Form

**8879**

(

Rev. January

2021)

Department of the Treasury

Internal Revenue Service

IRS

*e-file*

Signature Authorization

a

ERO must obtain and retain completed Form 8879.

a

Go to

*www.irs.gov/Form8879*

for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)

F

|  |  |  |  |
| --- | --- | --- | --- |
| Taxpayer’s name | |  | Social security number |
| SRINILAY JALAGAM | |  | 315-99-3937 |
| Spouse’s name | |  | Spouse’s social security number |
| Part I | Tax Return Information — Tax Year Ending December 31, | 2022 (Enter 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 . . . . . . . . . . . . . . . . . . . . . . . . . . 2 Total tax . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1. Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . . . . . . . . . 2. Amount you want refunded to you . . . . . . . . . . . . . . . . . . . . . . 5 Amount you owe . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | 1 | 33,240. |
| 2 | 2,228. |
| 3 | 3,993. |
| 4 | 1,765. |
| 5 |  |
| Part II | Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) | | |

Under penalties of perjury, 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | 3 | 9 | 3 | 7 |

Taxpayer’s PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my

Enter five digits, but

ERO firm name don’t enter all zeros 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.

Your signature a. srinilay jalagam Date a

Spouse’s PIN: check one box only

as my

I authorize to enter or generate my PIN

ERO firm name Enter five digits, but

signature on the income tax return (original or amended) I am now authorizing. don’t enter all zeros

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 a Date a

Practitioner PIN Method Returns Only—continue below

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part III | Certification and Authentication — Practitioner PIN Method Only |  |  |  |  |  |  |  |  |  |  |  | |
| ERO’s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |  |

Don’t enter all zeros

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 a | Date a |
|  | ERO Must Retain This Form — See Instructions Don’t Submit This Form to the IRS Unless Requested To Do So |

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA** REV 02/10/23 PRO Form 8879 (Rev. 01-2021)

**1040** Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 20**22**

Form

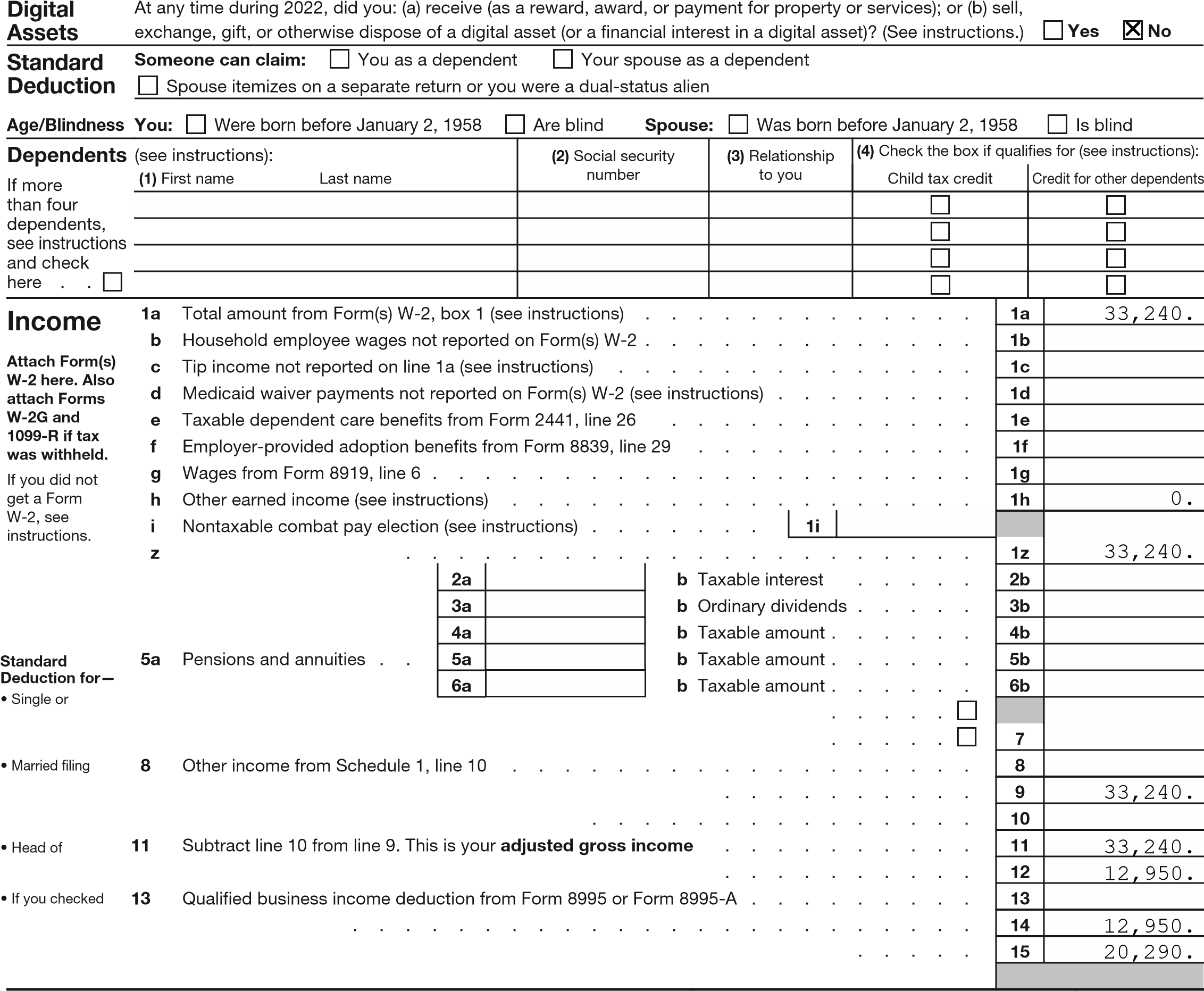
OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving

Check only spouse (QSS)

one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child’s name if the qualifying

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| person is a child but not your dependent: | | | | | | |
| Your first name and middle initial | Last name | | | | | Your social security number |
| SRINILAY | JALAGAM | | | | | 315-99-3937 |
| 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.  10676 HILLPOINTCT | | | | | Apt. no. | Presidential Election Campaign  Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.  You Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.  CHARLOTTE | | | State  NC | ZIP code  28262 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

 . . .

. . .

. . .

Add lines 1a through 1h . . . . . . . . . . .

Attach Sch. B 2a Tax-exempt interest . . . if required. 3a Qualified dividends . . . 4a IRA distributions . . . .

6a Social security benefits . .

Married filing c If you elect to use the lump-sum election method, check here (see instructions) . separately,

$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

jointly or

Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . surviving spouse,

10 Adjustments to income from Schedule 1, line 26 . . . .

$25,900 household,

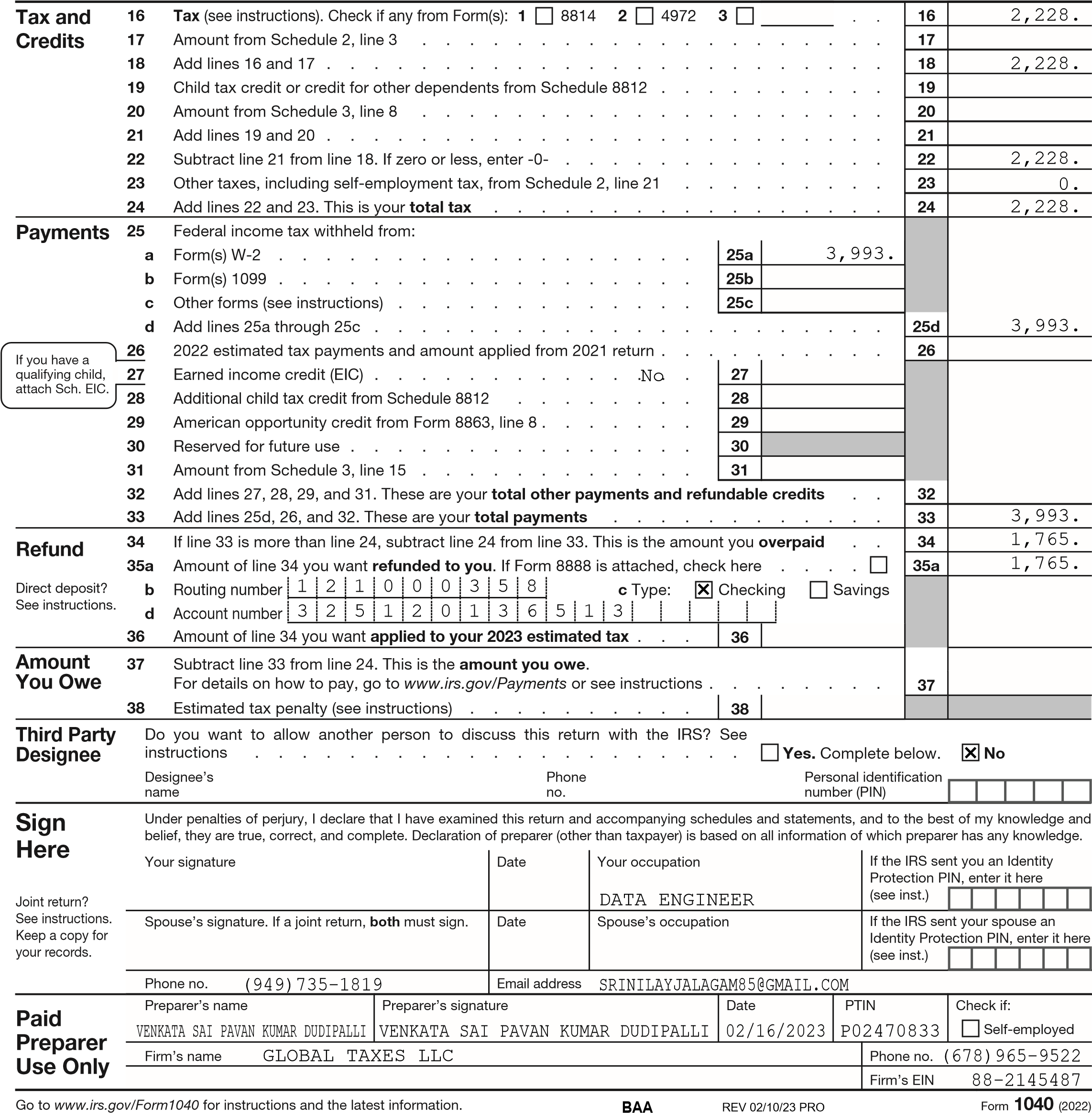
$19,400 12 Standard deduction or itemized deductions (from Schedule A)

any box under

*Standard* 14 Add lines 12 and 13 . . . . . . . . . . . . .

*Deduction*, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income . see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2022) Form 1040 (2022) Page 2

Firm’s address 245 ROONEY CT E BRUNSWICK NJ 08816

**Illinois Department of Revenue**

**Individual Income Tax Return**

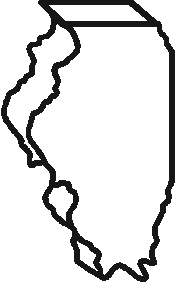
**2022**

**Form IL**

**-1040**

**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.

315-99-3937 1996

SRINILAY JALAGAM

10676 HILLPOINTCT

CHARLOTTE NC 28262

SRINILAYJALAGAM85@GMAIL.COM

1. Filing status: Single Married filing jointly Married filing separately

Widowed

Head of household

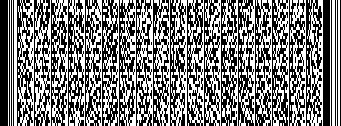
You

Spouse

Part-year resident -

**Attach**

Sch. NR



1. **Check** If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.
2. **Check** the box if this applies to you during 2022: Nonresident - **Attach** Sch. NR

(Whole dollars only)

|  |  |
| --- | --- |
| **Step 2: Income** |  |
| 1. Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3. Other additions. **Attach** Schedule M.  **4** **Total income**. Add Lines 1 through 3. | 1. .0033,240 2. .00  **3** .00   **4** 33,240 .00 |

# **Step 3: Base Income**

**5** Social Security benefits and certain retirement plan income

received if included in Line 1. **Attach** Page 1 of federal return. **5** .00  **6** Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,

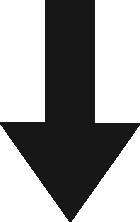
Schedule 1, Ln. 1. **6** .00

1. Other subtractions. **Attach** Schedule M.  **7** .00
2. Add Lines 5, 6, and 7. This is the total of your subtractions. **8** .00
3. **Illinois base income**. Subtract Line 8 from Line 4. **9** 33,240 .00

# **Step 4: Exemptions**

**10 a** Enter the exemption amount for yourself and your spouse.  **See instructions.**  **a**  2,425 .00  **b Check**  if 65 or older: You **+**  Spouse  **# of checkboxes**  **x** $1,000 **=** **b**  .00  **c** **Check** if legally blind: You **+**  Spouse **# of checkboxes** **x** $1,000 **=** **c**  .00 **d** If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.

***Staple W-2 and 1099 forms here***



**Attach** Schedule IL-E/EIC. **d**  .000

**Exemption allowance**. Add Lines 10a through 10d.  **10** 2,425.00

|  |  |  |
| --- | --- | --- |
| **Step 5: Net Income and Tax**  ***Residents:*** **Net income**. Subtract Line 10 from Line 9.  ***Nonresidents and part-year residents:*** Enter the **Illinois net income** from Schedule NR. **Attach** Sche **12** ***Residents:*** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.  ***Nonresidents and part-year residents:*** Enter the tax from Schedule NR.**13** Recapture of investment tax credits. **Attach** Schedule 4255. ` **14 Income tax.** Add Lines 12 and 13. Cannot be less than zero. | dule NR. **11**  **12**  **13**  **14** | 9,270 .00  459.00  .00  459.00 |
| **Step 6: Tax After Nonrefundable Credits**  Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **15** **16** Property tax and K-12 education expense credit amount from Schedule ICR.  **Attach** Schedule ICR. **16**   1. Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **17** 2. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 3. **Tax after nonrefundable credits.** Subtract Line 18 from Line 14. | .00  .00  .00  **18**  **19** | 0.00  459.00 |

# **Step 7: Other Taxes**

***Staple your check***

***and IL-1040-V***



1. Household employment tax. See instructions. **20** .00
2. 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. **21** .000

1. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. **22** .00
2. **Total Tax**. Add Lines 19, 20, 21, and 22. **23** 459.00

|  |
| --- |
| 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. |

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# \*60012222V\*

**24** Total tax from Page 1, Line 23. **24** 459.00

|  |  |  |
| --- | --- | --- |
| **Step 8: Payments and Refundable Credit**   1. Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 2. Estimated payments from Forms IL-1040-ES and IL-505-I,   i ncluding any overpayment applied from a prior year return. **27** Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. **28** Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T.  **29** Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. **30 Total payments and refundable credit**. Add Lines 25 through 29. | 1. .00495 2. .00 3. .00 4. .00 5. .00   **30** | 495.00 |
| **Step 9: Total**  **31** If Line 30 is greater than Line 24, subtract Line 24 from Line 30.  **32** If Line 24 is greater than Line 30, subtract Line 30 from Line 24. | **31**  **32** | 36.00 .00 |

## 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.

1. Check if you or your spouse are 65 or older and permanently living in a nursing home.
2. Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.

**Attach** Form IL-2210.

|  |  |  |
| --- | --- | --- |
| **34** Voluntary charitable donations. **Attach** Schedule G. **34** .00 |  |  |
| 1. **Total penalty and donations**. Add Lines 33 and 34.  **35**   **Step 11: Refund or Amount you owe**   1. If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. |  | .00 |
| This is your **overpayment**. **36**  **37** Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. **37** |  | 36.00  36.00 |

1. Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

**38**

I choose to receive my refund by

**a**

**direct deposit**

Complete the information below if you check this box.

-

Routing number

Checking or

Savings

Account number

**b**

**paper check.**

**39**

Amount to be

**credited forward.**

Subtract Line 37 from Line 36. See instructions.

**39**

.00

*You may also contribute*

*to college savings funds*

*here. See instructions!*

1

2

1

0

0

0

3

5

8

3

2

5

1

2

0

1

3

6

5

1

3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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, |  |  |  |  |  |  |
| subtract Line 31 from Line 35. This is the **amount you owe**. See instructions. |  |  |  | **40** |  | .00 |

## Step 12: Health Insurance Checkbox and Signature

**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**  **Here** | Your signature | | Date (mm/dd/yyyy) | Spouse’s signature | | Date (mm/dd/yyyy) | Daytime phone number | | |
|  | |  |  | |  | ( ) | | |
| **Paid**  **Preparer**  **Use Only** | Print/Type paid preparer’s name | | | Paid preparer’s signature | | Date (mm/dd/yyyy) |  | Check if lf-employed | Paid Preparer’s PTIN |
| VENKATA SAI PAVAN KUMAR DUDIPALLI | | | VENKATA SAI PAVAN KUMAR DUDIPALLI | | 02/16/2023 | se | P02470833 |
| Firm’s name | GLOBAL TAXES LLC | | | | Firm’s FEIN | 882145487 | | |
| Firm’s address | 245 ROONEY CT E BRUNSWICKNJ08816 | | | | Firm’s phone | (678 965-9522 ) | | |
| **Third**  **Party**  **Designee** | Designee’s name (please print) | | | | Designee’s phone number | |  | Check if the Department may discuss this return with the third party designee shown in this step. | |
|  |
|  | | | | ( ) | |

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

***.***

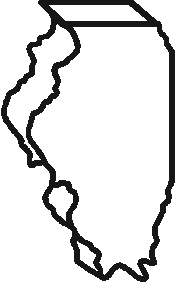
IL-1040 Back (R-12/22) DR AP RR DC IR ID

ID: 3WM REV 02/01/23 PRO

# \*61212221V\*

**Illinois Department of Revenue**

## 2022 Schedule NR Nonresident and Part-Year Resident



**Attach to your Form IL-1040 Computation of Illinois Tax IL Attachment No. 2**

SRINILAY JALAGAM 315 - 9 9 - 3 9 3 7

Your name as shown on your Form IL-1040 Your Social Security number

### Step 1: Provide the following information

1. Were you, or your spouse if “married filing jointly,” a full-year resident of Illinois during the tax year?

Yes No If you answered “Yes,”  you cannot use this form (see instructions).

1. If you, or your spouse if “married filing jointly,” were a part-year resident during the tax year, tell us your residency dates for 2022.  **a** I lived in **Illinois** from  **/** /  **2**   **2** to / /  **2**  **2** I lived in from  **/** /  **2**  **2** to / /  **2**  **2**

Month Day Year Month Day Year State Month Day Year Month Day Year

**b** My spouse lived in **Illinois** from  **/** /  **2**  **2** to / /  **2**  **2** , and from  **/** /  **2**  **2** to / /  **2**  **2**

Month Day Year Month Day Year State Month Day Year Month Day Year

1. If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse’s state of residence for tax purposes, check the appropriate box.

Iowa Kentucky Michigan Wisconsin Military Spouse

1. List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

### Step 2: Complete Form IL-1040

**Complete Lines 1 through 10** of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

### Step 3: Figure the Illinois portion of your federal adjusted gross income

***Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.***

**Column A Column B**

#### Federal Total Illinois Portion

1. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) **5** 33,240.00 10,000 .00

**Income**

1. Taxable interest (federal Form 1040 or 1040-SR, Line 2b) **6** .00 .00
2. Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) **7**  .00 .00
3. Taxable refunds, credits, or offsets of state and local income taxes

(federal Form 1040 or 1040-SR, Schedule 1, Line 1) **8**  .00 .00

1. Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) **9**  .00 .00
2. Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) **10**  .00 .00
3. Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) **11**  .00 .00
4. Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) **12**  .00 .00
5. Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) **13**  .00 .00 **14** Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) **14**  .00 .00
6. Rental real estate, royalties, partnerships, S corporations, trusts, etc.

(federal Form 1040 or 1040-SR, Schedule 1, Line 5) **15**  .00 .00

1. Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) **16**  .00 .00
2. Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) **17**  .00 .00
3. Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) **18**  .00 .00
4. Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)

Include winnings from the **Illinois State Lottery** as Illinois income in Column B. **19**  .00 .00

1. Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income. **20**  10,000 .00

#### Continue with Step 3 on Page 2

|  |
| --- |
| 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. |

IL–1040 Schedule NR Front (R-12/22)

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**Schedule NR – Page 2**

## Step 3: Continued Column A Column B

**Federal Total Illinois Portion**

1. Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.  **21**  10,000 .00

**Adjustments to Income**

1. Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) **22** .00  .00
2. Certain business expenses of reservists, performing artists, and fee-basis

government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) **23**  .00 .00 **24** Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) **24**  .00 .00

1. Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,

Schedule 1, Line 14) **25**  .00 .00

1. Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) **26** .00 .00
2. Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,

Schedule 1, Line 16) **27** .00 .00

1. Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) **28**  .00 .00
2. Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) **29**  .00 .00
3. Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) **30**  .00 .00
4. IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)**31**  .00 .00
5. Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) **32**  .00 .00

### 33 RESERVED 33 .00 .00

1. Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) **34** .00 .00
2. Other adjustments(see instructions)**35** .00 .00
3. Add Column B, Lines 22 through 35. This is the Illinois portion of your federal

adjustments to income. **36**  .00

1. Enter your adjusted gross income as reported on your Form IL-1040, Line 1. **37**  33,240.00
2. Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. **38**  10,000 .00

## Step 4: Figure your Illinois additions and subtractions

***In Column A, enter the total amounts from your Form IL-1040. You must read*  Column A Column B *the instructions for Column B to properly complete this step.***  **Form IL-1040 Total Illinois Portion**

1. Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) **39**  .00 .00
2. Other additions (Form IL-1040, Line 3)  **40**  .00 .00
3. Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  **41**  10,000 .00

1. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) **42**  .00 .00
2. Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,

Schedule 1, Line 1. (Form IL-1040, Line 6) **43**  .00 .00

1. Other subtractions (Form IL-1040, Line 7) **44**  .00 .00

**Illinois Adjustments**

1. Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  **45**  .00

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step 5: Figure your Illinois income and tax**  **46** Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is |  |  |  |  |  |
| yourIllinois base income. |  | **46** |  |  | 10,000 .00 |

If Line 46 is zero, skip Lines 47 through 51, and enter “0” on Line 52.

**Tax Calculations**

1. Enter the base income from Form IL-1040, Line 9. **47**  33,240.00
2. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate

decimal. If Line 46 is greater than Line 47, enter 1.000. **48**  0 301  **49** Enter your exemption allowance from your Form IL-1040, Line 10. **49**  2,425.00

1. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption

allowance.  **50**  730.00

1. Subtract Line 50 from Line 46. This is your **Illinois net income**.

Enter the amount here and on your Form IL-1040, Line 11. **51**  9,270.00

1. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.

Enter the amount here and on your Form IL-1040, Line 12.

This is your **tax.**   **52**  459.00



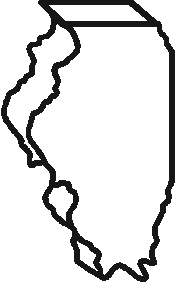
IL–1040 Schedule NR Back (R-12/22)

ID: 3WM REV 02/01/23 PRO

# \*66212221V\*

**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 | B |
| 1099-MISC | M | 1099-K | K |
| 1099-OID | O | 1099-NEC | N |

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

SRINILAY JALAGAM 315  – 99 – 3 9 3 7

Your name as shown on Form IL-1040Your 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** |

W 27-2470334 **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**10,000**00** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**10,000**00 $\_\_\_\_\_\_\_\_\_\_\_**495**00**

**1**

**2**

**3**

**4**

**5**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

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

–  –

|  |  |  |
| --- | --- | --- |
| Your spouse’s name as shown on Form IL-1040 | Your spouse’s Social Security number |  |
| **Column AColumn B**  **Form type Employer/Payer**  **Identification Number** | **Column C Column D**  **Federal Wages, Winnings, Gross Illinois Wages, Winnings, Gross**  **Distributions, Compensation, etc. Distributions, Compensation, etc.** | **Column E**  **Illinois Income**  **Tax Withheld** |

1. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

1. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**
2. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**
3. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**
4. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_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. 11 $\_\_\_\_\_\_\_\_\_\_\_**495 **00**



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

|  |
| --- |
| 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. |

IL-1040 Schedule IL-WIT Front (R-12/22)

Printed by authority of the state of Illinois. Electronic only, one copy.

ID: 3WM REV 02/01/23 PRO

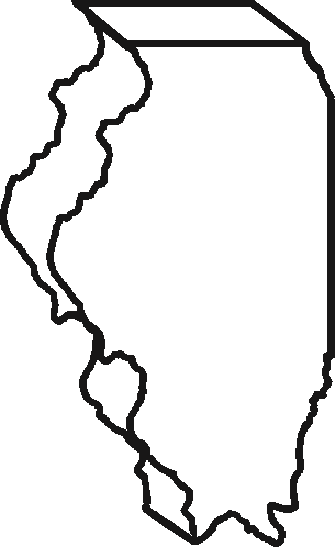
**Illinois Department of Revenue**

**-**

-

Submission ID

**2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration**



(**Do not mail** Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

**Step 1: Provide taxpayer information**

|  |  |
| --- | --- |
| SRINILAY JALAGAM  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First name and middle initial Spouse’s first name (and last name if different) Last name  **Print** 10676 HILLPOINTCT  **or** \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **type** Mailing address | \_\_\_\_ \_\_\_\_ \_\_\_\_3 1 5 – \_\_\_\_ \_\_\_\_ 9 9 – \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_3 9 3 7 Social Security number  \_\_\_\_ \_\_\_\_ \_\_\_\_ – \_\_\_\_ \_\_\_\_ – \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Spouse’s Social Security number |

CHARLOTTE\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NC 28262 ( )

|  |  |
| --- | --- |
| City State ZIP | Daytime phone number |

**Step 2: Complete information from tax return** Choose one: IL-1040 IL-1040-X

1. Net income from Form IL-1040 or IL-1040-X, Line 11 **1** 9,270
2. Tax from Form IL-1040 or IL-1040-X, Line 14 **2** 459
3. Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 **only** (enter **“0”** if none) **3** 495
4. Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 **4** 36
5. Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 **5**
6. Filing status: \_\_\_ Single \_\_\_ Married filing jointly \_\_\_ Married filing separately \_\_\_ Widowed \_\_\_ Head of household

**Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)**

**To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.** Illinois does not support international ACH transactions. IDOR will only perform direct transactions (*e.g.,* debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check. **7** Routing no. (RN): \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ 1 2 1 0 0 0 3 5 8

**DO NOT MAIL**



1. Account no. (AN): \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_3 2 5 1 2 0 1 3 6 5 1 3
2. Type of account: \_\_\_ Checking \_\_\_ Savings
3. Date the payment is to be electronically withdrawn: \_\_\_/\_\_\_/\_\_\_\_\_\_
4. Electronic funds withdrawal amount:
5. Name on account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)**

I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions i nvolved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

**Sign** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **here** Your signature Date Spouse’s signature (if joint return, **both** must sign) Date

**Step 5: Electronic return originator (ERO) and paid preparer declaration and signature**

I declare that I have examined this taxpayer’s electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer’s return and accompanying information are true, correct, and complete.

02/16/2023 **Check if paid preparer:**  (See instructions.)

ERO’s signature Date

GLOBAL TAXES LLC \_\_\_\_ \_\_\_\_ \_\_\_\_P 0 2 \_\_\_\_ \_\_\_\_ 4 7 \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_0 8 3 3**ERO**  Firm’s name or your name if self-employed Your PTIN **use**

**only** 245 ROONEY CT  \_\_\_\_8 \_\_\_\_ 8 – \_\_\_\_2 \_\_\_\_1 \_\_\_\_4 \_\_\_\_5 \_\_\_\_4 \_\_\_\_8 \_\_\_\_7

Mailing address Federal employer identification number (FEIN)

E BRUNSWICK NJ 08816 ( )

Daytime phone number

City

State ZIP

678 965-9522

|  |
| --- |
| 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. |

**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.** IL-8453 (R-12/22) Printed by authority of the state of \*67412221V\*

Illinois. Electronic only, one copy.

**D-400 (50)** **2022 Individual Income Tax Return** *DOR*

< *Staple All Pages of Your* North Carolina Department of Revenue *Use*

*Only*

*Return and W-2s Here* Amended Return

)RUFDOHQGDU\HDURU¿VFDO\HDUEHJLQQLQJ 22 DQGHQGLQJ $UH\RXDYHWHUDQ" <HV No X

SRINILAY JALAGAM ,V\RXUVSRXVHDYHWHUDQ" <HV No

10676 HILLPOINTCT Your SSN: 315993937 :HUH\RXJUDQWHGDQDXWRPDWLFH[WHQVLRQWR¿OH\RXU

CHARLOT NC 28262MECKL 6SRXVH¶V661 IHGHUDOLQFRPHWD[UHWXUQHJ)RUP"

)LOLQJ6WDWXV X 6LQJOH 0DUULHG)LOLQJ-RLQWO\ 0DUULHG)LOLQJ6HSDUDWHO\ <HV No X

+HDGRI+RXVHKROG 4XDOLI\LQJ:LGRZHU <HDUVSRXVHGLHG

:HUH\RXDUHVLGHQWRI1&IRUWKHHQWLUH\HDU" <HV X No 5HWXUQIRUGHFHDVHGWD[SD\HU Date of death: :DV\RXUVSRXVHDUHVLGHQWIRUWKHHQWLUH\HDU" <HV No 5HWXUQIRUGHFHDVHGVSRXVH Date of death:

1&(GXFDWLRQ(QGRZPHQW)XQG<RXPD\FRQWULEXWHWRWKH1&(GXFDWLRQ(QGRZPHQW)XQGE\PDNLQJDFRQWULEXWLRQRUGHVLJQDWLQJVRPHRUDOORI

\RXURYHUSD\PHQWWRWKH)XQG7RPDNHDFRQWULEXWLRQHQFORVH)RUP1&('8DQG\RXUSD\PHQWRI 07RGHVLJQDWH\RXURYHUSD\PHQW

WRWKH)XQGHQWHUWKHDPRXQWRI\RXUGHVLJQDWLRQRQ3DJH/LQH*(See instructions for information about the Fund.)*

6HOHFWER[LI\RXRULIPDUULHG¿OLQJMRLQWO\\RXUVSRXVHZHUHRXWRIWKHFRXQWU\RQ$SULODQGD86FLWL]HQRUUHVLGHQW 6HOHFWER[LIUHWXUQLV¿OHGDQGVLJQHGE\([HFXWRU$GPLQLVWUDWRURU&RXUW$SSRLQWHG3HUVRQDO5HSUHVHQWDWLYH

FS 1 PP Y DT N OC N TPRES

JALA 1067 28262 DS N EA N TD

SRINILAY JALAGAM

10676 HILLPOINTCT

1. 33240 16 307
2. 0 18 Y 0

09 0 20A 967

10A 0 20B 0

10B 0 21A 0

11 S Y I N 21B 0

11 12750 21C 0

1. 00000 21D 0
2. 20490 26A 0
3. 1022 26B 0

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Y SPRES  SD  315993937 | N | VT N  MECKL | SVT  FDEXT | N  N |

TN 9497351819 PN 6789659522 NC 28262

**7020150024**

CHARLOTTE

26C 0

26E 0

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27 0

* + - 1. 0
      2. 0

|  |  |
| --- | --- |
| 31  32 34  PP | 0  0  252  P02470833 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sign Return Below** | X **Refund Due** 252 |  | **Payment Due** 0 | | |
| *I declare and certify that I have examined this return and accompanying schedules and statements, and* to  WKHEHVWRIP\NQRZOHGJHDQGEHOLHIWKH\DUHWUXHFRUUHFWDQGFRPSOHWH  <RXU6LJQDWXUH Date 6SRXVH¶V6LJQDWXUH | | | |  | &KHFNKHUHLI\RXDXWKRUL]HWKH1RUWK&DUROLQD'HSDUWPHQWRI5HYHQXH  WRGLVFXVVWKLVUHWXUQDQGDWWDFKPHQWVZLWKWKHSDLGSUHSDUHUEHORZ  9497351819  *,I¿OLQJMRLQWUHWXUQERWKPXVWVLJQ* Date &RQWDFW3KRQH1R*(Include area code)* |
|  |
| **PAID PREPARER USE ONLY** *,ISUHSDUHGE\DSHUVRQRWKHUWKDQWD[SD\HUWKLVFHUWL¿FDWLRQLVEDVHGRQDOOLQIRUPDWLRQRIZKLFKWKHSUHSDUHUKDVDQ\NQRZOHGJH*  VENKATA SAI PAVAN KUMAR D 02 16 23 6789659522 P02470833  3DLG3UHSDUHU¶V6LJQDWXUH Date 3UHSDUHU¶V&RQWDFW3KRQH1XPEHU*(Include area code)* 3UHSDUHU¶V)(,1661RU37,1 | | | | | |
| ***If REFUND, mail return to:*** 1&'(372)5(9(18(32%2;55$/(,\*+1&  ***If you ARE NOT due a refund, mail return, any payment, and D-400V to:*** 1&'(372)5(9(18(32%2;5$/(,\*+1& | | | | | |

REV 01/26/23 PRO

**D-400 2022 Page 2 (50)**

/DVW1DPH)LUVW&KDUDFWHUV JALAGAM <RXU6RFLDO6HFXULW\1XPEHU 315993937

|  |  |  |  |
| --- | --- | --- | --- |
|  | **D-400 Line-by-Line Information** |  |  |
| 6.  7.  8.  9.  10.  11.  11.  11.  12.  13.  14.  15.  16.  17.  18.  19.  **North** | )HGHUDO$GMXVWHG\*URVV,QFRPH  $GGLWLRQVWR)HGHUDO$GMXVWHG\*URVV,QFRPH  $GG/LQHVDQG  'HGXFWLRQV)URP)HGHUDO$GMXVWHG\*URVV,QFRPH Child Deduction  D(QWHUWKHQXPEHURITXDOLI\LQJFKLOGUHQIRUZKRP\RXZHUHDOORZHGDIHGHUDOFKLOGWD[FUHGLW  E(QWHUWKHDPRXQWRIWKHFKLOGGHGXFWLRQ  N.C. Standard Deduction  1&,WHPL]HG'HGXFWLRQ Deduction amount  D$GG/LQHVEDQG  E6XEWUDFW/LQHDIURP/LQH  3DUW\HDU5HVLGHQWVDQG1RQUHVLGHQWV7D[DEOH3HUFHQWDJH  1&7D[DEOH,QFRPH  1&,QFRPH7D[  7D[&UHGLWV  6XEWUDFW/LQHIURP/LQH  &RQVXPHU8VH7D[  <RXFHUWLI\WKDWQR&RQVXPHU8VH7D[LVGXH  $GG/LQHVDQG  **Carolina Income Tax Withheld** | 6.  7.  8.  9.  10a.  E 11.  11.  11. 12a. E  13.  14.  15.  16.  17.  18.  19. | 33240  0  33240  0  0  0  Y  N  12750  12750  20490  0.0000  20490  1022  307  715  0  Y  715 |
| 20a. <RXUWD[ZLWKKHOG  E 6SRXVH¶VWD[ZLWKKHOG  **Other Tax Payments** | | 20a.  E | 967  0 |
| 21a.  E 21c.  21d.  22.  23.  24.  25.  26a.  E 26c.  26d.  EU  26e.  27.  28. | HVWLPDWHGWD[  3DLGZLWKH[WHQVLRQ  3DUWQHUVKLS  S Corporation  $GGLWLRQDO3D\PHQWV  $GG/LQHVDWKURXJK  3UHYLRXV5HIXQGV  6XEWUDFW/LQHIURP/LQH  **Tax Due**  3HQDOWLHV  ,QWHUHVW  $GG/LQHVEDQGFDQGHQWHUWKHWRWDORQG  ([FHSWLRQWR8QGHUSD\PHQWRI(VWLPDWHG7D[  ,QWHUHVWRQWKH8QGHUSD\PHQWRI(VWLPDWHG,QFRPH7D[  **Pay this Amount Overpayment**  **Amount of Refund to Apply to:** | 21a.  E 21c.  21d. 22.  23.  24.  25.  26a.  E 26c.  26d.  EU  26e. 27.  28. | 0  0  0  0  0  967  0  967  0  0  0  0  0  **0**  252 |

* + 1. $PRXQWRI/LQHWREHDSSOLHGWR(VWLPDWHG,QFRPH7D[ 29. 0
    2. 1&1RQJDPHDQG(QGDQJHUHG:LOGOLIH)XQG 30. 0
    3. 1&(GXFDWLRQ(QGRZPHQW)XQG 31. 0
    4. 1&%UHDVWDQG&HUYLFDO&DQFHU&RQWURO3URJUDP 32. 0
    5. $GG/LQHVWKURXJK 33. 0
    6. **Amount to be Refunded** 34. **252**

**7KLVSDJHPXVWEH¿OHGZLWKWKH¿UVWSDJHRIWKLVIRUP** REV 01/26/23 PRO

|  |
| --- |
| *DOR*  *Use*  *Only* |

## D-400TC (50) 2022 Individual Income Tax Credits 8-8-22 North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

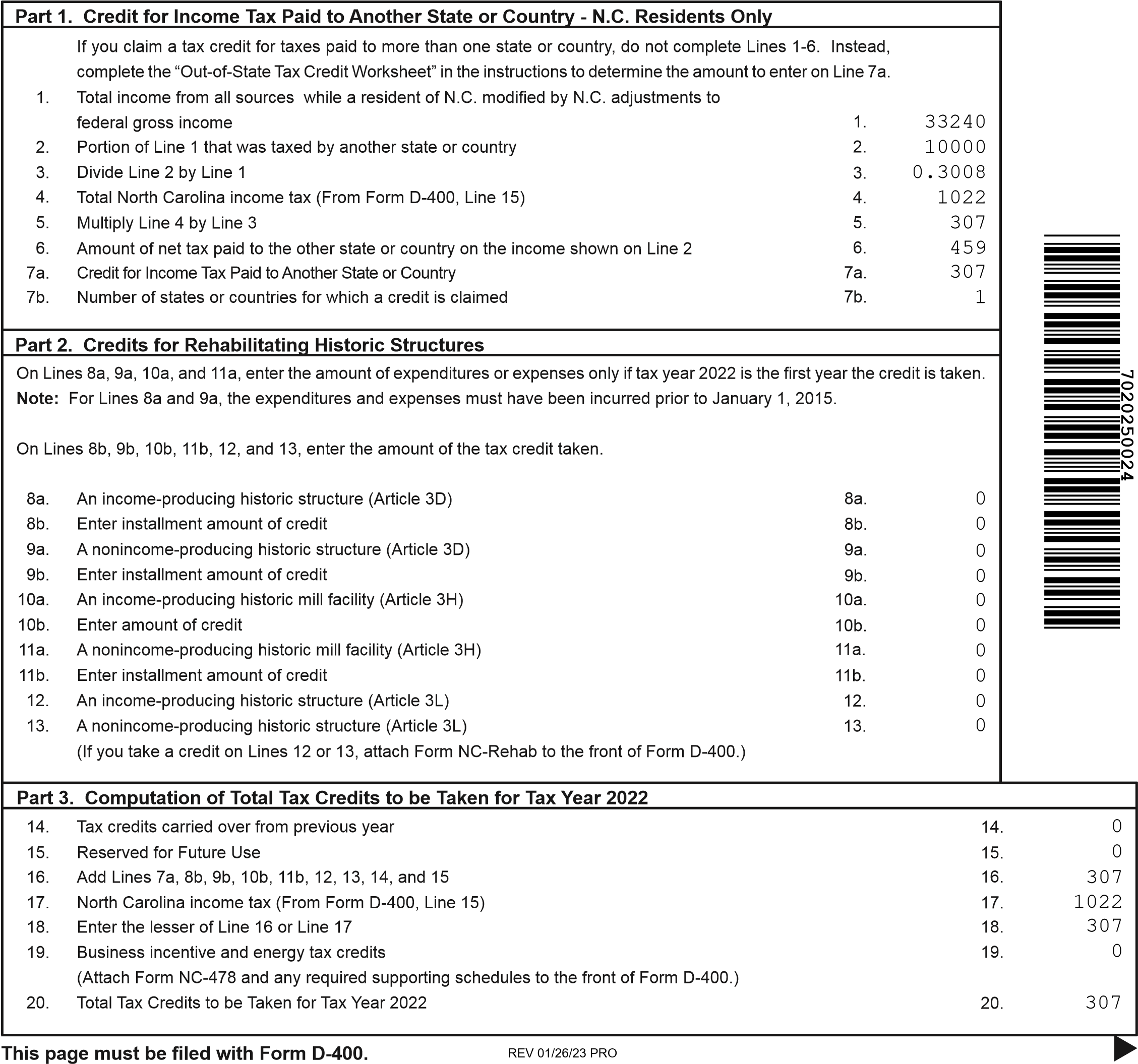
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name *(First 10 Characters)* | JALAGAM |  | Your Social Security Number | 315993937 |

1. 33240 07B 1 10A 0 13 0
2. 10000 08A 0 10B 0 14 0

04 1022 08B 0 11A 0 15 0

06 459 09A 0 11B 0 19 0

07A 307 09B 0 12 0



**Illinois Department of Revenue**

**Individual Income Tax Return**

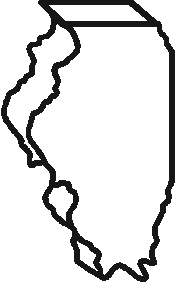
**2022**

**Form IL**

**-1040**

**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.

315-99-3937 1996

SRINILAY JALAGAM

10676 HILLPOINTCT

CHARLOTTE NC 28262

SRINILAYJALAGAM85@GMAIL.COM

1. Filing status: Single Married filing jointly Married filing separately

Widowed

Head of household

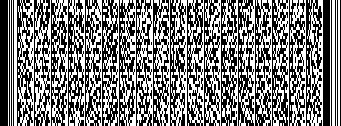
You

Spouse

Part-year resident -

**Attach**

Sch. NR



1. **Check** If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.
2. **Check** the box if this applies to you during 2022: Nonresident - **Attach** Sch. NR

(Whole dollars only)

|  |  |
| --- | --- |
| **Step 2: Income** |  |
| 1. Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3. Other additions. **Attach** Schedule M.  **4** **Total income**. Add Lines 1 through 3. | 1. .0033,240 2. .00  **3** .00   **4** 33,240 .00 |

### Step 3: Base Income

**5** Social Security benefits and certain retirement plan income

received if included in Line 1. **Attach** Page 1 of federal return. **5** .00  **6** Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,

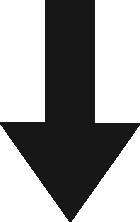
Schedule 1, Ln. 1. **6** .00

1. Other subtractions. **Attach** Schedule M.  **7** .00
2. Add Lines 5, 6, and 7. This is the total of your subtractions. **8** .00
3. **Illinois base income**. Subtract Line 8 from Line 4. **9** 33,240 .00

### Step 4: Exemptions

**10 a** Enter the exemption amount for yourself and your spouse.  **See instructions.**  **a**  2,425 .00  **b Check**  if 65 or older: You **+**  Spouse  **# of checkboxes**  **x** $1,000 **=** **b**  .00  **c** **Check** if legally blind: You **+**  Spouse **# of checkboxes** **x** $1,000 **=** **c**  .00 **d** If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.

***Staple W-2 and 1099 forms here***



**Attach** Schedule IL-E/EIC. **d**  .000

**Exemption allowance**. Add Lines 10a through 10d.  **10** 2,425.00

|  |  |  |
| --- | --- | --- |
| **Step 5: Net Income and Tax**  ***Residents:*** **Net income**. Subtract Line 10 from Line 9.  ***Nonresidents and part-year residents:*** Enter the **Illinois net income** from Schedule NR. **Attach** Sche **12** ***Residents:*** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.  ***Nonresidents and part-year residents:*** Enter the tax from Schedule NR.**13** Recapture of investment tax credits. **Attach** Schedule 4255. ` **14 Income tax.** Add Lines 12 and 13. Cannot be less than zero. | dule NR. **11**  **12**  **13**  **14** | 9,270 .00  459.00  .00  459.00 |
| **Step 6: Tax After Nonrefundable Credits**  Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **15** **16** Property tax and K-12 education expense credit amount from Schedule ICR.  **Attach** Schedule ICR. **16**   1. Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **17** 2. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 3. **Tax after nonrefundable credits.** Subtract Line 18 from Line 14. | .00  .00  .00  **18**  **19** | 0.00  459.00 |

### Step 7: Other Taxes

***Staple your check***

***and IL-1040-V***



1. Household employment tax. See instructions. **20** .00
2. 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. **21** .000

1. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. **22** .00
2. **Total Tax**. Add Lines 19, 20, 21, and 22. **23** 459.00

|  |
| --- |
| 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. |

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**24** Total tax from Page 1, Line 23. **24** 459.00

|  |  |  |
| --- | --- | --- |
| **Step 8: Payments and Refundable Credit**   1. Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 2. Estimated payments from Forms IL-1040-ES and IL-505-I,   i ncluding any overpayment applied from a prior year return. **27** Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. **28** Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T.  **29** Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. **30 Total payments and refundable credit**. Add Lines 25 through 29. | 1. .00495 2. .00 3. .00 4. .00 5. .00   **30** | 495.00 |
| **Step 9: Total**  **31** If Line 30 is greater than Line 24, subtract Line 24 from Line 30.  **32** If Line 24 is greater than Line 30, subtract Line 30 from Line 24. | **31**  **32** | 36.00 .00 |

## 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.

1. Check if you or your spouse are 65 or older and permanently living in a nursing home.
2. Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.

**Attach** Form IL-2210.

|  |  |  |
| --- | --- | --- |
| **34** Voluntary charitable donations. **Attach** Schedule G. **34** .00 |  |  |
| 1. **Total penalty and donations**. Add Lines 33 and 34.  **35**   **Step 11: Refund or Amount you owe**   1. If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. |  | .00 |
| This is your **overpayment**. **36**  **37** Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. **37** |  | 36.00  36.00 |

1. Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

**38**

I choose to receive my refund by

**a**

**direct deposit**

Complete the information below if you check this box.

-

Routing number

Checking or

Savings

Account number

**b**

**paper check.**

**39**

Amount to be

**credited forward.**

Subtract Line 37 from Line 36. See instructions.

**39**

.00

*You may also contribute*

*to college savings funds*

*here. See instructions!*

1

2

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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, |  |  |  |  |  |  |
| subtract Line 31 from Line 35. This is the **amount you owe**. See instructions. |  |  |  | **40** |  | .00 |

## Step 12: Health Insurance Checkbox and Signature

**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**  **Here** | Your signature | | Date (mm/dd/yyyy) | Spouse’s signature | | Date (mm/dd/yyyy) | Daytime phone number | | |
|  | |  |  | |  | ( ) | | |
| **Paid**  **Preparer**  **Use Only** | Print/Type paid preparer’s name | | | Paid preparer’s signature | | Date (mm/dd/yyyy) |  | Check if lf-employed | Paid Preparer’s PTIN |
| VENKATA SAI PAVAN KUMAR DUDIPALLI | | | VENKATA SAI PAVAN KUMAR DUDIPALLI | | 02/16/2023 | se | P02470833 |
| Firm’s name | GLOBAL TAXES LLC | | | | Firm’s FEIN | 882145487 | | |
| Firm’s address | 245 ROONEY CT E BRUNSWICKNJ08816 | | | | Firm’s phone | (678 965-9522 ) | | |
| **Third**  **Party**  **Designee** | Designee’s name (please print) | | | | Designee’s phone number | |  | Check if the Department may discuss this return with the third party designee shown in this step. | |
|  |
|  | | | | ( ) | |

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

***.***

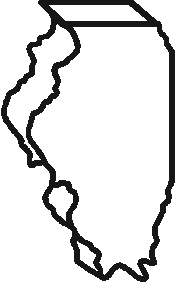
IL-1040 Back (R-12/22) DR AP RR DC IR ID

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**Illinois Department of Revenue**

## 2022 Schedule NR Nonresident and Part-Year Resident



**Attach to your Form IL-1040 Computation of Illinois Tax IL Attachment No. 2**

SRINILAY JALAGAM 315 - 9 9 - 3 9 3 7

Your name as shown on your Form IL-1040 Your Social Security number

### Step 1: Provide the following information

1. Were you, or your spouse if “married filing jointly,” a full-year resident of Illinois during the tax year?

Yes No If you answered “Yes,”  you cannot use this form (see instructions).

1. If you, or your spouse if “married filing jointly,” were a part-year resident during the tax year, tell us your residency dates for 2022.  **a** I lived in **Illinois** from  **/** /  **2**   **2** to / /  **2**  **2** I lived in from  **/** /  **2**  **2** to / /  **2**  **2**

Month Day Year Month Day Year State Month Day Year Month Day Year

**b** My spouse lived in **Illinois** from  **/** /  **2**  **2** to / /  **2**  **2** , and from  **/** /  **2**  **2** to / /  **2**  **2**

Month Day Year Month Day Year State Month Day Year Month Day Year

1. If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse’s state of residence for tax purposes, check the appropriate box.

Iowa Kentucky Michigan Wisconsin Military Spouse

1. List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

### Step 2: Complete Form IL-1040

**Complete Lines 1 through 10** of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

### Step 3: Figure the Illinois portion of your federal adjusted gross income

***Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.***

**Column A Column B**

#### Federal Total Illinois Portion

1. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) **5** 33,240.00 10,000 .00

**Income**

1. Taxable interest (federal Form 1040 or 1040-SR, Line 2b) **6** .00 .00
2. Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) **7**  .00 .00
3. Taxable refunds, credits, or offsets of state and local income taxes

(federal Form 1040 or 1040-SR, Schedule 1, Line 1) **8**  .00 .00

1. Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) **9**  .00 .00
2. Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) **10**  .00 .00
3. Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) **11**  .00 .00
4. Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) **12**  .00 .00
5. Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) **13**  .00 .00 **14** Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) **14**  .00 .00
6. Rental real estate, royalties, partnerships, S corporations, trusts, etc.

(federal Form 1040 or 1040-SR, Schedule 1, Line 5) **15**  .00 .00

1. Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) **16**  .00 .00
2. Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) **17**  .00 .00
3. Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) **18**  .00 .00
4. Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)

Include winnings from the **Illinois State Lottery** as Illinois income in Column B. **19**  .00 .00

1. Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income. **20**  10,000 .00

#### Continue with Step 3 on Page 2

|  |
| --- |
| 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. |

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**Schedule NR – Page 2**

## Step 3: Continued Column A Column B

**Federal Total Illinois Portion**

1. Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.  **21**  10,000 .00

**Adjustments to Income**

1. Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) **22** .00  .00
2. Certain business expenses of reservists, performing artists, and fee-basis

government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) **23**  .00 .00 **24** Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) **24**  .00 .00

1. Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,

Schedule 1, Line 14) **25**  .00 .00

1. Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) **26** .00 .00
2. Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,

Schedule 1, Line 16) **27** .00 .00

1. Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) **28**  .00 .00
2. Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) **29**  .00 .00
3. Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) **30**  .00 .00
4. IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)**31**  .00 .00
5. Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) **32**  .00 .00

### 33 RESERVED 33 .00 .00

1. Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) **34** .00 .00
2. Other adjustments(see instructions)**35** .00 .00
3. Add Column B, Lines 22 through 35. This is the Illinois portion of your federal

adjustments to income. **36**  .00

1. Enter your adjusted gross income as reported on your Form IL-1040, Line 1. **37**  33,240.00
2. Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. **38**  10,000 .00

## Step 4: Figure your Illinois additions and subtractions

***In Column A, enter the total amounts from your Form IL-1040. You must read*  Column A Column B *the instructions for Column B to properly complete this step.***  **Form IL-1040 Total Illinois Portion**

1. Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) **39**  .00 .00
2. Other additions (Form IL-1040, Line 3)  **40**  .00 .00
3. Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  **41**  10,000 .00

1. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) **42**  .00 .00
2. Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,

Schedule 1, Line 1. (Form IL-1040, Line 6) **43**  .00 .00

1. Other subtractions (Form IL-1040, Line 7) **44**  .00 .00

**Illinois Adjustments**

1. Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  **45**  .00

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step 5: Figure your Illinois income and tax**  **46** Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is |  |  |  |  |  |
| yourIllinois base income. |  | **46** |  |  | 10,000 .00 |

If Line 46 is zero, skip Lines 47 through 51, and enter “0” on Line 52.

**Tax Calculations**

1. Enter the base income from Form IL-1040, Line 9. **47**  33,240.00
2. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate

decimal. If Line 46 is greater than Line 47, enter 1.000. **48**  0 301  **49** Enter your exemption allowance from your Form IL-1040, Line 10. **49**  2,425.00

1. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption

allowance.  **50**  730.00

1. Subtract Line 50 from Line 46. This is your **Illinois net income**.

Enter the amount here and on your Form IL-1040, Line 11. **51**  9,270.00

1. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.

Enter the amount here and on your Form IL-1040, Line 12.

This is your **tax.**   **52**  459.00



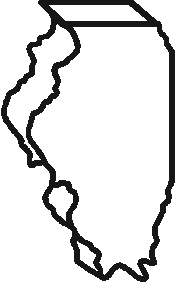
IL–1040 Schedule NR Back (R-12/22)

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**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 | B |
| 1099-MISC | M | 1099-K | K |
| 1099-OID | O | 1099-NEC | N |

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

SRINILAY JALAGAM 315  – 99 – 3 9 3 7

Your name as shown on Form IL-1040Your 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** |

W 27-2470334 **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**10,000**00** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**10,000**00 $\_\_\_\_\_\_\_\_\_\_\_**495**00**

**1**

**2**

**3**

**4**

**5**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

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

–  –

|  |  |  |
| --- | --- | --- |
| Your spouse’s name as shown on Form IL-1040 | Your spouse’s Social Security number |  |
| **Column AColumn B**  **Form type Employer/Payer**  **Identification Number** | **Column C Column D**  **Federal Wages, Winnings, Gross Illinois Wages, Winnings, Gross**  **Distributions, Compensation, etc. Distributions, Compensation, etc.** | **Column E**  **Illinois Income**  **Tax Withheld** |

1. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**

1. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**
2. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**
3. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_00 $\_\_\_\_\_\_\_\_\_\_\_00**
4. **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_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. 11 $\_\_\_\_\_\_\_\_\_\_\_**495 **00**



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

|  |
| --- |
| 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. |

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