 14			2 22,029 00
3	Illinois Income Tax withheld from Form IL-1040) or IL-1040-X, Line 2	25 only (enter " 0 " if non	
	Overpayment from Form IL-1040, Line 36 or IL			4 984 <u>00</u> _
	Total amount due from Form IL-1040, Line 40			5l <u>00</u> _
6	Filing status: Single $\underline{\times}$ Married filing joi	ntly Married filir	ng separately Widov	ved Head of household
To in does within 7	n the United States or those not funded by inter Routing no. (RN): <u>0 7 1 0 0 0</u> 0	nformation in this S OR will only perform mational funds. Elect 0 1 3	tep must be included w direct transactions (e.g.,	
8	Account no. (AN): <u>3 8 7 7 9 7</u>	3 9 5 9		
9	Type of account: Checking Savin	igs		
10	Date the payment is to be electronically withdr	awn:/_/_/	_	
11	Electronic funds withdrawal amount:	<u> </u>		
12	Name on account:			
Step	94: Taxpayer declaration and signature	(Sign only after co	ompleting Step 2 and	, if applicable, Step 3.)
⊳	I consent that my refund may be directly de correct. If I have filed a joint return, this is a			
Γ	I authorize the Illinois Department of Reven withdrawal as designated in the electronic po financial institutions involved in the process necessary to answer inquiries and resolve i	ortion of my 2022 Illin ing of an electronic o	ois Original or Amended overpayment of taxes to	Individual Income Tax return. I authorize the
	I do not want direct deposit of my refund, or	r an electronic funds	withdrawal (direct debit)	of my balance due.
returi and a	er penalties of perjury, I declare the information of n originator (ERO) are identical. To the best of my accompanying information may be sent to IDOR accepted or rejected. If rejected, I authorize IDO	y knowledge, my retur by my ERO. I authoriz	rn is true, correct, and con te IDOR to inform my ERC	nplete. I consent that my return, this declaration, D and/or the transmitter when my return has
Sig	Your signature	Date	Spouse's signature (if io	int return, both must sign) Date
I dec infor	5: Electronic return originator (ERO) a lare that I have examined this taxpayer's elect mation. I have followed all requirements of this ayer's return and accompanying information ar	ronic Form IL-1040 c program and declar	or IL-1040-X, the informa e, under penalties of per	tion on this Form IL-8453, and accompanying
			02/25/2023	Check if paid preparer: 🛛 (See instructions.)
	ERO's signature		Date	
ERC	GLOBAL TAXES LLC			$\frac{P}{V_{\text{CUT}}} \frac{0}{D_{\text{T}}} \frac{2}{2} \frac{4}{2} \frac{7}{2} \frac{0}{2} \frac{8}{2} \frac{3}{2} \frac{3}{2}$
use	r inn s name or your name it self-employed			Your PTIN
only	245 ROONEY CT Mailing address			8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522

(0/0)	90	5-9	522
Daytime	phone	numb	er

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.

State

City

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.

ZIP

