

Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Revenue

Your first name and initial	Last	name	Your Social Security nun	nber
VIVIDHA SINGH			531936393	
If a joint return, spouse's first name and initial	Last	name	Spouse's Social Securit	y number
Present street address (and apartment number)				
655 W IRVING PARK RD APT NO 4114	1			
City/Town/Post Office	State	Zip	Filing status: Single	O Married filing jointly
CHICAGO	IL	60613	 Married filing separate 	ly O Head of household
3 Massachusetts use tay (from Form 1 line 34 or F	orm 1-NR/PV line	38)	4	
 Massachusetts use tax (from Form 1, line 34, or F Massachusetts income tax withheld (from Form 1 Refund amount (from Form 1, line 53, or Form 1-1 Tax due (from Form 1, line 54, or Form 1-NR/PY, I 	, line 38, or Form NR/PY, line 57)	1-NR/PY, line 42)		359
4 Massachusetts income tax withheld (from Form 15 Refund amount (from Form 1, line 53, or Form 1-1	, line 38, or Form NR/PY, line 57) ine 58)	1-NR/PY, line 42) Information on my nown on my 2022 cluding this declar urn Originator. I and that it is rejected the return, I under	return with the information I have providual Massachusetts return. To the best of no ration and accompanying schedules, for uthorize DOR to inform my Electronic Forms, I authorize DOR to identify the reasonstand that if DOR does not receive full as	ded to my Electronic by knowledge and belief rms and statements be deturn Originator and/or his for rejection so that

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if	
		03212023	882145	5487	self-employed	
Firm name (or yours, if self-employed	d) and address	City/Town	State	Zip	O Fill in if also	
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer	

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		O Fill in if
P02082703	03212023	843171	965	self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	





2022 Form 1-NR/PY

MA22006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1-December 31, 2022 or other taxable Year beginning

VIVIDHA SINGH 531936393

655 W IRVING PARK RD CHICAGO IL 60613

4114

Fill in if: Amended return Other jurisdiction change

Enter date of change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse Taxpayer deceased You Spouse Fill in if under age 18 You Spouse Fill in if name change You Spouse

Check one: X Nonresident Filing as both nonresident and part-year resident

> Part-year resident Nonresident composite Fill in if noncustodial parent

Fill in if filing Schedule TDS a. Total federal income 89181 b. Federal adjusted gross income 89181 Fill in if filing Schedule FCI

1. Filing status (select one only): X Single Fill in if reporting crypto currency

Married filing jointly

3. Total days as Massachusetts resident

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

 $\div 365 =$

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

781-888-1425

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





2022 Form 1-NR/PY, pg. 2

MA22006021555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 531936393

4.	Exemptions:						
	a. Personal exemptions					4a	4400
	b. Number of dependents. (Do not	include yours	self or your spouse.)	Enter number		\times \$1,000 = 4b	
	c. Age 65 or over before 2023	You +	Spouse =			\times \$700 = 4c	
	d. Blindness	You +	Spouse =			\times \$2,200 = 4d	
	e. Medical/dental					4e	
	f. Adoption					4f	
	g. Total exemptions. Add items 4a t	hrough 4f. Er	nter here and on line	22a		4g	4400
5.	Wages, salaries, tips					5	7183
6.	Taxable pensions and annuities					6	
7.	Mass. bank interest: a.		– b. exemp			= 7	
8.	Business/profession income/loss a		+ b. Farmir	ng income/loss			
						= 8	
9.	Rental, royalty and REMIC, partner	ship, S corp.,	trust income/loss			9	-11500
10a.	Unemployment					10a	
10b.	Mass. lottery winnings					10b	
11.	Other income					11	
12.	TOTAL 5.0% INCOME					12	-4317
13.	NONRESIDENT APPORTIONMEN	T WORKSH	EET. You cannot app	ortion Mass. v	ages as shown	on Form W-2. Do not ι	ise this worksheet if you know the
	exact amount of your Mass. source	income. Only	y use when income f		ent/business is ea	arned both inside and	outside Mass. and the exact
	Mass. amount is not known. Basis:		working days	miles	sales	other:	
	Working days (or other basis) outside	de Massachu	isetts			13a	
	Working days (or other basis) inside	e Massachus	etts			13b	
	Total working days					13c	
	Nonworking days (holidays, weeker	nds, etc.)				13d	
	Massachusetts ratio					13e	
	Total income being apportioned. Yo	u cannot app	ortion Massachusett	ts wages as sh	own on Form W-	-2 13f	
	Massachusetts income					13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



SINGH

21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"

23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"

4400

26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the



21

22

23

24

25

26

531936393

2022 Form 1-NR/PY, pg. 3

MA22006031555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

VIVIDHA

22. Exemption amount. a.

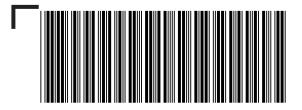
24. INTEREST AND DIVIDEND INCOME

amount in Schedule D, line 21 by .0585

25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO a. Total 5.0% income 14a 14b b. Interest income c. Total capital gain income 14c d. Total income this return 14d 93499 e. Non-Massachusetts source income. Not less than "0" 14e 93499 f. Total income 14f g. Deduction and exemption ratio 14q 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement 15a 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement 15b 16. Reserved for future use 16 17. Reserved for future use 17 18. Rental deduction. $\div 2 = 18$ Nonresidents, fill in if during 2022 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future 19. Other deductions from Schedule Y, line 19 19 20. Total deductions. Add lines 15 through 19 20

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





2022 Form 1-NR/PY, pg. 4

MA22006041555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 531936393

27.	12% INCOME. Not less than "0." a.		× .12 =27	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Sci	hedule D-IS	28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
29.	Credit recapture amount (from Credit Recapture Schedule)		29	
30.	Additional tax on installment sale		30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	TOTAL INCOME TAX. Add lines 26 through 30.		32	
33.	Limited Income Credit		33	
34.	Income tax due to another state or jurisdiction		34	
35.	Other credits (from Credit Manager Schedule)		35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from	m line 32. Not less than "0"	36	
37.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		37a	
	b. Organ Transplant Fund		37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d. Massachusetts U.S. Olympic Fund		37d	
	e. Massachusetts Military Family Relief Fund		37e	
	f. Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f		37	
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	
39.	Health care penalty a. You + b. Spouse		39	
40.	Amended return only. Overpayment from original return		40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. A	dd lines 36 through 40	41	
42.	a. Massachusetts income tax withheld from Form(s) W-2	42a	359	
	b. Massachusetts income tax withheld from Form(s) 1099	42b		
	c. Massachusetts income tax withheld from other forms	42c		
	Total. Add lines 42a through 42c		42	359

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





2022 Form 1-NR/PY, pg. 5

MA22006051555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
531936393

43.	2021 overpayment applied to your 2022 estimated tax			43			
44.	2022 Massachusetts estimated tax payments			44			
45.	Payments made with extension			45			
46.	Amended return only. Payments made with original return. Not	t less than "0"		46			
47.	Earned Income Credit. a. Number of qualifying children Part-year residents, multiply line 47c by line 3 Note: You cannot claim the Earned Income Credit if your filing st for an exception (see instructions). Fill in if you qualify for this ex	-		: .30 = c. 47 ou qualify			
48.		•		48			
49.	Child under age 13, or disabled dependent/spouse credit			49			
50.	Dependent member(s) of household under age 12, or dependent as of December 31, 2022 credit.			•			
	Not more than two. a. \times \$180 = b.	Part-year resider	nts multiply line 50b	•			
-	Other Refundable Credits			51			
	Total Refundable Credits. Add lines 47 through 51			52			
53.	Excess Paid Family Leave Withholding			53			250
	TOTAL. Add lines 42 through 46 and lines 52 and 53			54			359
55.	Overpayment. Subtract line 41 from line 54			55			359
56.				56			250
57.	Refund. Subtract line 56 from line 55. Mail to: Massachusetts D	OR, PO Box 7000, Bo	oston, MA 02204	57			359
F	Direct deposit of refund. Type of account X checking savings RTN # 021000021 account # 65655081						
58.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Interest Penalty	: Mass. DOR, PO Box M-2210 amt.	7003, Boston, MA	02204 58	EX	enclose rm M-2210	
I do n Print SYA	he Department of Revenue discuss this return with the preparer so to want preparer to file my return electronically paid preparer's name MM PRIYA RAM SAGAR GUPTA TALLA preparer's signature		Yes (this may delay you Date 03212023 Paid preparer's ph 678-965-9	Check if self-emone	ployed SSN/ P02 Pai	preparer's /PTIN 208270 id preparer's -31719	EIN

SYAM PRIYA RAM SAGAR BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





2022 Schedule INC MA22INC011555

VIVIDHA SINGH 531936393

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER B. STATE TAX WITHHELD C. STATE WAGES/INCOME D. TAXPAYER SS WITHHELD E. SPOUSE SS WITHHELD F. SOURCE OF WITHHOLDING

201543776 359 7183 W2

TOTALS 359 7183





2022 Schedule NTS-L-NRPY

MA22021011555 No Tax Status and Limited Income Credit 531936393

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1.	Total 5.0% income	1	
2.	Adjustments to income	2	
3.	Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	
4.	Interest exemption used	4	
5.	Adjusted gross interest, dividends and certain capital gains	5	
6.	Long-term capital gain	6	
7.	Additional income/loss while a nonresident/part-year resident	7	93499
8.	Total income. Combine lines 3 through 7	8	93499
9.	Additional adjustments to income while a nonresident/part-year resident	9	
10.	Massachusetts Adjusted Gross Income (AGI)	10	93499
	If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11.	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and		
	add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b)		
	by \$1,000 and add \$14,400 to that amount	11	
12.	If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of depender	ts (from Form 1-NR/PY, lir	ne 4b)
	by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-	NR/PY, line 4b) by \$1,750	
	and add \$25,200 to that amount	12	
13.	No Tax Status threshold	13	
14.	Income for Limited Income Credit	14	
15.	Tax before adjustments	15	
16.	Tax for Limited Income Credit	16	
17.	Limited Income Credit	17	





2022 Schedule E MA22013041555

VIVIDHA SINGH 531936393

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	600
_ 2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1500
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	1200
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	2800
13.	Supplies	13	2600
14.	Taxes	14	
15.	Utilities	15	4000
16.	Other expenses	16	
17.	Add lines 3 through 16	17	12100
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	12100
20.	Income or loss from rental real estate or royalty properties	20	-11500
21.	Deductible rental real estate loss	21	-11500
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-11500
24.	Rental real estate and royalty income or loss	24	-11500





2022 Schedule E, pg. 2

MA22013051555

531936393

Inco	ome or Loss from Partnerships and S Corporations	
	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
_	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
	Subtotal. Combine lines 46 and 47	48
49.	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
	Excess inclusion	50
	Taxable income or loss	51
52.	Income	52
E0.	Cambina lines Et and EO	E 0





2022 Schedule E, pg. 3

MA22013061555

531936393

Farm Income

54. Net farm rental income or loss	54	
Summary		
55. Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-11500
56. Massachusetts differences Enclose statements	56	
57. Abandoned building renovation deduction	57	
58. Total income or loss. Combine lines 55 through 57	58	-11500





600

2022 Schedule E-1 MA22013011555

VIVIDHA SINGH 531936393

HOUSE NO 4-35

BALAKRISHNANAGAR KUKATPALLY

Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome	
1.	Rents received	1
2.	Royalties received	2

	Tionio Todolivoa	'	000
2.	Royalties received	2	
Ехр	enses		
3.		3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1500
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	1200
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	2800
13.	Supplies	13	2600
14.	Taxes	14	
15.	Utilities	15	4000
16.	Other expenses	16	
17.	Add lines 3 through 16	17	12100
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	12100
20.	Income or loss from rental real estate or royalty properties	20	-11500
21.	Deductible rental real estate loss	21	-11500
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-11500
24.	Rental real estate and royalty income or loss	24	-11500

25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value

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

						MIII WE-NA'SHA'A NA BAYANA	Markanaran kabanaran marangan	A-RONG GENERALISMA (ACC	CLACENTS MITH
	531-	-93-6393 1	994					38/34/5/6/6/8	
	VIV	IDHA		SINGH				COMPANIAL IN A PROPERTY.	
							, angles, and an angl		
	655	W IRVING PAR	K RD		4114				S(284)S(E
		CAGO	IL	60613	COOK				HOON KASE
,	СПІС	LAGO			8@OUTLOOK.C	■III DARIBITANI PERANGANAN POM	REAL REPORTED TO PREPARE THE	T BATTERY INC. INC. INC.	CATAC LICKMIIII
В	Filir	ng status: 🏻 Sing				d filing separately \text{Widowe}	ed Head of I	nousehold	
С	Che	eck If someone can	claim you	or your spous	e if filing jointly, a	as a dependent. See instruction	s. You	Spouse	
D	Che	eck the box if this a	pplies to y	ou during 202	:2: Nonresid	dent - Attach Sch. NR 🔲 Par	t-year resident -	Attach Sch.	NR
	Stor	p 2: Income			. —	_		(Whole	dollars only)
	31ep		ross incom	ne from vour fe	ederal Form 1040	or 1040-SR, Line 11.		1	89,181.00
	2					our federal Form 1040 or 1040	SR, Line 2a.	2	.00
	3	Other additions. A						3	.00
	4	Total income. Add		hrough 3.				4	89,181 _{.00}
Ļ		p 3: Base Incom							
	5	Social Security be received if include					5	.00	
b	6	Illinois Income Tax					J	00	
		Schedule 1, Ln. 1.				•	6 7	.00	
2	7	Other subtractions					7	.00	
	8 9	Add Lines 5, 6, an Illinois base inco		-		5.		8 9	
				act Line 6 noi	T LINE 4.				
2	-	p 4: Exemptions		ent for vourself	and your enough	e. See instructions.	a 2,42	5 00	
	10	b Check if 65 or o				of checkboxes X \$1,000 =			
N		c Check if legally				of checkboxes X \$1,000 =			
-				ents, enter the	amount from Sch	nedule IL-E/EIC, Step 2, Line 1.		0 00	
2		Attach Schedule Exemption allows		Lines 10a thr	ough 10d		d	⁰ .00	2,425.00
วั	Stor	p 5: Net Income		Lines rea tin					.00
	-	Residents: Net in		btract Line 10	from Line 9				
						net income from Schedule NR.	Attach Schedule	NR. 11	86,756 _{.00}
	12	Residents: Multip							
	10	Nonresidents and						12	4,294.00
-	13 14	Recapture of investincome tax. Add I						13 14	.00 4,294 _{.00}
}		p 6: Tax After No							.00
	_					Attach Schedule CR.	15	.00	
1		•				rom Schedule ICR.		00	
		Attach Schedule I					16	.00	
5		Credit amount from				299-C. Cannot exceed the tax amount	17	<u>.00</u> 18	0.00
	18 19	Tax after nonrefu			•		on Line 14.	19	4,294.00
3		p 7: Other Taxes							
2	-	Household employ		See instruction	ons.			20	.00
7	21	Use tax on interne	et, mail ord	ler, or other οι		ases from UT Worksheet or U	T Table		
S	00	in the instructions.						21	0.00
7	22 23				rogram Act and	sale of assets by gaming licens	see surcharges.	22 23	.00 4,294 _{.00}
7	23	Total Tax. Add Lin	rco 13,∠0,	∠ 1 , a11U ∠∠.					- ,00



24 T	Total tax from Page 1, Line 23.								24	4,294.00		
Step	ep 8: Payments and Refundable Credit											
25 IIIi	nois Income Tax withheld. Atta	ach Schedule IL-W	IT.				25	4,	628.00			
26 Es	stimated payments from Forms	s IL-1040-ES and II	L-505-I,									
ind	cluding any overpayment appl	ed from a prior year	ar return.				26		.00			
27 Pa	ass-through withholding. Attacl	nholding. Attach Schedule K-1-P or K-1-T.							.00			
28 Pa	ass-through entity tax credit. At	tach Schedule K-1	-P or K-1-T.				28		.00			
	arned Income Credit from Sche	-			chedule IL-E/E	EIC.	29		.00			
30 To	30 Total payments and refundable credit. Add Lines 25 through 29. 30 4,628.											
Step 9: Total												
	31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.								31	334.00		
32 If I	Line 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.						32	.00		
Step	10: Underpayment of Estir	nated Tax Penalt	y and Don	ations	s							
33 La	ate-payment penalty for underp	payment of estimate	ed tax.				33		.00			
	☐ Check if at least two-thirds				-							
	☐ Check if you or your spous											
С	☐ Check if your income was i	not received evenly	during the	ear ar	nd you annu	alizec	d your ii	ncome o	on Form IL-2210	D.		
	Attach Form IL-2210.				_							
	Check if you were not requ			Incom	e Tax return	in th	-	ous tax				
	oluntary charitable donations.						34		.00	00		
	otal penalty and donations.		4.						35	.00		
	11: Refund or Amount yo											
-	you have an amount on Line 3	1 and this amount	is greater th	an Line	e 35, subtra	ct Lin	e 35 fro	m Line		224		
	nis is your overpayment .						36			334.00		
37 Ar	mount from Line 36 you want r o	efunded to you. Ch	neck one box	k on Lir	ne 38. See ir	nstruc	ctions.		37	334.00		
	choose to receive my refund by											
а	☑ direct deposit - Complete	the information be	low if you ch	neck th	is box.							
	You may also contribute	Routing number 0 2 1 0 0		0	0 0 0 2 1 ×		×	Checking or Savings		gs		
	to college savings funds here. See instructions!	Account number	6 5 6 5	5	0 8 1 8	2	T					
		A tooodin Hambor	0 0 0		0 0 1 10	,						
	paper check.											
39 Ar	mount to be credited forward .	Subtract Line 37 fro	om Line 36.	See ins	structions.				39	.00		
40 If y	you have an amount on Line 3	2, add Lines 32 an	d 35. - or -									
If y	you have an amount on Line 3	1 and this amount	is less than	Line 3	5,							
su	ıbtract Line 31 from Line 35. T	his is the amount y	/ou owe . Se	e instr	uctions.				40	.00		
Step	12: Health Insurance Che	eckbox and Sign	nature									
_	Check this box if IDOR may	•		with o	ther Illinois	etete	anenci	es in or	der to determin	۵		
٠. ك	your eligibility for health inst						agenoi	00 111 011	der to determine			
	, , ,											
Signa	ature - Note: If this is a joint ret	urn, both you and yo	our spouse n	nust sig	gn below.							
Under	penalties of perjury, I state the	nat I have examine	d this returr	and, t	to the best o	of my	knowle	edge, it	is true, correct,	and complete.		
Sign	Your signature	Date (mm/dd/yyyy)	Snouse's sig	nature		Da	ıte (mm/c	Id/anaa)	Daytime phone	number		
Here	Tour signature	Date (IIIII/da/yyyy)	opouses sig	nataro		Da	ite (illili)	iu/yyyy)				
	Drint/Time maid and a second		Doid	w'a =!	oturo.		1 - 1		<u>`</u> '	-1425		
Paid	Print/Type paid preparer's nam		Paid prepare			_	te (mm/c			Paid Preparer's PTIN P02082703		
Prepare	SYAM PRIYA RAM SAGAR GUPTA		SYAM PRIYA F	AM SAGA	AR GUPTA TALL	AMI U.	03/21/2023					
Use Onl	Eirm'e name	L TAXES LLC				Fir	m's FEI	N •	843171965			
		OONEY CT E	BRUNSWIC	KNJ 0	8816	Fir	m's pho	ne 🕨	(678) 965	-9522		
Third	Designee's name (please print			Design	nee's phone n	umbe	r		_	Department may		
Party				1)				discuss this return with the third			
Designe					,			_		shown in this step.		
	Refer to the 20	22 IL-1040 Ins	struction	s for	the add	ress	s to n	nail yo	our return.			

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)

VIVIDHA SINGH		5 3	1	9 3	6	3	9	3	
Your name as shown on Form IL-1040	Your Social S	Security numb	oer						
Column A Column B Form type Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.					
1 <u>W</u> <u>20-1543776 000 3</u>	- \$10	0,681 •00	\$	93,499	• <u>00</u>	\$	4,62	8 •00	
2	- \$	•00	\$		<u>•00</u>	\$		<u>•00</u>	
3	\$	<u>•00</u>	\$		<u>•00</u>	\$		<u>•00</u>	
4	- \$	•00	\$		<u>•00</u>	\$		<u>•00</u>	
5	. \$	•00	\$		<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	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 \$ 4,628**.00**

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





→	(Do not mail Form IL-8453 to the II	linois Departmen	t of Revenue unles	s it is requested for review.)	
Step	1: Provide taxpayer information	a Thian			2
	VIVIDHA First name and middle initial Spouse's first name (and	SINGH	Last name	5 3 1 - 9 3 - 6 3 9 - Social Security number	3
Prin	t 655 W IRVING PARK RD 4114	last flame if different)	Last name	Social Security number	
or				Spouse's Social Security number	
type	CHICAGO	IL	60613	(781) 888-1425	
	City	State	ZIP	Daytime phone number	
Ctor	•			, ,	
	2: Complete information from tax return		Choose one: X IL-		`
	Net income from Form IL-1040 or IL-1040-X, Li	ine 11		1 <u>86,756</u> <u>00</u> 2 4,294 <u>00</u>	
	Tax from Form IL-1040 or IL-1040-X, Line 14	4 600			
	Illinois Income Tax withheld from Form IL-1040		only (enter "U" if none	9) 3 4,628 00 4 334 00	
	Overpayment from Form IL-1040, Line 36 or IL Total amount due from Form IL-1040, Line 40 o			5 00	
	Filing status: X Single Married filing joir		n sanarataly Widov	· ——·	<u></u>
-	3: Complete direct deposit of refund o			` . ,	
does within	itiate a payment or refund transaction, the interpretation of support international ACH transactions. IDC in the United States or those not funded by interpretating no. (RN): 0 2 1 0 0 0 0 0 Account no. (AN): 6 5 6 5 5 0 8	DR will only perform denational funds. Electron $\frac{2}{2}$	irect transactions (<i>e.g.,</i>	debit, deposit) with financial institutions locate	
				_	
	Type of account: X Checking Saving				
10	Date the payment is to be electronically withdra	awn://	-		
11	Electronic funds withdrawal amount:	1 <u>00</u> _			
12	Name on account:				_
Ster	o 4: Taxpayer declaration and signature (Sign only after co	mpleting Step 2 and	if applicable, Step 3.)	_
>	_	posited as designated	d in Step 3 and declare	the information on Lines 7 through 9 is	
	I authorize the Illinois Department of Revenue withdrawal as designated in the electronic pofinancial institutions involved in the processi necessary to answer inquiries and resolve is	rtion of my 2022 Illino ng of an electronic ov	ois Original or Amended verpayment of taxes to I	Individual Income Tax return. I authorize the	
	I do not want direct deposit of my refund, or	an electronic funds v	vithdrawal (direct debit)	of my balance due.	
retur	er penalties of perjury, I declare the information or n originator (ERO) are identical. To the best of my accompanying information may be sent to IDOR be accepted or rejected. If rejected, I authorize IDO	knowledge, my return by my ERO. I authorize	n is true, correct, and con e IDOR to inform my ERC	plete. I consent that my return, this declaration and/or the transmitter when my return has	'n,
Sig			<u> </u>		
here	Your signature	Date	Spouse's signature (if jo	nt return, both must sign) Date	
I dec	5 5: Electronic return originator (ERO) a clare that I have examined this taxpayer's electromation. I have followed all requirements of this payer's return and accompanying information are	onic Form IL-1040 or program and declare	IL-1040-X, the informa , under penalties of perj omplete.	tion on this Form IL-8453, and accompanyir ury, that to the best of my knowledge the	
	ERO's signature		03/21/2023 Date	Check if paid preparer: (See instructions.)	
	-		Date		,
ERC	GLOBAL TAXES LLC Firm's name or your name if self-employed			P 0 2 0 8 2 7 0 3	<u>ز</u>
use	245 ROONEY CT				
only	Mailing address			8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)	
	E BRUNSWICK	NJ	08816	(678) 965-9522	
	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.

