

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name SRINILAY JALAGAM | Social security number 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 | 1 | 33,240. |
| 2 Total tax | 2 | 2,228. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 3,993. |
| 4 Amount you want refunded to you | 4 | 1,765. |
| 5 Amount you owe | 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.

Taxpayer's PIN: check one box only

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

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

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but 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.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but 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 ▶ _____ Date ▶ _____

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 ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only 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:

Form fields for personal information: Your first name and middle initial (SRINILAY), Last name (JALAGAM), Your social security number (315-99-3937), Home address (10676 HILLPOINTCT, CHARLOTTE, NC, 28262), and Presidential Election Campaign options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, and Taxable income.

| | | | | |
|------------------------|-----------|--|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 2,228. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 2,228. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,228. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 2,228. |

| | | | | |
|-----------------|-----------|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 3,993. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 3,993. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,993. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,765. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,765. |
| Direct deposit? See instructions. | b | Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 3 2 5 1 2 0 1 3 6 5 1 3 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---|---|---|
| Your signature _____ | Date _____ | Your occupation DATA ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
| Spouse's signature. If a joint return, both must sign. _____ | Date _____ | Spouse's occupation _____ | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |
| Phone no. (949) 735-1819 | Email address SRINILAYJALAGAM85@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|---|--|---------------------------|--------------------------|---|
| Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI | Date 02/16/2023 | PTIN P02470833 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | 88-2145487 |



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

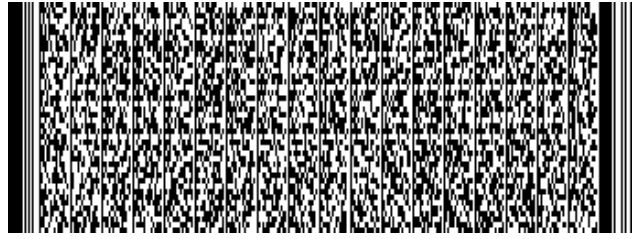
or for fiscal year ending ___/___/___

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

315-99-3937 1996

SRINILAY

JALAGAM



10676 HILLPOINTCT

CHARLOTTE

NC 28262

SRINILAYJALAGAM85@GMAIL.COM

B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

| | |
|---|--------------------|
| 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 33,240.00 |
| 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 .00 |
| 3 Other additions. Attach Schedule M. | 3 .00 |
| 4 Total income. Add Lines 1 through 3. | 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 |
| 7 Other subtractions. Attach Schedule M. | 7 .00 |
| 8 Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 .00 |
| 9 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: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b .00 |
| c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> 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. Attach Schedule IL-E/EIC. | d 0.00 |
| Exemption allowance. Add Lines 10a through 10d. | 10 2,425.00 |

Step 5: Net Income and Tax

| | |
|--|--------------------|
| 11 Residents: Net income. Subtract Line 10 from Line 9. | 11 9,270.00 |
| Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | |
| 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. | 12 459.00 |
| Nonresidents and part-year residents: Enter the tax from Schedule NR. | |
| 13 Recapture of investment tax credits. Attach Schedule 4255. | 13 .00 |
| 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 459.00 |

Step 6: Tax After Nonrefundable Credits

| | |
|---|------------------|
| 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 .00 |
| 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | 16 .00 |
| 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 .00 |
| 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 0.00 |
| 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 459.00 |

Step 7: Other Taxes

| | |
|---|------------------|
| 20 Household employment tax. See instructions. | 20 .00 |
| 21 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 0.00 |
| 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 .00 |
| 23 Total Tax. Add Lines 19, 20, 21, and 22. | 23 459.00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 459.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 495.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 495.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 36.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .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.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 36.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 36.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 1 2 1 0 0 0 3 5 8 X Checking or Savings
Account number 3 2 5 1 2 0 1 3 6 5 1 3

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
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.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes sections for Paid Preparer Use Only and Third Party Designee.

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



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

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

SRINILAY JALAGAM

Your name as shown on your Form IL-1040

3 1 5 - 9 9 - 3 9 3 7
 Your Social Security number

Step 1: Provide the following information

- 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).
- 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.
 - I lived in **Illinois** from ___ / ___ / 22 to ___ / ___ / 22 I lived in _____ from ___ / ___ / 22 to ___ / ___ / 22
 Month Day Year Month Day Year State Month Day Year Month Day Year
 - My spouse lived in **Illinois** from ___ / ___ / 22 to ___ / ___ / 22, and _____ from ___ / ___ / 22 to ___ / ___ / 22
 Month Day Year Month Day Year State Month Day Year Month Day Year
- 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
- 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 Federal Total | Column B Illinois Portion |
|---|---------------------------|------------------------------|
| 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) | <u>5</u> 33,240.00 | <u>10,000.00</u> |
| 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) | <u>6</u> .00 | <u>.00</u> |
| 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) | <u>7</u> .00 | <u>.00</u> |
| 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) | <u>8</u> .00 | <u>.00</u> |
| 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) | <u>9</u> .00 | <u>.00</u> |
| 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) | <u>10</u> .00 | <u>.00</u> |
| 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) | <u>11</u> .00 | <u>.00</u> |
| 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) | <u>12</u> .00 | <u>.00</u> |
| 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) | <u>13</u> .00 | <u>.00</u> |
| 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) | <u>14</u> .00 | <u>.00</u> |
| 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) | <u>15</u> .00 | <u>.00</u> |
| 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) | <u>16</u> .00 | <u>.00</u> |
| 17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) | <u>17</u> .00 | <u>.00</u> |
| 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) | <u>18</u> .00 | <u>.00</u> |
| 19 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. | <u>19</u> .00 | <u>.00</u> |
| 20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income. | <u>20</u> | <u>10,000.00</u> |

Continue with Step 3 on Page 2 →



Step 3: Continued

| | | Column A Federal Total | Column B Illinois Portion |
|------------------------------|--|---------------------------|------------------------------|
| Adjustments to Income | 21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20. | 21 | 10,000.00 |
| | 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | 22 | .00 |
| | 23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | 23 | .00 |
| | 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) | 24 | .00 |
| | 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) | 25 | .00 |
| | 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) | 26 | .00 |
| | 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) | 27 | .00 |
| | 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | 28 | .00 |
| | 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) | 29 | .00 |
| | 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) | 30 | .00 |
| | 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) | 31 | .00 |
| | 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) | 32 | .00 |
| | 33 RESERVED | 33 | .00 |
| | 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) | 34 | .00 |
| | 35 Other adjustments (see instructions) | 35 | .00 |
| | 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income. | 36 | .00 |
| | 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1. | 37 | 33,240.00 |
| | 38 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 the instructions for Column B to properly complete this step.

| | | Column A Form IL-1040 Total | Column B Illinois Portion |
|-----------------------------|---|--------------------------------|------------------------------|
| Illinois Adjustments | 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) | 39 | .00 |
| | 40 Other additions (Form IL-1040, Line 3) | 40 | .00 |
| | 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. | 41 | 10,000.00 |
| | 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) | 42 | .00 |
| | 43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | 43 | .00 |
| | 44 Other subtractions (Form IL-1040, Line 7) | 44 | .00 |
| | 45 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

| | | | |
|-------------------------|---|-----------|-----------|
| Tax Calculations | 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. | 46 | 10,000.00 |
| | 47 Enter the base income from Form IL-1040, Line 9. | 47 | 33,240.00 |
| | 48 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 |
| | 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. | 50 | 730.00 |
| | 51 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 |
| | 52 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. → | 52 | 459.00 |



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

Your name as shown on Form IL-1040

3 1 5 - 9 9 - 3 9 3 7
Your 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 |
|-----------------------|---|---|--|---|
| 1 W | 27-2470334 | \$ 10,000.00 | \$ 10,000.00 | \$ 495.00 |
| 2 | | \$.00 | \$.00 | \$.00 |
| 3 | | \$.00 | \$.00 | \$.00 |
| 4 | | \$.00 | \$.00 | \$.00 |
| 5 | | \$.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 A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 6 | | \$.00 | \$.00 | \$.00 |
| 7 | | \$.00 | \$.00 | \$.00 |
| 8 | | \$.00 | \$.00 | \$.00 |
| 9 | | \$.00 | \$.00 | \$.00 |
| 10 | | \$.00 | \$.00 | \$.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. ➔



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 3 1 5 - 9 9 - 3 9 3 7
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
10676 HILLPOINTCT
Mailing address Spouse's Social Security number
CHARLOTTE NC 28262
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 9,270 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 459 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 495 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 36 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Widowed [] Head of household

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

To initiate a payment or refund transaction, the information in this Step must be included within the electronic 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
8 Account no. (AN): 3 2 5 1 2 0 1 3 6 5 1 3
9 Type of account: [X] Checking [] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 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 involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] 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.

ERO's signature Date 02/16/2023
GLOBAL TAXES LLC
Firm's name or your name if self-employed
245 ROONEY CT
Mailing address
E BRUNSWICK NJ 08816
City State ZIP
Check if paid preparer: [X] (See instructions.)
P 0 2 4 7 0 8 3 3
Your PTIN
8 8 - 2 1 4 5 4 8 7
Federal employer identification number (FEIN)
(678) 965-9522
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.



D-400 (50) 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

| | | |
|--|--|---|
| For calendar year 2022, or fiscal year beginning <u>22</u> and ending | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| SRINILAY JALAGAM 10676 HILLPOINTCT Your SSN: 315993937 CHARLOT NC 28262MECKL Spouse's SSN: | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death: | | Year spouse died: |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: | | |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

| | | | | | | | | | | | | | | | |
|----------|-------------|---------|----|-----|----|----|------------|-----------|---|-------|-------|----|---|-----------|---|
| FS | 1 | PP | Y | DT | N | OC | N | TPRES | Y | SPRES | N | VT | N | SVT | N |
| JALA | 1067 | 28262 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| SRINILAY | | JALAGAM | | | | | | 315993937 | | MECKL | | | | | |
| | | | | | | | | | | NC | 28262 | | | | |
| 10676 | HILLPOINTCT | | | | | | | CHARLOTTE | | | | | | | |
| 06 | | 33240 | | 16 | | | | 307 | | 26C | | | | 0 | |
| 07 | | 0 | | 18 | Y | | | 0 | | 26E | | | | 0 | |
| 09 | | 0 | | 20A | | | | 967 | | EU | | | | | |
| 10A | | 0 | | 20B | | | | 0 | | 27 | | | | 0 | |
| 10B | | 0 | | 21A | | | | 0 | | 29 | | | | 0 | |
| 11 | S | Y | I | N | | | | 0 | | 30 | | | | 0 | |
| 11 | | 12750 | | 21C | | | | 0 | | 31 | | | | 0 | |
| 13 | | 00000 | | 21D | | | | 0 | | 32 | | | | 0 | |
| 14 | | 20490 | | 26A | | | | 0 | | 34 | | | | 252 | |
| 15 | | 1022 | | 26B | | | | 0 | | | | | | | |
| TN | 9497351819 | | | PN | | | 6789659522 | | | PP | | | | P02470833 | |



| | |
|--|--|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>252</u> <input type="checkbox"/> Payment Due <u>0</u> | |
| I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. | |
| Your Signature _____ Date _____ | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ |
| 9497351819 Contact Phone No. (Include area code) | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | |
| VENKATA SAI PAVAN KUMAR D <u>02 16 23</u> <u>6789659522</u> | <u>P02470833</u> |
| Paid Preparer's Signature _____ Date _____ | Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____ |

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 33240 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 33240 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 12750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 12750 |
| | b. Subtract Line 12a from Line 8 | 12b. | 20490 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.0000 |
| 14. | N.C. Taxable Income | 14. | 20490 |
| 15. | N.C. Income Tax | 15. | 1022 |
| 16. | Tax Credits | 16. | 307 |
| 17. | Subtract Line 16 from Line 15 | 17. | 715 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 715 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|-----|
| 20a. | Your tax withheld | 20a. | 967 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|------------|
| 21a. | 2022 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Additional Payments | 22. | 0 |
| 23. | Add Lines 20a through 22 | 23. | 967 |
| 24. | Previous Refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 967 |
| 26a. | Tax Due | 26a. | 0 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to Underpayment of Estimated Tax | EU | |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 252 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2023 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 252 |

D-400TC (50)

8-8-22

2022 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

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

Table with 8 columns: Line number, Amount, Code, Count, Code, Amount, Count, Code. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line number, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken.

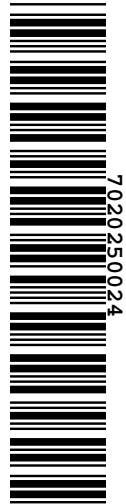
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line number, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2022

Table with 3 columns: Description, Line number, Amount. Rows 14-20.





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

or for fiscal year ending ___/___/___

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

315-99-3937 1996

SRINILAY JALAGAM



10676 HILLPOINTCT

CHARLOTTE NC 28262

SRINILAYJALAGAM85@GMAIL.COM

B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

| | |
|---|--------------------|
| 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 33,240.00 |
| 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 .00 |
| 3 Other additions. Attach Schedule M. | 3 .00 |
| 4 Total income. Add Lines 1 through 3. | 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 |
| 7 Other subtractions. Attach Schedule M. | 7 .00 |
| 8 Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 .00 |
| 9 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: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b .00 |
| c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> 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. Attach Schedule IL-E/EIC. | d 0.00 |
| Exemption allowance. Add Lines 10a through 10d. | 10 2,425.00 |

Step 5: Net Income and Tax

| | |
|--|--------------------|
| 11 Residents: Net income. Subtract Line 10 from Line 9. | 11 9,270.00 |
| Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | |
| 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. | 12 459.00 |
| Nonresidents and part-year residents: Enter the tax from Schedule NR. | |
| 13 Recapture of investment tax credits. Attach Schedule 4255. | 13 .00 |
| 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 459.00 |

Step 6: Tax After Nonrefundable Credits

| | |
|---|------------------|
| 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 .00 |
| 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | 16 .00 |
| 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 .00 |
| 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 0.00 |
| 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 459.00 |

Step 7: Other Taxes

| | |
|---|------------------|
| 20 Household employment tax. See instructions. | 20 .00 |
| 21 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 0.00 |
| 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 .00 |
| 23 Total Tax. Add Lines 19, 20, 21, and 22. | 23 459.00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 459.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 495.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 495.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 36.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .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.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 36.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 36.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 1 2 1 0 0 0 3 5 8 X Checking or Savings
Account number 3 2 5 1 2 0 1 3 6 5 1 3

b paper check.

39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
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, Spouse's signature, Date, Daytime phone number.
Paid Preparer Use Only: Print/Type paid preparer's name, Paid preparer's signature, Date, Check if self-employed, Paid Preparer's PTIN, Firm's name, Firm's FEIN, Firm's address, Firm's phone.
Third Party Designee: Designee's name, Designee's phone number, Check if the Department may discuss this return with the third party designee.

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



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

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

SRINILAY JALAGAM
 Your name as shown on your Form IL-1040

3 1 5 - 9 9 - 3 9 3 7
 Your Social Security number

Step 1: Provide the following information

- 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).
- 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.
 - I lived in **Illinois** from / / 22 to / / 22 I lived in State from / / 22 to / / 22
 Month Day Year Month Day Year Month Day Year Month Day Year
 - My spouse lived in **Illinois** from / / 22 to / / 22, and State from / / 22 to / / 22
 Month Day Year Month Day Year Month Day Year Month Day Year
- 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
- 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 Federal Total | Column B Illinois Portion |
|---|----------------------------|------------------------------|
| 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) | 5 <u>33,240.00</u> | <u>10,000.00</u> |
| 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) | 6 <u>.00</u> | <u>.00</u> |
| 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) | 7 <u>.00</u> | <u>.00</u> |
| 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) | 8 <u>.00</u> | <u>.00</u> |
| 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) | 9 <u>.00</u> | <u>.00</u> |
| 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) | 10 <u>.00</u> | <u>.00</u> |
| 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) | 11 <u>.00</u> | <u>.00</u> |
| 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) | 12 <u>.00</u> | <u>.00</u> |
| 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) | 13 <u>.00</u> | <u>.00</u> |
| 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) | 14 <u>.00</u> | <u>.00</u> |
| 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) | 15 <u>.00</u> | <u>.00</u> |
| 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) | 16 <u>.00</u> | <u>.00</u> |
| 17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) | 17 <u>.00</u> | <u>.00</u> |
| 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) | 18 <u>.00</u> | <u>.00</u> |
| 19 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 <u>.00</u> | <u>.00</u> |
| 20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income. | 20 <u>10,000.00</u> | <u>10,000.00</u> |

Continue with Step 3 on Page 2 →



Step 3: Continued

| | | Column A Federal Total | Column B Illinois Portion | |
|------------------------------|--|---------------------------|------------------------------|-----------|
| Adjustments to Income | 21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20. | 21 | 10,000.00 | |
| | 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | 22 | .00 | |
| | 23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | 23 | .00 | |
| | 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) | 24 | .00 | |
| | 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) | 25 | .00 | |
| | 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) | 26 | .00 | |
| | 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) | 27 | .00 | |
| | 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | 28 | .00 | |
| | 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) | 29 | .00 | |
| | 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) | 30 | .00 | |
| | 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) | 31 | .00 | |
| | 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) | 32 | .00 | |
| | 33 RESERVED | 33 | | |
| | 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) | 34 | .00 | |
| | 35 Other adjustments (see instructions) | 35 | .00 | |
| | 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income. | 36 | .00 | |
| | 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1. | 37 | 33,240.00 | |
| | 38 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 the instructions for Column B to properly complete this step.

| | | Column A Form IL-1040 Total | Column B Illinois Portion | |
|-----------------------------|---|--------------------------------|------------------------------|-----------|
| Illinois Adjustments | 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) | 39 | .00 | |
| | 40 Other additions (Form IL-1040, Line 3) | 40 | .00 | |
| | 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. | 41 | | 10,000.00 |
| | 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) | 42 | .00 | .00 |
| | 43 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 |
| | 44 Other subtractions (Form IL-1040, Line 7) | 44 | .00 | .00 |
| | 45 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

| | | | | |
|-------------------------|---|-----------|-----------|----------|
| Tax Calculations | 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. | 46 | 10,000.00 | |
| | 47 Enter the base income from Form IL-1040, Line 9. | 47 | 33,240.00 | |
| | 48 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 | |
| | 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. | 50 | | 730.00 |
| | 51 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 |
| | 52 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. → | 52 | | 459.00 |



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

Your name as shown on Form IL-1040

3 1 5 - 9 9 - 3 9 3 7
Your 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 |
|-----------------------|---|---|--|---|
| 1 W | 27-2470334 | \$ 10,000.00 | \$ 10,000.00 | \$ 495.00 |
| 2 | | \$.00 | \$.00 | \$.00 |
| 3 | | \$.00 | \$.00 | \$.00 |
| 4 | | \$.00 | \$.00 | \$.00 |
| 5 | | \$.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 A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 6 | | \$.00 | \$.00 | \$.00 |
| 7 | | \$.00 | \$.00 | \$.00 |
| 8 | | \$.00 | \$.00 | \$.00 |
| 9 | | \$.00 | \$.00 | \$.00 |
| 10 | | \$.00 | \$.00 | \$.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. ➔