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

Step 2: Income  1 Federal adjusted gross income from your federal Form 1040 or 12 2 Federally tax-exempt interest and dividend income from your for 3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3.  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. 6 Illinois Income Tax overpayment included in federal Form 1040 Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 9 Illinois base income. Subtract Line 8 from Line 4.  Step 4: Exemptions 10 a Enter the exemption amount for yourself and your spouse. So b Check if 65 or older:  You + Spouse # of check if 65 or older: You + Spouse # of check if 65 or older: You + Spouse # of check if 65 or older.	1040-SR, Line 11. rederal Form 1040 or 1040-SR, Li 5 or 1040-SR,	(Wh <b>1</b>	ch. NR ole dollars only)  41,137.00 .00 .00 41,137.00  .00 41,137.00
<ul> <li>Federal adjusted gross income from your federal Form 1040 or 7 Federally tax-exempt interest and dividend income from your from 3 Other additions. Attach Schedule M.</li> <li>Total income. Add Lines 1 through 3.</li> <li>Step 3: Base Income</li> <li>Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.</li> <li>Illinois Income Tax overpayment included in federal Form 1040 Schedule 1, Ln. 1.</li> <li>Other subtractions. Attach Schedule M.</li> <li>Add Lines 5, 6, and 7. This is the total of your subtractions.</li> <li>Illinois base income. Subtract Line 8 from Line 4.</li> <li>Step 4: Exemptions</li> <li>a Enter the exemption amount for yourself and your spouse. So b Check if 65 or older:  You + Spouse # of check</li> </ul>	ederal Form 1040 or 1040-SR, Li	.00 .00 .00 .00 8	.00 .00 41,137 <sub>.00</sub>
<ul> <li>Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.</li> <li>Illinois Income Tax overpayment included in federal Form 1040 Schedule 1, Ln. 1.</li> <li>Other subtractions. Attach Schedule M.</li> <li>Add Lines 5, 6, and 7. This is the total of your subtractions.</li> <li>Illinois base income. Subtract Line 8 from Line 4.</li> <li>Step 4: Exemptions</li> <li>a Enter the exemption amount for yourself and your spouse. So Check if 65 or older:  You + Spouse # of check</li> </ul>	or 1040-SR,	.00 .00 <b>8</b>	.00 41,137 <sub>.00</sub>
a Enter the exemption amount for yourself and your spouse. S b Check if 65 or older: ☐ You + ☐ Spouse # of ch			
b Check if 65 or older: ☐ You + ☐ Spouse # of ch			
c Check if legally blind: You + Spouse # of check if legally blind: You + Spouse # of check if you are claiming dependents, enter the amount from Schedul Attach Schedule IL-E/EIC.  Exemption allowance. Add Lines 10a through 10d.	neckboxes X \$1,000 = b neckboxes X \$1,000 = c		2,425 <sub>.00</sub>
Step 5: Net Income and Tax			
<ul> <li>11 Residents: Net income. Subtract Line 10 from Line 9.</li> <li>Nonresidents and part-year residents: Enter the Illinois net i</li> <li>12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less Nonresidents and part-year residents: Enter the tax from Soft Recapture of investment tax credits. Attach Schedule 4255.</li> <li>14 Income tax. Add Lines 12 and 13. Cannot be less than zero.</li> </ul>	s than zero.	Schedule NR. 11 12 13 14	38,712 <sub>.00</sub> 1,916 <sub>.00</sub> .00 1,916 <sub>.00</sub>
<ul> <li>Step 6: Tax After Nonrefundable Credits</li> <li>Income tax paid to another state while an Illinois resident. Atta</li> <li>Property tax and K-12 education expense credit amount from Attach Schedule ICR.</li> <li>Credit amount from Schedule 1299-C. Attach Schedule 1299-B. Add Lines 15, 16, and 17. This is the total of your credits. Cann</li> <li>Tax after nonrefundable credits. Subtract Line 18 from Line</li> </ul>	Schedule ICR.  16C. 17 not exceed the tax amount on Line	.00 .00 .00 e 14. 18 19	0.00 1,916.00
<ul> <li>Step 7: Other Taxes</li> <li>Household employment tax. See instructions.</li> <li>Use tax on internet, mail order, or other out-of-state purchases in the instructions. Do not leave blank.</li> <li>Compassionate Use of Medical Cannabis Program Act and sale</li> <li>Total Tax. Add Lines 19, 20, 21, and 22.</li> </ul>		21	.00 0 <sub>.00</sub> .00 1,916 <sub>.00</sub>



<b>24</b> Tot	tal tax from Page	1, Line 23.						24	1,916.00		
Step 8:	Payments and	d Refundabl	e Credit								
			h Schedule IL-W 1040-ES and II				<b>25</b> 2,	009.00			
			I from a prior yea	*			26	.00			
			Schedule K-1-P o				27	.00			
	•	•	ch Schedule K-1				28	.00			
<b>29</b> Earr	ned Income Cred	lit from Schedu	ile IL-E/EIC, Step	4, Line 8. <b>A</b>	ttach S	schedule IL-E/EIC	. 29	.00			
30 Tota	al payments and	d refundable o	credit. Add Lines	25 through	29.			30	2,009.00		
Step 9:	Total										
	•		btract Line 24 fror					31	93.00		
32 If Lir	ne 24 is greater th	nan Line 30, su	btract Line 30 fror	m Line 24.				32	.00		
Step 10	): Underpayme	ent of Estima	ted Tax Penalt	y and Don	ation	s					
			ment of estimate				33				
			your federal gro			-					
_	- '		are 65 or older a		•	•	•	E !! 004	10		
СГ	Check if your in Attach Form IL		received evenly	auring the y	ear ar	nd you annualiz	zed your income o	n Form IL-221	0.		
4 [		_	nd to file an Illino	ie Individual	Incom	o Tay return in	the previous tax y	/oar			
· · · · · · · · · · · · · · · · · · ·	_	-	ach Schedule G		IIICOIII	ie iax retuin in	34	.00			
	-		d Lines 33 and 34				• i	<u></u> 35	.00		
	: Refund or A										
•		-		ic areater th	an Lin	o 35 subtract	Line 35 from Line	21			
_	s is your <b>overpay</b>		and this amount	is greater the	all Lill	e 55, Subtract	Line 33 Hom Line	36	93.00		
			ı <b>nded to you</b> . Ch	eck <b>one</b> box	on Li	ne 38. See inst	ructions.	37	93.00		
	oose to receive n		•								
			e information be	low if you ch	eck th	is box.					
~ _	You may also c				_		Y Chaokin	Covi			
	to college savir	ngs funds	outing number		_	4 8 0 8	× Checkin	g or Savi	igs		
	here. See insti	ructions! Ac	count number	2 9 1 0	1	6 9 1 4	4 2 3				
ЬΓ	paper check.										
		ed forward. Su	btract Line 37 fro	m Line 36. 9	See in:	structions.		39	.00		
<b>40</b> If vo	u have an amou	nt on Line 32.	add Lines 32 an	d 35. <b>- or -</b>							
-			and this amount		Line 3	5.					
_			is the amount y					40	.00		
Stop 1	2. Health Incu	rance Chec	kbox and Sign	aturo							
			•					la kala ka	_		
			nare your income ince benefits. Se				ate agencies in ord	ier to determir	ie		
	your onglomey to	. Hoalar moard			0 101 11		•••				
Signatu	ure - Note: If this	is a joint return	n, both you and yo	our spouse m	ıust siç	gn below.					
Under p	enalties of perju	ıry, I state that	I have examine	d this return	and, t	to the best of r	my knowledge, it i	s true, correc	i, and complete.		
Sign	Your signature		Date (mm/dd/yyyy)	Snouse's sign	nature		Date (mm/dd/yyyy)	Daytime phone	a number		
Here	Tour signature		Date (IIIII/dd/yyyy)	Opodoc o oigi	lataro		Date (IIIII/dd/yyyy)	/ \	; namber		
	Brint/Tune poid or	onoror'o nomo		Doid proporo	o oian	oturo	Data ( /III )		Doid Dranavara DTIN		
Paid	Print/Type paid pr	-	7 T T	Paid prepare			Date (mm/dd/yyyy) 03/16/2023	Check if self-employed	Paid Preparer's PTIN P02470833		
Preparer	VENKATA SAI PAVA			VENKAIA SAI	PAVAN I	KUMAR DUDIPALLI					
Use Only	Firm's name		TAXES LLC				Firm's FEIN	88214548			
	Firm's address	245 ROO	NEY CT E	BRUNSWICE	O UN	8816	Firm's phone	(678) 965			
Third	Designee's name	(please print)			Design	nee's phone num	nber	_	e Department may		
Party Designee					(	)			discuss this return with the third party designee shown in this step.		
Designet		a the age	)    1040 l	.tuati.a	` ~ <i>\$</i> ~-	, , the edd::-	oo to mail				
	neier l	U 1116 2022	. 1L-1U4U INS	งแนบแบก	o IUI	uie auure	ess to mail yo	ui itluii.			

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





#### Illinois Department of Revenue

## 2022 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

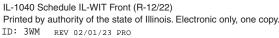
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

Your name as shown	on Form IL-1040		Your Social Se	Your Social Security number							
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gross as, Compensation, etc.	Illinois Wage	lumn D s, Winnings, Gross Compensation, et	s Illin	olumn E lois Income x Withheld				
1 <u>W</u>	13-3924155 000 4	_ \$	40,595 <b>•00</b>	\$	40,595 <b>•00</b>	\$	2,009 <b>•00</b>				
2		\$	•00	\$	<u>•00</u>	\$	•00				
3		\$	•00	\$	•00	\$	<u>•00</u>				
4		\$	<u>•00</u>	\$	•00	\$	<u>•00</u>				
		_	00	•	00	¢	•00				
Step 2: Provide :	spouse's withholding re  MUNJETY as shown on Form IL-1040						ithholding				
Step 2: Provide :  APPALA BHASKAR  Your spouse's name :  Column A	Spouse's withholding re MUNJETY as shown on Form IL-1040  Column B	ecords (inc	lude all W-2 and	1099 forms  3 9 Social Security	that show Illing 1972 - 3 number	3 2 Ce	ithholding				
Step 2: Provide :  APPALA BHASKAR  Your spouse's name a	spouse's withholding re  MUNJETY as shown on Form IL-1040	ecords (inc	lude all W-2 and	1099 forms  3 9 Social Security  Co Illinois Wage	that show IIIi	3 2 Cos Illin	ithholding				
Step 2: Provide :  APPALA BHASKAR  Your spouse's name :  Column A	MUNJETY as shown on Form IL-1040  Column B Employer/Payer Identification Number	ecords (inc	lude all W-2 and	1099 forms  3 9 Social Security  Co Illinois Wage	that show Illing 7 anumber  lumn D s, Winnings, Gross Compensation, et	3 2 Cos Illin	ithholding  0 0  olumn E				
Step 2: Provide :  APPALA BHASKAR  Your spouse's name :  Column A  Form type	MUNJETY as shown on Form IL-1040  Column B Employer/Payer Identification Number	ecords (inc	O 3 Your spouse's S Column C ages, Winnings, Gross as, Compensation, etc.	1099 forms  3 9 Social Security  Co Illinois Wage Distributions,	that show Illing 7 3 3 number  lumn D s, Winnings, Gross Compensation, et	3 2 Cos Illin	ithholding  0 0  olumn E  olis Income x Withheld				
Step 2: Provide :  APPALA BHASKAR  Your spouse's name :  Column A Form type	MUNJETY as shown on Form IL-1040  Column B Employer/Payer Identification Number	Federal War Distribution  \$	o 3 Your spouse's S Column C ages, Winnings, Gross as, Compensation, etc.	1099 forms  3 _ 9 Social Security  Co Illinois Wage Distributions,	that show Illing 7 anumber  lumn D s, Winnings, Gross Compensation, et	3 2 Cos Illin	ithholding  0 0  olumn E lois Income x Withheld				
Step 2: Provide :  APPALA BHASKAR Your spouse's name :  Column A Form type  6 7 8 9	MUNJETY as shown on Form IL-1040  Column B Employer/Payer Identification Number	Federal Wa Distribution \$ \$ \$ \$	Olumn C ges, Winnings, Gross ns, Compensation, etc.	1099 forms  3 9 Social Security  Co Illinois Wage Distributions,  \$	that show Illing 7 anumber 3 s, Winnings, Gross Compensation, et	2 Constant Section 12	ithholding  0 0  olumn E  olis Income x Withheld  •00				

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

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.

2,009.00

11 \$



			-						_				
				S	ubmi	ssior	ı ID						

# 

Ster	1: Provide taxpayer informatio	n		·
	SUJATA	PRATHIPA	ITA	1 4 6 3 7 9 8 9 0
	•	t name (and last name if different)	Last name	Social Security number
	885 BEATRICE PKWY			
type	Mailing address			Spouse's Social Security number
	EDISON	NJ	08820	()
	City	State	ZIP	Daytime phone number
Step	2: Complete information from	tax return	Choose one:	
1	Net income from Form IL-1040 or IL-1	040-X, Line 11		138,712 _00
	Tax from Form IL-1040 or IL-1040-X,			21,916 00
	Illinois Income Tax withheld from Forn		25 <b>only</b> (enter " <b>0</b> " if	
	Overpayment from Form IL-1040, Line			4 93   00
	Total amount due from Form IL-1040,			5
6	Filing status: Single Married	I filing jointly <u>X</u> Married filir	ng separately V	Vidowed Head of household
7   8   9   10   11   11   12   12   13   14   15   15   15   15   15   15   15	The United States or those not funde Routing no. (RN): $0 8 1 9 0$ Account no. (AN): $291 0 0$ Type of account: $\times$ Checking Date the payment is to be electronica  Electronic funds withdrawal amount: $0$ Name on account:	0 4 8 0 8 1 6 9 1 4 4 2 Savings	3	not be accepted and refunds will be via paper check.
	4: Taxpayer declaration and sig	natura (Sian anly after or	ampleting Step 2	and if applicable Stop 2 \
Siep  >	I consent that my refund may be d	irectly deposited as designate	ed in Step 3 and dec	clare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
	I authorize the Illinois Department withdrawal as designated in the ele	of Revenue (IDOR) and its do ctronic portion of my 2022 Illin processing of an electronic of	esignated financial a lois Original or Amer overpayment of taxe	agent to initiate an ACH electronic funds aded Individual Income Tax return. I authorize the s to receive confidential information
Г	I do not want direct deposit of my i	efund, or an electronic funds	withdrawal (direct d	ebit) of my balance due.
returi and a	n originator (ERO) are identical. To the baccompanying information may be sent	pest of my knowledge, my retui to IDOR by my ERO. I authoriz	rn is true, correct, and re IDOR to inform my	and the information I provided to my electronic complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
Sign				
	Your signature	Date		e (if joint return, <b>both</b> must sign) Date
I dec		er's electronic Form IL-1040 o ts of this program and declar	or IL-1040-X, the info e, under penalties o	signature promation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the
			03/16/2023	Check if paid preparer: 🗵 (See instructions.)
	EDOL : .		Date	
	ERO's signature		24.0	
ERO	GLOBAL TAXES LLC			$\frac{P}{V_{\text{cur}}} \frac{0}{PTIN} \frac{2}{V_{\text{cur}}} \frac{4}{PTIN} \frac{7}{V_{\text{cur}}} \frac{0}{PTIN} \frac{8}{V_{\text{cur}}} \frac{3}{PTIN} \frac{3}{V_{\text{cur}}} \frac{3}{PTIN} $
ERO use	GLOBAL TAXES LLC Firm's name or your name if self-employed			Your PTIN
_	GLOBAL TAXES LLC Firm's name or your name if self-employed 245 ROONEY CT			8 8 - 2 1 4 5 4 8 7
use	GLOBAL TAXES LLC Firm's name or your name if self-employed 245 ROONEY CT	NJ	08816	

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.

