Internal Revenue Service

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		Social security nur	nber			
SIVANANDA REDDY MYLARAPU		021-08-02	03			
Spouse's name		Spouse's social se	curity number			
ARCHANA KARNATAKAM		APPLIED F	OR			
Part I Tax Return Information – Tax Year Ending December 31,	2022 (Enter	year you are a	uthorizing.)			
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	101,948.			
2 Total tax		2	7,712.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17,184.			
4 Amount you want refunded to you		4	9,472.			
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 periury. 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

				EBO firm name		Er
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			1 8

	er fiv 't en				as
8	0	2	0	3	

Enter five digits, but don't enter all zeros

my

as mv

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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.

Spouse's signature >	Date 🕨	
Practitioner PIN Method Ret	urns 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-dig	it self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9	

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 – Don't Submit This Form to the IRS Un		
			F 0070 (B 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	Only-	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of y	0	eparately (N use. If you cl	,				, _	spou	ifying sun Ise (QSS) name if th	0
Your first name	and m	iddle initial	Last nar	me							Your so	cial securi	ty number
SIVANAND	A RI	EDDY	MYLA	RAPU							021-0	08-020	3
lf joint return, s	oouse's	s first name and middle initial	Last nar	me						:	Spouse'	s social se	curity number
ARCHANA			KARN	АТАКА	М						APPLI	LED FO	R
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		Preside	ntial Electi	on Campaign
2525 RIV	ER I	PLAZA DR						3	57			iere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	ite	ZIP c	ode		•		ntly, want \$3 Checking a
SACRAMEN	ITO					CZ	J	958	33		0	ow will not	0
Foreign country	name		F	oreign pro	ovince/state/o	coun	ty	Foreig	n postal c	ode	your tax	or refund.	. Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						-			,	Yes	X No
Standard Deduction	_	eone can claim:					a dependent						
Age/Blindness	You	Were born before January 2, 1	958	Are bli	nd Spo	ouse	: 🗌 Was bor	n befo	ore Janua	ary 2,	1958	🗌 ls bl	lind
Dependents				(2) S	ocial security		(3) Relationsh	1.		-			instructions):
If more		irst name Last name			number		to you		Child t	ax cre	dit	Credit for ot	her dependents
than four	RAUD	RAUDHRARAM REDDY MYLARAPU			999-99-9999 Son								
dependents,	ידעאפז	THASWIKANANDA REDDY MYLARAPU			-77-777	7	Daughter						X
see instructions and check	;												
here 🗌									[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	tions)						1a	10	01,948.
moome	b	Household employee wages not re	ported	on Form	(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	instructions)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s)) W-2 (see ir	nstru	uctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26 .						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruction	ons) .					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		• •	<u>1</u> i						
	Z	-	·		· · · ·	• •					1z	10	01,948.
Attach Sch. B	2 a		2a				axable interest			· ·	2b		
if required.	<u>3a</u>		3a				Ordinary divide		• •	· ·	3b		
	4a		4a				axable amoun		• •	· ·	4b		
Standard Deduction for –	5a	-	5a				axable amoun		• •	· ·	5b	_	
 Single or 	6a		6a				axable amoun	t		· .	6b		
Married filing separately,	с _	If you elect to use the lump-sum e						• •		• –			
\$12,950	7	Capital gain or (loss). Attach Schee						• •	• •	· L			
 Married filing jointly or 	8	Other income from Schedule 1, lin						• •	• •	• •	8	1,	01 040
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		• •	9	+ 10	01,948.
\$25,900	10	Adjustments to income from Sche Subtract line 10 from line 9. This is						• •		• •	10		01 040
 Head of household, 	11 12	Standard deduction or itemized	-		-			• •	• •	• •	11		<u>01,948.</u> 25 000
\$19,400 • If you checked	13	Qualified business income deduction				,	····	• •		• •	13		25,900.
any box under	13 14	Add lines 12 and 13				033	<u>.</u>	• •		• •	14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer			0 This is v	 011r ⁻	taxable incom				15		<u>25,900.</u> 76,048.
see instructions.				-,	2 y	- 01				•••	15		,

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	8	,712.
Credits	17	Amount from Schedule 2, li	ne3					[17		
	18	Add lines 16 and 17							18	8	3,712.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[19	1	,000.
	20	Amount from Schedule 3, li	ne8					[20		
	21	Add lines 19 and 20						[21	1	,000.
	22	Subtract line 21 from line 18						Г	22		,712.
	23	Other taxes, including self-	employment tax,	from Schedule	e 2, line 21			[23		0.
	24	Add lines 22 and 23. This is						Г	24	7	,712.
Payments	25	Federal income tax withhele									-
,, ,	а	Form(s) W-2				25a	17,1	184.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	<i>.</i>						25d	17	,184.
	26	2022 estimated tax paymer	its and amount a	pplied from 20	21 return			Г	26		
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	t from Form 8863	3, line 8		29					
	30	Reserved for future use .		·		30					
	31	Amount from Schedule 3, li				31					
	32	Add lines 27, 28, 29, and 31				undable	credits		32		
	33	Add lines 25d, 26, and 32.		•	•			Г	33	17	,184.
Defund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33.	This is the amour	nt you o	verpaid		34	9	,472.
Refund	35a	Amount of line 34 you want				•	-	. 🗆 โ	35a	9	,472.
Direct deposit?	b	Routing number 0 7 1				Checki					
See instructions.	d	Account number 8 3 0					ľ	Ũ			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_				
Amount	37	Subtract line 33 from line 24	4. This is the amo	ount vou owe							
You Owe		For details on how to pay, g							37		
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	rn with the IRS?	See					
Designee		structions	· · · · ·			[Yes. Com	plete bel	ow.	🗙 No	
		signee's		Phone				l identifica	tion r		
	na			no.			number	. ,			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con			1 7 0		,				0
Here		· · ·		Date	Your occupation	1300 011 0				it you an Id	
	10	ur signature		Date	Four occupation					N, enter it l	
Joint return?					SOFTWARE E	ENGIN	EER	(see ins	t.) [
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion				t your spou	
Keep a copy for your records.						_		Identity (see ins		ction PIN, e	enter it here
,		(010) 460, 050	2		HOME MAKEF			(366 113	.,		
		one no. (312)468-253		Email address	SIVANANDA2					Ob a al sife	
Paid		eparer's name	Preparer's signat			Date		TIN		Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/1	0/2023 P	020827			employed
Use Only		m's name GLOBAL TA			- 00016					678)96	
	Fir		Y CT E BRU	INSWICK N	1 08870			Firm's I	IN		171965
Co to wayne iro a	ou/Earr	a 1040 for instructions and the late	oct information		D A A	D = 1 / 00 /				E a uma	10/0 (0000)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/02/23 PRO

Form **1040** (2022)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or 1040-NR.
/		,		01 10 10 1111

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2022 Attachment Sequence No. 47

Name(s	s) shown on return	Your	social se	ecurity number
SIVA	NANDA REDDY MYLARAPU & ARCHANA KARNATAKAM	021	-08-0	203
Pa	rt I Child Tax Credit and Credit for Other Dependents	<u> </u>		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	101,948.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	101,948.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000		5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	dent		
	alien. Also, do not include anyone you included on line 4.	l		
7	Multiply line 6 by \$500		7	1,000.
8	Add lines 5 and 7	•	8	1,000.
9	Enter the amount shown below for your filing status.	ſ		
	• Married filing jointly—\$400,000	l		
	• All other filing statuses— $\$200,000 \int \dots $	•	9	400,000.
10	Subtract line 9 from line 3.	ſ		
	• If zero or less, enter -0	l		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For	ſ		
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	1,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cr	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	ſ		
	Yes. Subtract line 11 from line 8. Enter the result.	ſ		
13	Enter the amount from the Credit Limit Worksheet A		13	8,712.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	•	14	1,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040 SD, or 1040 ND, line 29, Complete your Form 1040, 1040 SD, or 1040 N	113 41	and all 12	

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/02/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IS OT H	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the larger of line 20 or line 25	26	
20	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2022

Form	8867	Paid Preparer's Due Diligence Check			No. 1545	
	ovember 2022)	Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Fili	TC), TC) and ng Status		For tax y 20	/ear
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest inform	0-PR, or 1040-SS.	Attach Seque	nment ence No.	70
Taxpay	er name(s) shown or	n return	Taxpayer identification	n number		
SIV	ANANDA REDI	DY MYLARAPU & ARCHANA KARNATAKAM	021-08-020			
Prepare	r's name		Preparer tax identific	ation numl	ber	
1		I SAGAR GUPTA TALLAM	P02082703			
Part		gence Requirements				
	e benefit(s) clain	propriate box for the credit(s) and/or HOH filing status claimed on the red ned (check all that apply).	CTC/ODC	e the rel		arts I–V HOH
1		lete the return based on information for the applicable tax year provided obtained by you? (See instructions if relying on prior year earned income.)		Yes X	No	N/A
2	worksheets fo 1040) instruct	claimed on the return, did you complete the applicable EIC and/or (und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher ions, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	dule 8812 (Form is, or your own	X		
3	the following.Interview the determine theReview information	y the knowledge requirement? To meet the knowledge requirement, you e taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) and o figure the amount(s) of any credit(s)	r's responses to nd/or HOH filing	X		
4	information re	mation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsi- ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent ir	formation? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should includ nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)	d the impact the			
5	keep a copy o applicable wo 8867 and any taxpayer that	y the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 rksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing st	7, a copy of any to prepare Form provided by the atus or to figure			
		of the credit(s)		X		
	List those doc	uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate or HOH filing status and the amount(s) of any credit(s) claimed on the ted for audit?	return if his/her	X		
7		e taxpayer if any of these credits were disallowed or reduced in a previou		×	\Box	
	-	re disallowed or reduced, go to question 7a; if not, go to question 8.)	-			
а		lete the required recertification Form 8862?				
8	If the taxpayer correct Sched	is reporting self-employment income, did you ask questions to prepare ule C (Form 1040)?	a complete and			

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not			
Part	or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part), go to	Part \	′.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part '	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI/	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	icable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service	Sury	dividuals who are See sepa	not U.S. citi arate instru		inent reside	ents.				
An IRS individua	I taxpayer identification nui	mber (ITIN) is for	U.S. feder	al tax purpo	ses only.		type (check one box):			
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). □ Renew an existing ITIN										
	ubmitting Form W-7. Read t						<u> </u>			
must file a U.S. f	ederal tax return with Form	W-7 unless you	meet one				b, c, a, e, i, or g, you			
_	t alien required to get an ITIN to o		efit							
_	t alien filing a U.S. federal tax ret nt alien (based on days present		e) filing a LL	S fodoral tax r	oturn					
	of U.S. citizen/resident alien		-			structions) ► D	AUGHTER			
e 🗌 Spouse of L	J.S. citizen/resident alien	lf d or e , enter name SIVANANDA R			zen/resident	alien (see instru	uctions) ► 021-08-0203			
f 🗌 Nonresident	t alien student, professor, or rese				ig an except	tion				
	spouse of a nonresident alien ho	-								
h 🗌 Other (see ii	nstructions) ►									
Additional information	on for a and f : Enter treaty count			and treat	y article nun	nber 🕨				
Name	1a First name	-	dle name			name				
(see instructions)	THASWIKANANDA RI					LARAPU				
Name at birth if different	1b First name	Mide	dle name		Last	name				
Applicant's Mailing	2 Street address, apartment a 2525 RIVER PLAZA	A DR Apt 37					ructions.			
Address	City or town, state or provir SACRAMENTO	nce, and country. In	try. Include ZIP code or postal code where app CA USA				95833			
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or provir	nce, and country. In	clude postal	code where ap	propriate.					
Birth Information	4 Date of birth (month / day / yea 07/21/2018	ar) Country of birth INDIA		City and state	e or provinc	e (optional) 5	Male X Female			
	6a Country(ies) of citizenship	6b Foreign tax I.	D. number (i	f anv) 6c T	vpe of U.S.	/isa (if anv). num	ber, and expiration date			
Other Information	INDIA			H4	<u></u>	R0685622				
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	Issued by: INDIA No.: V6968243 Exp. date: 01/16/2027 (MM/DD/YYYY): 07/15/2022									
	Issued by: INDIA 6e Have you previously receive	No.: V6968243				(MM/DD/YYY	Y): 07/15/2022			
	No/Don't know. Skip		ernal Revenu	e Service Num	Der (IRON)?					
	Yes. Complete line 6f.		st on a shee	and attach to	this form (s	ee instructions).				
		ITIN			IRSN		and			
	name under which it was is	ssued ►								
	First name Middle name Last name									
	City and state Example 1			Lengt	th of stay 🕨					
Sign Here	Under penalties of perjury, I (app documentation and statements, a information with my acceptance ag	nd to the best of my	knowledge a	nd belief, it is t	true, correct,	and complete. I	authorize the IRS to share			
Keep a copy for your records.	Signature of applicant (if d	lelegate, see instruc	tions)	Date (month /	day / year)	Phone numbe	r			
,	Name of delegate, if applie SIVANANDAREDDY			Delegate's related to applicant	ationship		Parent Court-appointed guardian			
Accentance	Signature	Phone	· · · · · · · · · · · · · · · · · · ·							
Acceptance Agent's						Fax				
Use ONLY	Name and title (type or pri	nt)	Name of c	ompany	EIN		PTIN			

Office code

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service	Saly	See sepa	arate instruc		bermanen	it reside	ents.			
An IRS individual	I taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax p	urposes	only.			type (check one box):	
Before you begin • Don't submit th	Before you begin: Image: Comparison of the system of t									
-	ubmitting Form W-7. Read th ederal tax return with Form \								b, c, d, e, f, or g, you	
_	t alien required to get an ITIN to cl				-	·		,		
b 🗌 Nonresident	t alien filing a U.S. federal tax retu	rn								
c 🗌 U.S. residen	nt alien (based on days present i r	n the United State	s) filing a U.S	S. federa	l tax retur	n				
d 🔀 Dependent (of U.S. citizen/resident alien] If	d, enter relationsh	ip to U.S. cit	izen/resi	dent alien	(see ins	structions)	► SO	'N	
e □ Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) SIVANANDA REDDY MYLARAPU 021-08-0203										
f 🗌 Nonresident	t alien student, professor, or resea	rcher filing a U.S. f	ederal tax re	turn or c	laiming ar	n except	ion			
g 🗌 Dependent/s	spouse of a nonresident alien hold	ding a U.S. visa			-					
h 🗌 Other (see ir	nstructions) ►									
Additional information	on for a and f : Enter treaty country			and	l treaty art					
Name	1a First name		lle name				name			
(see instructions)	RAUDHRARAM REDDY 1b First name		dle name			_	LARAPU			
Name at birth if different ►		WIGC	le name			Lasi	name			
Applicant's	2 Street address, apartment nu		e number. If	you hav	ve a P.O. I	box, see	e separate	instr	uctions.	
Mailing	2525 RIVER PLAZA DR Apt 37									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. SACRAMENTO CA USA 95833									
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth	4 Date of birth (month / day / year) Country of birth		City an	d state or	province	e (optional)) 5	X Male	
Information	12/17/2014 INDIA								Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	D. number (il	any)	6с Туре Н4	of U.S. v	risa (if any), R0685		er, and expiration date 09/30/2023	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
			_		01/10/	0007	the Unit			
		No.: V6968244			01/16/		(MM/DD	/ΥΥΥ	Y): 07/15/2022	
	6e Have you previously received No/Don't know. Skip li		rnal Revenue	e Service	Number	(IRSN)?				
	Yes. Complete line 6f. I		st on a sheet	and atta	ich to this	form (se	e instructi	ons).		
	· ·	ITIN				SN		00).	and	
	name under which it was issued >									
			t name		Middle n	ame			Last name	
	6g Name of college/university o	r company (see ins	structions) 🕨							
City and state Length of stay										
Sign Here	Under penalties of perjury, I (appl documentation and statements, and information with my acceptance ager	d to the best of my	knowledge a	nd belief,	it is true,	correct,	and compl	ete. I a	authorize the IRS to share	
Keep a copy for your records.	Signature of applicant (if de	legate, see instruc	tions)	Date (m	onth / day /	′ year)	Phone nu	ımber		
-	Name of delegate, if applica					X Parent	K Parent Court-appointed guardiar			
	SIVANANDAREDDY M	IYLARAPU		to applie			Power	Power of attorney		
Acceptance	Signature			Date (m	onth / day /	′ year)	Phone			
Agent's	Nome and title (trace or print	+)	Nome of -				Fax		DTU	
Use ONLY	Name and title (type or prin	y.	Name of co	лпрапу		EIN Office	anda	PTIN		
						Onice	JUUE			

REV 03/02/23 PRO

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Department of the Treas Internal Revenue Service		See sep	arate instruc		ermaner	it reside	1115.			
An IRS individua	I taxpayer identification nun	nber (ITIN) is for	r U.S. feder	al tax p	urposes	only.			ype (check one b	ox):
	Before you begin: Image: Apply for a new ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Image: Apply for a new ITIN									N
	ubmitting Form W-7. Read the derived the derived the derived text return with Form), c, d, e, f, or g	i, you
	t alien required to get an ITIN to c		efit							
_	t alien filing a U.S. federal tax retu									
	nt alien (based on days present i									
d Dependent	of U.S. citizen/resident alien	t d, enter relations	hip to U.S. ci	tizen/resi	dent alien	(see ins	tructions)			
e 🛛 Spouse of L		f d or e, enter nam SIVANANDA R				resident	alien (see ir		ctions) ► 021-08-0203	3
f 🗌 Nonresident	t alien student, professor, or resea	archer filing a U.S.	federal tax re	eturn or c	laiming ar	n excepti	ion			
_	spouse of a nonresident alien hol	ding a U.S. visa								
h 🗌 Other (see in	·									
	on for a and f : Enter treaty countr		dle name	and	treaty art		iber ► name			
Name (see instructions)	ARCHANA	NIC.					RNATAKA	М		
Name at birth if different	1b First name	Mid	dle name			_	name			
Applicant's	2 Street address, apartment n	umber, or rural rou	ite number. If	you hav	e a P.O.	box, see	separate i	nstru	ictions.	
Mailing	2525 RIVER PLAZA	-								
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. SACRAMENTO CA USA 95833									
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.									
(see instructions)		oo, and oountry. In		oode mi		priato.				
Birth	4 Date of birth (month / day / yea	r) Country of birth		City and	d state or	province	e (optional)	5	Male	
Information	08/10/1987	INDIA				🔀 Female				
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I	.D. number (i	f any)	6с Туре Н4	of U.S. v	isa (if any), r R0685		er, and expiration c 09/30/2	
mormation	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
							the United	d Stat	tes	
		No.: L8407818			04/07/		(MM/DD/	YYYY): 07/15/20	22
	6e Have you previously receive No/Don't know. Skip		ernal Revenu	e Service	Number	(IRSN)?				
			ist on a sheet	and atta	ch to this	form (se	e instructio	ns).		
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN IRSN and									
	name under which it was issued ▶									
		First	st name		Middle n	ame			Last name	
	6g Name of college/university of	or company (see in	structions)							
	City and state				Length of	stay 🕨				
Sign Here										
Keep a copy for your records.										
,	Name of delegate, if applic	able (type or print)	t) Delegate's relationship to applicant			Parent	Parent Court-appointed guardian			
A	Signature			Date (mo	onth / day /	/ year)	Phone			
Acceptance Agent's							Fax			
Agent's Use ONLY	Name and title (type or prin	nt)	Name of c	ompany		EIN			PTIN	
USC UNEI				Office c		code				

REV 03/02/23 PRO



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

or for fiscal year ending ____/___

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

B	SIV ARCI 252 SACI Filii	-08-0203 1986 APPLIED FOR 1987 ANANDA REDDY MYLARAPU HANA KARNATAKAM 5 RIVER PLAZA DR 37 RAMENTO CA 95833 SIVANANDA22@GMAIL.COM Ing status: Single X Married filing jointly Married filing separately Widowed Head of h		
			•	
U	Cne	eck the box if this applies to you during 2022: 🛛 Nonresident - Attach Sch. NR 🔲 Part-year resident - A		
		p 2: Income	(vvno	le dollars only)
	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 2 3 4	101,948.00 .00 .00 101,948.00
L	Ste	p 3: Base Income		
le l	5 6	Social Security benefits and certain retirement plan income 5 received if included in Line 1. Attach Page 1 of federal return. 5 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, 5	.00	
s he	_	Schedule 1, Ln. 1. 6	.00	
rms	7 8	Other subtractions. Attach Schedule M. 7 Add Lines 5, 6, and 7. This is the total of your subtractions.	<u>.00</u> 8	.00
9 fo	9	Illinois base income. Subtract Line 8 from Line 4.	9	101,948 _{.00}
109	Ste	p 4: Exemptions		
Staple W-2 and 1099 forms here	10	a Enter the exemption amount for yourself and your spouse. See instructions. a 4,85 b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. d Attach Schedule IL-E/EIC. d Exemption allowance. Add Lines 10a through 10d.	<u>.00</u> .00	9,700 _{.00}
ŝ	Ste	p 5: Net Income and Tax		
		Residents: Net income. Subtract Line 10 from Line 9.		
	10	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	NR. 11	23,843 _{.00}
	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.	12	1,180.00
	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
40-	14		14	1,180.00
Staple your check and IL-1040-V	Ste 15 16	p 6: Tax After Nonrefundable Credits 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 Property tax and K-12 education expense credit amount from Schedule ICR. 16 Attach Schedule ICR. 16	.00	
k ar	17	Attach Schedule ICR. 16 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	<u>00.</u> .00	
heci	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
ır cl	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	1,180.00
you		p 7: Other Taxes	20	00
ole	20 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00
Sta	21	0.00		
	22 23	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax . Add Lines 19, 20, 21, and 22.	22 23	<u>.00</u> 1,180 _{.00}
•	20	$\mathbf{U}_{\alpha} \mathbf{I}_{\alpha}, \mathbf{A}_{\alpha} \mathbf{U}_{\alpha} \mathbf{U}_{\alpha} \mathbf{U}_{\alpha}, \mathbf{U}_{\alpha}, \mathbf{U}_{\alpha}, \mathbf{U}_{\alpha} \mathbf{U}_{\alpha} \mathbf{U}_{\alpha}$	20	,



24	Total tax from Page 1, Line 23.	24	1,180.00						
Ste	Step 8: Payments and Refundable Credit								
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 251,	305.00							
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	1,305.00						
Ste	ep 9: Total								
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	125.00						
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00						
Ste	ep 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 of	n 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 y	year.							
34	Voluntary charitable donations. Attach Schedule G. 34	.00							
35	Total penalty and donations. Add Lines 33 and 34.	35	.00						
Ste	ep 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	125 _{.00}						
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	125 _{.00}						
38	I choose to receive my refund by								
	a X direct deposit - Complete the information below if you check this box.								
	You may also contribute Routing number 0 7 1 0 0 0 0 1 3 × Checkir	ng or Saving							
	to college savings funds		10						
	here. See instructions! Account number 8 3 0 1 8 6 2 7 3								
	b 🗌 paper check.								
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	39	.00						
	If you have an amount on Line 32, add Lines 32 and 35 or -								
40	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						
~	-								
516	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	Your signature		Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number		
Here								(312) 468	8-2532	
	Print/Type paid preparer's name			Paid preparer's signature		Date (mm/dd/yyyy	/)	Check if Paid Preparer's P ⁻ self-employed P02082703		
Paid SYAM PRIYA RAM SAGAR GUPT			LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/10/2023				
Preparer Use Only	Firm's name GLOBAL TAXES LLC					Firm's FEIN	•	84317196	5	
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522	
Third	Designee's name (please print)				Designee's phone number			Check if the Department may		
Party								discuss this return with the third		
Designee								party designe	e shown in this step.	

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



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

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

IL Attachment No. 2

	S MYLARAPU & A KARNATAKAM	0 2 1 _ 0 8 _ 0 2 0 3
_	Your name as shown on your Form IL-1040	Your Social Security number
S	tep 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year resider	it of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP yo	ou cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resid	lent during the tax year, tell us your residency dates for 2022.
	a I lived in Illinois from// 2 2 to// 2 2 Io// 2 2 Io// 2 2 Io/ 2 Io/ 2 2 Io/ 2 Io/ 2 2 Io/ 2 Io	lived in from/ / 2_2 to/ / 2_2 State Month Day Year Month Day Year
	b My spouse lived in Illinois from/ / <u>2</u> to/ / <u>2</u> Month Day Year Month Day Ye	
3	If you were a resident of any of the states listed below during the ta was in the military, or if you elected to use your service member spo	x year, if you were in Illinois only to accompany your spouse who buse's state of residence for tax purposes, check the appropriate box.
	🗌 Iowa 📄 Kentucky 📄 Michigan	Wisconsin Military Spouse
4	List any state other than Illinois or any states already indicated on L Enter the two-letter abbreviation of that state.	ine 2 or 3 above, that you claimed residency for tax purposes in 2022.

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_	101,948 _{.00}	<u> 26,355.00</u>
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
ome	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
ğ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
Ĕ	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	.00	.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	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 _	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total ind	come	. 20	26,355 _{.00}
		Continue with Step 3 on Page 2			



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued		umn A ral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	26,355 _{.00}
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.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	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
Income	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00	.00
	26 27	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	26	.00	.00
5		Schedule 1, Line 16)	27	.00	.00
ts	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	.00
en	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00	.00
djustments	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00	.00
İsr	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	.00
Ę	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
٩	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.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	101,948 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss income.	38	26,355 _{.00}

Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
puts	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
١Ĕ	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
		Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	26,355.00
	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
		Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
lic	2	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
E	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

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
		your Illinois base income.		46	26,355.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
5	47	Enter the base income from Form IL-1040, Line 9.	47	101,948.00	
Ē	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
Ш		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 259	
<u>0</u>	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	9,700.00	
Calculations	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
-		allowance.		50	2,512.00
Tax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
ľ		Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	51	23,843.00
	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.			
		This is your tax.	\rightarrow	52	1,180.00



Illinois Department of Revenue 2022 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Attach to your Form IL-1040

Read this information first

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

ENOTE If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

S MYLARAPU & A KARNATAKAM	0	2	1	0	8	0	2	0	3
Your name as shown on your Form IL-1040	Your So	cial Secu	urity numl	ber					

Illinois Dependent Exemption Allowance Step 2: Dependent information

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

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
RAUDHRARAM REDDY	MYLARAPU	999-99-9999	Son	12/12/2014				X
THASWIKANANDA REDDY	MYLARAPU	977-77-7777	Daughter	07/21/2018				X

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

4,850.00

Continue to Page 2 to calculate Illinois Earned Income Credit





Illinois Earned Income Credit

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

Step 3: Qualifying Child Information

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

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you		
										-	
 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. If you report an amount on Line 2, you must answer the question in Line 2a below. Does your occupation require a city, state, or county issued professional license, registration, or certification? If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number. 											
			Issuing Agency		Li	cense, Registration	n, or Certifi	cation Num	ber		
3	retu	rn as married filing s	2 federal return as marri separately, enter your fec aral Form 1040 or 1040-S	leral adjusted gross	0,		3_			00	
3 a	-	ou entered an amou ried filing jointly fede	nt on Line 3, enter your	spouse's Social Se	ecurity number f	rom your	3a				
4			box marked on your W-2,	Wage and Tax State	ement, Box 13?		4	Yes] No [
 Step 4: Figure your Illinois Earned Income Credit 5 Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. 6 Multiply the amount on Line 5 by 18% (.18). 7 Illinois residents: Enter 1.0. Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. 										.00 .00	

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

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

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

.00

→ 8_____





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use th	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 M		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)

SIVANANDA REDDY MYLARAPU Your name as shown on Form IL-1040	02 Your Social S	1 ecurity numb	0 8 – —	0 2	2	3	
Column A Form type Employer/Payer Identification Number	I mn C Winnings, Gross ompensation, etc	Illinois W	Column D ages, Winnings, G ons, Compensation	ross l	Column Ilinois Inco Tax Withhe	ome	
1 <u>W</u> <u>06-1454513-000</u>	_ \$_ 1	01,948 .00	\$	26,355 .00	\$	1,30)5 •00
2	\$	•00	\$	•00	\$		• <u>00</u>
3	\$	•00	\$	•00	\$		•00
4	\$	•00	\$	•00	\$		•00
5	_ \$	•00	\$	<u>•00</u>	\$		•00

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

ARCHANA KARNATAKAM	A	P	Ρ	L_	I	Е	D	 F	0	R
Your spouse's name as shown on Form IL-1040	Your s	pouse	's Soc	ial Sec	curity r	numbe	r			

Column A Form type		Column B Employer/Payer Identification Number	Federal Wages	u mn C , Winnings, Gross 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.

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

35	☐ Illinois Department of Rev	venue		
5	-		Income Tax Fle	Submission ID ctronic Filing Declaration
S	(Do not mail Form IL-8453 to the			
Ster	1: Provide taxpayer information			,
	SIVANANDA REDDY ARCHANA KARN		-	<u>0</u> <u>2</u> <u>1</u> <u>0</u> <u>8</u> <u>0</u> <u>2</u> <u>0</u> <u>3</u>
Drin		(and last name if differer	nt) Last name	Social Security number
or	2525 RIVER PLAZA DR 37 Mailing address			A PPLI EDFOR Spouse's Social Security number
туре	SACRAMENTO	CA	95833	(312) 468-2532
	City	State	ZIP	Daytime phone number
Stor	2: Complete information from tax re	aturn	Choose one: 🗙	IL-1040 IL-1040-X
	Net income from Form IL-1040 or IL-1040-X			1 <u>23,843</u> 00
	Tax from Form IL-1040 or IL-1040-X, Line 1-			2 1,180 00
	Ilinois Income Tax withheld from Form IL-10		ine 25 only (enter "0" if	none) 3 <u>1,305</u>
4 (Overpayment from Form IL-1040, Line 36 o	r IL-1040-X, Line 3	35	4 <u>125</u> <u>00</u>
	Total amount due from Form IL-1040, Line 4			5 00
6	Filing status: Single $\underline{\times}$ Married filing	jointly Marrie	d filing separately W	idowed Head of household
Step	3: Complete direct deposit of refund	d or electronic f	unds withdrawal info	rmation (Optional)
				ed within the electronic transmission. Illinois
				e.g., debit, deposit) with financial institutions located
7	Routing no. (RN): $\begin{array}{c} 0 \\ -7 \\ -1 \\ -0 \\ -0 \\ -0 \\ -0 \\ -0 \\ -0 \\ -0$		Electronic payments will n	ot be accepted and refunds will be via paper check.
	Account no. (AN): <u>8 3 0 1 8 6</u>			
	Type of account: <u>×</u> Checking Sa			
	Date the payment is to be electronically with	-		
11	Electronic funds withdrawal amount:	<u> </u>		
	Name on account:		· · · · · · · · · · · · · · · · · · ·	
Step	4: Taxpayer declaration and signatur	e (Sign only afte	er completing Step 2 a	and, if applicable, Step 3.)
×	I consent that my refund may be directly correct. If I have filed a joint return, this is			lare the information on Lines 7 through 9 is ouse as an agent to receive the refund.
] I authorize the Illinois Department of Rev withdrawal as designated in the electronic			gent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the
	financial institutions involved in the proce	essing of an electro	onic overpayment of taxes	
_	necessary to answer inquiries and resolv		1.2	
L	I do not want direct deposit of my refund,			
				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
been	accepted or rejected. If rejected, I authorize II	DOR to identify the	reason(s) so the return ma	ay be corrected and retransmitted if possible.
Sigr	1			
here	Your signature	Date	Spouse's signature	e (if joint return, both must sign) Date
Step	5: Electronic return originator (ERO) and paid prep	arer declaration and	signature
				rmation on this Form IL-8453, and accompanying
	nation. I have followed all requirements of tr ayer's return and accompanying information			perjury, that to the best of my knowledge the
tanpt				
	ERO's signature		03/10/2023 Date	Check if paid preparer: 🛛 (See instructions.)
	-		Date	
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{\text{our}}} \frac{0}{PTIN} \frac{2}{V} \frac{0}{V} \frac{8}{8} \frac{2}{2} \frac{7}{7} \frac{0}{0} \frac{3}{3}$
use	245 ROONEY CT			8 8 - 2 1 4 5 4 8 7
only	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

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.



8879

2022 California e-file Signature Authorization for Individuals

Your name	Your SSN or ITIN
SIVANANDA REDDY MYLARAPU	021-08-0203
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
ARCHANA KARNATAKAM	APPLIED FOR
Part I Tax Return Information (whole dollars only)	
1 California adjusted gross income (AGI). See instructions	1 101948
2 Amount You Owe. See instructions	2
3 Refund or No Amount Due. See instructions	32294_
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)	
ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare tha electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social secu identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the c income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax prand on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that dir agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delaye to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liabilit penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Ele	rity number (SSN) or individual tax corresponding lines of my electronic ayments as shown on my return rect deposit refund amount on line 3 nt of the other spouse/registered nitter, or intermediate service ed, I authorize the FTB to disclose sent. If I am filing a balance due ity and all applicable interest and y electronic income tax return. I have
Taxpayer's PIN: check one box only	
I authorize GLOBAL TAXES LLC to enter	my PIN 8 0 2 0 3
	Do not enter all zeros
as my signature on my 2022 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you return is filed using the Practitioner PIN method. The ERO must complete Part III below.	are entering your own PIN and your
Your signature Date Date	
Spouse's/RDP's PIN: check one box only	
V lauthorize GLOBAL TAXES LLC to enter	
	Do not enter all zeros
as my signature on my 2022 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box onl and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ly if you are entering your own PIN
Spouse's/RDP's signature Date Date	
Practitioner PIN Method Returns Only continue below	
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 Do not enter all ze	6 1 9 8 9 eros
I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return f confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1 e-file Providers.	for the taxpayer(s) indicated above. I
ERO's signature Date 03/10/20	023

540

2022 California Resident Income Tax Return

	APE		ATTACH	FEDERAL	RETURN
021-08-0203 MYLA 0 SIVANANDARE MYLARAPI ARCHANA KARNATAI	-		22		
2525 RIVER PLAZA DR SACRAMENTO CA	95833	APT 37			
06-22-1986 08-10-1987					

		Enter your county at time of filing (see instructions)
e	ullet	SACRAMENTO
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
Ве		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	۲	
inc	C	
д		City State ZIP code
	ullet	
		If your California filing status is different from your federal filing status, check the box here
s	1	Single 4 Head of household (with qualifying person). See instructions.
tatu		
Filing Status	2	X Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
ilin		
ш		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
_	Eo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
S	7	Whole dollars only
Exemptions	'	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7$ 2 X \$140 = \bigcirc \$ 280
npt	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1:
xen		if both are visually impaired, enter 2 $\textcircled{0}8$ X \$140 = $\textcircled{0}$ \$
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions
		REV 02/17/23 PRO
		175 3101224 Form 540 2022 Side 1

You	ır na	ime:	MYL	ARA	APU	Your SSN	or IT	IN: 021-08-02	03	•		
	10	Depen	dents:		ot include yourself or yo Dependent 1	our spouse/R	DP.	Dependent 2		Dependent 3		
Exemptions		Firs	t Name	۲	RAUDHRARAM		۲	THASWIKANAN	1			
		Last	Name	۲	MYLARAPU		۲	MYLARAPU				
empti			I. See ructions.	•	999999999		•	97777777				
EX			endent's tionship ou	۲	SON		۲	DAUGHTER				
	Tot	al depe	ndent e	xemp	otions				2 X \$433 = 0	• \$	86	6
	11	Exen	nption a	amou	Int: Add line 7 through li	ne 10. Transf	er this	amount to line 32		11 \$	114	:6
	12	State Form	e wages n(s) W-2	from 2, bo	n your federal x 16		12	101	L948 _00			
	13		. ,		isted gross income from) or 1010-SP line 11	12	1	.01948	. 00
	14	Calif	ornia ac	ljustr	nents – subtractions. Er lumn B	iter the amou	nt fro	m Schedule CA (540),				.00
	15	Subt	ract line	e 14 f	rom line 13. If less than	zero, enter th	ne res	ult in parentheses.		1	01948	
Taxable Income	16	See instructions										
le In		Part I, line 27, column C • 16										. 00
Faxab	17	California adjusted gross income. Combine line 15 and line 16										
·	18		Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately									
			l		10404	. 00						
	19			e 18 f	rried/RDP filing separately irom line 17. This is you enter -0-	r taxable inco	ome.				91544	. 00
	31	Tax.	Check t	he bo	ox if from:	Table		Tax Rate Schedule				
	32	Evon	antion o	vradit	● FTB s. Enter the amount fror	3800 •		FTB 3803	• • • •		2819	.00
Тах	32				structions.						1146	. 00
Ë	33	Subt	ract line	e 32 f	rom line 31. If less than	zero, enter -0)				1673	. 00
	34	Tax.	Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A • 34								. 00	
	35	Add	line 33	and I	ine 34				• 35		1673	. 00
dits	40	Nonr	efunda	ble C	hild and Dependent Care	e Expenses Cr	edit.	See instructions	• 40			. 00
Special Credits	43		r credit			•	Со	107	nount • 43		432	. 00
Speci	44	Ente	r credit	nam	e		со	de and an	nount ● 44			. 00
		Side 2	? Form	540	2022	175		3102224		REV 02/17/23 PRO		

You	r nar	me: MYLARAPU Your SSN or ITIN: 021-08-0203				
Ś	45	To claim more than two credits. See instructions. Attach Schedule P (540)	• 45			. 00
credit:	46	Nonrefundable Renter's Credit. See instructions	• 46			. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	• 47		432	. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0			1241	. 00
xes	61	Alternative Minimum Tax. Attach Schedule P (540)				. 00
Other Taxes	62	Mental Health Services Tax. See instructions				. 00
Oth	63	Other taxes and credit recapture. See instructions	63			<u> 00</u>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64		1241	00
	71	California income tax withheld. See instructions	71		3535	. 00
	72	2022 California estimated tax and other payments. See instructions	72			. 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	73			. 00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	• 74			. 00
Payn	75	Earned Income Tax Credit (EITC). See instructions	75			. 00
	76	Young Child Tax Credit (YCTC). See instructions	76			. 00
	77 78	Foster Youth Tax Credit (FYTC). See instructions	7778		3535	• 00 • 00
Тах	91	Use Tax. Do not leave blank. See instructions		0_00		
Use Tax		If line 91 is zero, check if: No use tax is owed. You paid your use tax	< obligatio	on directly to CDTFA.		
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions.	×]		
		Individual Shared Responsibility (ISR) Penalty. See instructions • 92		_ 00		
ne	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		3535	. 00
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 (Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,	94			. 00
d Tax/		subtract line 92 from line 93	95		3535	. 00
erpaic	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96			. 00
ŇŎ	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97		2294	. 00
		175 3103224		Form 540 2022	Side 3	

You	ur nar	ne:	MYLARAPU	Your SSN or ITIN:	021-08-0203			
	y 98	Amo	unt of line 97 you want applied to yo	ur 2023 estimated tax		● 98	0	. 00
Overpaid	ב 99 99	Over	paid tax available this year. Subtract	line 98 from line 97		● 99	2294	. 00
02	- 100	Tax o	lue. If line 95 is less than line 64, sul	otract line 95 from line 64	1	🖲 100		. 00
						<u>Code</u>	<u>Amount</u>	
		Califo	ornia Seniors Special Fund. See instr	uctions		● 400		.00
		Alzhe	imer's Disease and Related Dementi	a Voluntary Tax Contribut	tion Fund	● 401		<u> 00</u>
		Rare	and Endangered Species Preservation	on Voluntary Tax Contribu	ition Program	• • 403		.00
		Califo	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	1	• • 405		.00
		Califo	ornia Firefighters' Memorial Voluntar	y Tax Contribution Fund .		• • 406		.00
		Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		● 407		<u> 00 </u>
		Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	bution Fund	● 408		. 00
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		● 410		.00
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		● 413		. 00
itions		Scho	ol Supplies for Homeless Children V	oluntary Tax Contribution	Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass F	urchase		• 423		.00
ပိ		Prote	ct Our Coast and Oceans Voluntary	Fax Contribution Fund		• • 424		. 00
		Кеер	Arts in Schools Voluntary Tax Contr	bution Fund		• 425		. 00
		Preve	ention of Animal Homelessness and (Cruelty Voluntary Tax Cor	ntribution Fund	● 431		.00
		Califo	ornia Senior Citizen Advocacy Volunt	ary Tax Contribution Fund	d	• 438		. 00
		Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	● 439		. 00
		Rape	Kit Backlog Voluntary Tax Contribut	on Fund		● 440		. 00
		Suici	de Prevention Voluntary Tax Contribu	ution Fund		• • 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• • 445		. 00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contri	ibution Fund	• • 446		. 00
	110	Add	amounts in code 400 through code 4	46. This is your total con	ntribution	• 110		. 00
unt	111	AMO	UNT YOU OWE. If you do not have an	amount on line 99, add lin	ie 94, line 96, line 100, a	and line 110. S	See instructions. Do not send cash.	
Amount			to: FRANCHISE TAX BOARD, PO B Dnline – Go to ftb.ca.gov/pay for mo		TO CA 94267-0001	••• • 111		. 00

Pay Online – Go to $\ensuremath{\textit{ftb.ca.gov/pay}}$ for more information.

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Γ

You	r nan	ne:	MYLARAPU Your SSN or ITIN: 021-08-0203				
Interest and Penalties	113	Undo Cheo	erest, late return penalties, and late payment penalties 112 derpayment of estimated tax. FTB 5805 attached eck the box: FTB 5805 attached fridation FTB 5805F attached tal amount due. See instructions. Enclose, but do not staple, any payment 114				- 00 - 00 - 00
	115	REF	FUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See	instructic	ons.		
		Mail	uil to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115			2294	. 00
Refund and Direct Deposit		Fill ii See All o	in the information to authorize direct deposit of your refund into one or two accounts. Do not attach e instructions. Have you verified the routing and account numbers? Use whole dollars only. or the following amount of my refund (line 115) is authorized for direct deposit into the account sho • Type			or a deposit slip).
d Dir				● 116 [Direct de	posit amount	
id an		0'	071000013 830186273 Savings			2294	. 00
Refu			e remaining amount of my refund (line 115) is authorized for direct deposit into the account shown l Type Checking Savings 		Direct de	posit amount	- 00
Voter Info.		For \	r voter registration information, check the box and go to sos.ca.gov/elections . See instructions				
Our p to loc Unde is true	rivacy ate FT r pena	notice B 113 alties (rect, a	See the instructions to find out if you should attach a copy of your complete federal tax return. ice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, I31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and ent s of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, ar and complete. Date Spouse's/RDP's signate	nd to the b	est of my	knowledge and b	oelief, it
			Your email address. Enter only one email address.		0	red phone numbe	r
Si	-					682532	
Не	re		Paid preparer's signature (declaration of preparer is based on all information of which preparer has any SYAM PRIYA RAM SAGAR GUPTA TALLAM	knowledg	jej		
to for		rful	Firm's name (or yours, if self-employed)			PTIN	
spou RDP	's		GLOBAL TAXES LLC			P020827	703
signa Joint			Firm's address			• Firm's FEIN	
retur See			245 ROONEY CT E BRUNSWICK NJ 08816			8431719	965
	uctior	IS.	Do you want to allow another person to discuss this tax return with us? See instructions		Yes	× No	
			Print Third Party Designee's Name	т г	Telephone	Number	
			175 0105004		REV 02/17/2		
			175 3105224	Foli	m 540 2	2022 Side 5	

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Na	me(s) as shown on tax return		SSN or ITIN		
	MYLARAPU & A KARNATAKAM				021080203
Pa Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a		101948	۲	۲
	b Household employee wages not reported on federal Form(s) W-2			۲	۲
	c Tip income not reported on line 1a 1c	ullet		۲	۲
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			۲	۲
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	$ \overline{} $		۲	۲
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f			۲	۲
	g Wages from federal Form 8919, line 6 1g			۲	۲
	h Other earned income. See instructions 1h		0	۲	۲
	i Nontaxable combat pay election. See instructions1i				\odot
	z Add line 1a through line 1i1z	۲	101948	۲	۲
2	Taxable interest. a • 2b			۲	۲
3	Ordinary dividends. See instructions. a • 3 b	ullet		۲	\odot
4	IRA distributions. See instructions. a • 4 b	$ \mathbf{O} $		۲	۲
5	Pensions and annuities. See instructions. a • 5 b	۲		۲	
6	Social security benefits. a • 6b			۲	
		ullet		۲	۲
	ction B – Additional Income from federal Schedule 1 (For	m 1040)		
1	Taxable refunds, credits, or offsets of state and local income taxes			۲	
2	a Alimony received. See instructions 2a				۲
3	Business income or (loss). See instructions 3			۲	۲
	,	ullet		۲	۲
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	۲		۲	•
6	Farm income or (loss)6	۲		۲	۲
7	Unemployment compensation7			۲	

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SCHEDULE

CA (540)

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss8a	• ()		۲
b Gambling	۲	۲	
c Cancellation of debt	\odot	\odot	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	۲		
k Stock options8k	۲		
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	$\textcircled{\textbf{O}}$		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	\odot	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	\odot		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated8 u	$\textcircled{\bullet}$		
z Other income. List type and amount.			
• 8z	۲	۲	\bullet

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Se	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
9	a Total other income. Add lines 8a through 8z. 9a			۲		۲
	b1 Disaster loss deduction from form FTB 3805V 9b1			۲		
	b2 NOL deduction from form FTB 3805V 9b2			۲		
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3			ullet		
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	101948	۲		۲
	ction C – Adjustments to Income n federal Schedule 1 (Form 1040)					
11	Educator expenses					
12	Certain business expenses of reservists, performing artists, and fee-basis government officials12			۲		۲
13	Health savings account deduction	ullet		ullet		
						۲
15	Deductible part of self-employment tax. See instructions			۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{ightarrow}$				
17	Self-employed health insurance deduction. See instructions			$ \mathbf{O} $		
18	Penalty on early withdrawal of savings	ullet				
19	a Alimony paid19a					۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			۲		۲
21	Student loan interest deduction					۲
22	Reserved for future use					
23	Archer MSA deduction	$oldsymbol{igstar}$				

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments: a Jury duty pay	۲		
 b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	•	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans	\odot	۲	۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	\odot		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i	۲	۲	
j Housing deduction from federal Form 2555 24 j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	۲		
z Other adjustments. List type and amount.			
<u>۵</u> 24z	\bullet	\odot	\odot
25 Total other adjustments. Add line 24a through line 24z 25	۲	۲	۲
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	۲	۲	۲
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 101948	۲	۲

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Part II	Adjustments	to	Federal	Itemized	Deductions
---------	-------------	----	---------	----------	------------

	-]	
Che	eck the box if you did NOT itemize for federal but will itemiz	e for C	California		B Subtractions See instructions	C Additions See instructions
Me	dical and Dental Expenses See instructions.					
1	Medical and dental expenses • 1					
2	Enter amount from federal Form 1040 or 1040-SR, line 11 101948 2					
3	Multiply line 2 by 7.5% (0.075) (•) 7646 3					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					\odot
	a State and local income tax or general sales taxes5	a 💽	5672	۲	5672	
	b State and local real estate taxes	b 💽				
	${\bf c}~$ State and local personal property taxes $\ldots \ldots .5$					
	d Add line 5a through line 5c	d 💽	5672			
	 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5 		5672		5672	• 0
6	Other taxes. List type • 6			•		•
7	Add line 5e and line 67		5672	۲	5672	• 0
	 a Home mortgage interest and points reported to you on federal Form 1098 	a 💿				۲
	b Home mortgage interest not reported to you on federal Form 10988	b 💽				۲
	c Points not reported to you on federal Form 10988					۲
	d Reserved for future use8	d				
	e Add line 8a through line 8c			۲		۲
9	Investment interest			۲		۲
10	Add line 8e and line 9 10	۲		۲		۲

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))	E	Subtractions See instructions	(Additions See instructions
Gif	ts to Charity		<u> </u>				
	Gifts by cash or check11			۲		۲	
12	Other than by cash or check	$ \mathbf{O} $		۲		۲	
13	Carryover from prior year13			۲		۲	
14	Add line 11 through line 1314			۲		۲	
	sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15			۲		۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions 16			۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17		5672		5672	۲	0
18	Total. Combine line 17 column A less column B plus co	lumn	C)18	0
Job	Expenses and Certain Miscellaneous Deductions						
	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions	es, jo 	b education, etc.) 19			
	Tax preparation fees		•) 20			
21	Other expenses: investment, safe deposit box, etc. List type) 21	0		
	Add line 19 through line 21) 22	0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11		101948				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.) 24	2039		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			25	0
26	Total Itemized Deductions. Add line 18 and line 25					26	0
27	Other adjustments. See instructions. Specify. •					27	
28	Combine line 26 and line 27					28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$229,9	D8 67		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540), lii	ne 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ictior ialifyi	ngng surviving spouse/RDP	\$10,4	04		
	Transfer the amount on line 30 to Form 540, line 18 $_{\cdot}$.					30	10404
					REV 02/17/23 PRO		
	Side 6 Schedule CA (540) 2022 175	1	7726004		RL V 02/11/23 FRU		
		1	7736224	1			

S

2022 Other State Tax Credit

Attach to Form 540, Form 540NR, or For	m 541.							
Name(s) as shown on your California tax return			SSN, ITIN, or FEIN					
S MYLARAPU & A KARNATAKAM			021080203					
Part I Double-Taxed Income (Read sp		,						
(a) Income item(s) description	(b) Double-tax	ed income taxable by California	(c) Double-tax	ed income t	axable by other st	ate		
• WAGES, SALARIES, TIPS		26355	•		263	55		
•			•					
•			•					
1 Total double-taxed income	•	26355	•		26355			
Part II Figure Your Other State Tax C	redit (Read specific I	ine instructions for Part II before co	mpleting.)		1			
2 California tax liability. See instructions				2	1673 (00		
3 Double-taxed income taxable by California	. Enter the amount fro	om Part I, line 1, column (b)		3	26355 (00_		
4 California adjusted gross income. See inst	ructions			• 4	101948 (00		
5 Divide line 3 by line 4. Do not enter more	than 1.0000			5	0.25	85		
6 Multiply line 2 by line 5				6	432 (00		
7 Income tax liability paid to other state (use	e state's abbreviation)	● <u>IL</u> See instructions		7	1180 (00		
8 Double-taxed income taxable by other stat	te. Enter the amount f	rom Part I, line 1, column (c)		8	26355 (00		
9 Adjusted gross income taxable by other st	ate. See instructions.			9	26355 (00		
10 Divide line 8 by line 9. Do not enter more t	than 1.0000			10	1.00	00		
11 Multiply line 7 by line 10				11	1180 (00		
12 Other state tax credit. Enter the smaller of	line 6 or line 11. Use	credit code 187 . See instructions .		12	432 (00_		

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E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	Only-	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of y	0	eparately (N use. If you cl	,				, _	spou	ifying sun Ise (QSS) name if th	0
Your first name	and m	iddle initial	Last nar	me							Your social security number		
SIVANAND	A RI	EDDY	MYLA	RAPU							021-0	08-020	3
lf joint return, s	oouse's	s first name and middle initial	Last nar	me						:	Spouse'	s social se	curity number
ARCHANA			KARN	АТАКА	М						APPLI	LED FO	R
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		Preside	ntial Electi	on Campaign
2525 RIV	ER I	PLAZA DR						3	57			iere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	ite	ZIP c	ode		•		ntly, want \$3 Checking a
SACRAMEN	ITO					CZ	J	958	33		0	ow will not	0
Foreign country	name		F	oreign pro	ovince/state/o	coun	ty	Foreig	n postal c	ode	your tax	or refund.	. Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						-			,	Yes	X No
Standard Deduction	_	eone can claim:					a dependent						
Age/Blindness	You	Were born before January 2, 1	958	Are bli	nd Spo	ouse	: 🗌 Was bor	n befo	ore Janua	ary 2,	1958	🗌 ls bl	lind
Dependents				(2) S	ocial security		(3) Relationsh	1.		-			instructions):
If more		irst name Last name			number		to you		Child t	ax cre	dit	Credit for ot	her dependents
than four	RAUD	HRARAM REDDY MYLARAPU		999.	-99-999	9	Son		[
				-77-777	7	Daughter		[X	
see instructions and check	;	·							[
here 🗌									[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	tions)						1a	10	01,948.
moome	b	Household employee wages not re	ported	on Form	(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions	s)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s)) W-2 (see ir	nstru	uctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26 .						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruction	ons) .					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		• •	<u>1</u> i						
	Z	-	·		· · · ·	• •					1z	10	01,948.
Attach Sch. B	2 a		2a				axable interest			· ·	2b		
if required.	<u>3a</u>		3a				Ordinary divide		• •	· ·	3b		
	4a		4a				axable amoun		• •	· ·	4b		
Standard Deduction for –	5a	-	5a				axable amoun		• •	· ·	5b	_	
 Single or 	6a		6a				axable amoun	t		· .	6b		
Married filing separately,	с _	If you elect to use the lump-sum e						• •		• –			
\$12,950	7	Capital gain or (loss). Attach Schee						• •	• •	· L			
 Married filing jointly or 	8	Other income from Schedule 1, lin						• •	• •	• •	8	1,	01 040
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		• •	9	+ 10	01,948.
\$25,900	10	Adjustments to income from Sche Subtract line 10 from line 9. This is						• •		• •	10		01 040
 Head of household, 	11 12	Standard deduction or itemized	-		-			• •	• •	• •	11		<u>01,948.</u> 25 000
\$19,400 • If you checked	13	Qualified business income deduction				,	 15-А	• •		• •	13		25,900.
any box under	13 14	Add lines 12 and 13				033	<u>.</u>	• •		• •	14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer			0 This is v	 011r ⁻	taxable incom				15		<u>25,900.</u> 76,048.
see instructions.				-,	2 y	- 01				•••	15		,

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	8	,712.
Credits	17	Amount from Schedule 2, li	ne3					[17		
	18	Add lines 16 and 17							18	8	3,712.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[19	1	,000.
	20	Amount from Schedule 3, li	ne8					[20		
	21	Add lines 19 and 20						[21	1	,000.
	22	Subtract line 21 from line 18						Г	22		,712.
	23	Other taxes, including self-	employment tax,	from Schedule	e 2, line 21			[23		0.
	24	Add lines 22 and 23. This is						Г	24	7	,712.
Payments	25	Federal income tax withhele									-
,, ,	а	Form(s) W-2				25a	17,1	184.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction				25c					
	d	Add lines 25a through 25c							25d	17	,184.
	26	2022 estimated tax paymer	its and amount a	pplied from 20	21 return			Г	26		
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	t from Form 8863	3, line 8		29					
	30	Reserved for future use .		·		30					
	31	Amount from Schedule 3, li				31					
	32	Add lines 27, 28, 29, and 31				undable	credits		32		
	33	Add lines 25d, 26, and 32.		•	•			Г	33	17	,184.
Defund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33.	This is the amour	nt you o	verpaid		34	9	,472.
Refund	35a	Amount of line 34 you want				•	-	. 🗆 โ	35a	9	,472.
Direct deposit?	b	Routing number 0 7 1				Checki					
See instructions.	d	Account number 8 3 0					ľ	Ũ			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_				
Amount	37	Subtract line 33 from line 24	4. This is the amo	ount vou owe							
You Owe		For details on how to pay, g							37		
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	rn with the IRS?	See					
Designee		structions	· · · · ·			[Yes. Com	plete bel	ow.	🗙 No	
		signee's		Phone				l identifica	tion r		
	na			no.			number	. ,			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con			1 7 0		,				0
Here		· · ·		Date	Your occupation	1000 011 0				it you an Id	
	10	ur signature		Date	Four occupation					N, enter it l	
Joint return?					SOFTWARE E	ENGIN	EER	(see ins	t.) [
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion				t your spou	
Keep a copy for your records.						_		Identity (see ins		ction PIN, e	enter it here
,		(010) 460, 050	2		HOME MAKEF			(366 113	.,		
		one no. (312)468-253		Email address	SIVANANDA2					Ob a al sife	
Paid		eparer's name	Preparer's signat			Date		TIN		Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/1	0/2023 P	020827			employed
Use Only		m's name GLOBAL TA			- 00016					678)96	
	Fir		Y CT E BRU	INSWICK N	1 08870			Firm's I	IN		171965
Co to wayne iro a	ou/Earr	a 1040 for instructions and the late	oct information		D A A	D = 1 / 00 /				E a uma	10/0 (0000)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/02/23 PRO

Form **1040** (2022)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or 1040-NR.
/		,		01 10 10 1111

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2022 Attachment Sequence No. 47

Name(s	s) shown on return	Your	social se	ecurity number
SIVA	NANDA REDDY MYLARAPU & ARCHANA KARNATAKAM	021	-08-0	203
Pa	rt I Child Tax Credit and Credit for Other Dependents	<u> </u>		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	101,948.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	101,948.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000		5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	dent		
	alien. Also, do not include anyone you included on line 4.	l		
7	Multiply line 6 by \$500		7	1,000.
8	Add lines 5 and 7	•	8	1,000.
9	Enter the amount shown below for your filing status.	ſ		
	• Married filing jointly—\$400,000	l		
	• All other filing statuses— $\$200,000 \int \dots $	•	9	400,000.
10	Subtract line 9 from line 3.	ſ		
	• If zero or less, enter -0	l		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For	ſ		
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	1,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cr	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	ſ		
	Yes. Subtract line 11 from line 8. Enter the result.	ſ		
13	Enter the amount from the Credit Limit Worksheet A		13	8,712.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	•	14	1,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Earm 1040, 1040 SD, or 1040 ND, line 29, Complete your Earm 1040, 1040 SD, or 1040 N	113 41	and all 12	

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/02/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IS OT H	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the larger of line 20 or line 25	26	
20	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2022

Form	8867	Paid Preparer's Due Diligence Check			No. 1545	
	ovember 2022)	Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Fili	TC), TC) and ng Status		For tax y 20	/ear
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest inform	0-PR, or 1040-SS.	Attach Seque	nment ence No.	70
Taxpay	er name(s) shown or	n return	Taxpayer identification	n number		
SIV	ANANDA REDI	DY MYLARAPU & ARCHANA KARNATAKAM	021-08-020			
Prepare	r's name		Preparer tax identific	ation numl	ber	
1		I SAGAR GUPTA TALLAM	P02082703			
Part		gence Requirements				
	e benefit(s) clain	propriate box for the credit(s) and/or HOH filing status claimed on the red ned (check all that apply).	CTC/ODC	e the rel		arts I–V HOH
1		lete the return based on information for the applicable tax year provided obtained by you? (See instructions if relying on prior year earned income.)		Yes X	No	N/A
2	worksheets fo 1040) instruct	claimed on the return, did you complete the applicable EIC and/or (und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher ions, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	dule 8812 (Form is, or your own	X		
3	the following.Interview the determine theReview information	y the knowledge requirement? To meet the knowledge requirement, you e taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) and o figure the amount(s) of any credit(s)	r's responses to nd/or HOH filing	X		
4	information re	mation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsi- ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent ir	formation? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should includ nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)	d the impact the			
5	keep a copy o applicable wo 8867 and any taxpayer that	y the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 rksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing st	7, a copy of any to prepare Form provided by the atus or to figure			
		of the credit(s)		X		
	List those doc	uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate or HOH filing status and the amount(s) of any credit(s) claimed on the ted for audit?	return if his/her	X		
7		e taxpayer if any of these credits were disallowed or reduced in a previou		×	\Box	
	-	re disallowed or reduced, go to question 7a; if not, go to question 8.)	-			
а		lete the required recertification Form 8862?				
8	If the taxpayer correct Sched	is reporting self-employment income, did you ask questions to prepare ule C (Form 1040)?	a complete and			

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not			
Part	or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part), go to	Part \	′.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part '	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI/	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	icable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service	Sury	dividuals who are See sepa	not U.S. citi arate instru		inent reside	ents.			
An IRS individua	I taxpayer identification nui	mber (ITIN) is for	U.S. feder	al tax purpo	ses only.		type (check one box):		
Before you begin							/ for a new ITIN w an existing ITIN		
	nis form if you have, or are elig ubmitting Form W-7. Read t						<u> </u>		
must file a U.S. f	ederal tax return with Form	W-7 unless you	meet one				b, c, a, e, i, or g, you		
_	t alien required to get an ITIN to o		efit						
_	t alien filing a U.S. federal tax ret nt alien (based on days present		e) filing a LL	S fodoral tax r	oturn				
	of U.S. citizen/resident alien		-			structions) ► D	AUGHTER		
e 🗌 Spouse of L	J.S. citizen/resident alien	lf d or e , enter name SIVANANDA R			zen/resident	alien (see instru	uctions) ► 021-08-0203		
f 🗌 Nonresident	t alien student, professor, or rese				ig an except	tion			
	spouse of a nonresident alien ho	-							
h 🗌 Other (see ii	nstructions) ►								
Additional information	on for a and f : Enter treaty count			and treat	y article nun	nber 🕨			
Name	1a First name	-	dle name			name			
(see instructions)	THASWIKANANDA RI					LARAPU			
Name at birth if different	1b First name	Mide	dle name		Last	name			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2525 RIVER PLAZA DR Apt 37								
Address	City or town, state or provir SACRAMENTO	nce, and country. In	ry. Include ZIP code or postal code where ap CA USA				95833		
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
(see instructions)	City or town, state or provir	nce, and country. In	clude postal	code where ap	propriate.				
Birth Information	4 Date of birth (month / day / yea 07/21/2018	ar) Country of birth INDIA		City and state	e or provinc	e (optional) 5	Male X Female		
	6a Country(ies) of citizenship	6b Foreign tax I.	D. number (i	f anv) 6c T	vpe of U.S.	/isa (if anv). num	ber, and expiration date		
Other Information	INDIA			H4	<u></u>	R0685622			
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.								
	USCIS documentation Other Date of entry into								
	the United States								
	Issued by: INDIA No.: V6968243 Exp. date: 01/16/2027 (MM/DD/YYYY): 07/15/20 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?								
	No/Don't know. Skip line 6f.								
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).								
		ITIN			anc				
	name under which it was is	ssued ►							
	First name Middle name Last name								
	6g Name of college/university	or company (see ins	structions) 🕨						
	City and state Example 1			Lengt	th of stay 🕨				
Sign Here	Under penalties of perjury, I (app documentation and statements, a information with my acceptance ag	nd to the best of my	knowledge a	nd belief, it is t	true, correct,	and complete. I	authorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if d	lelegate, see instruc	tions)	Date (month / day / year) Phone r			r		
,	Name of delegate, if applie SIVANANDAREDDY			Delegate's related to applicant	ationship	Parent Court-appointed guardian Power of attorney			
Accentance	Signature			Date (month /	day / year)	Phone	· · · · · · · · · · · · · · · · · · ·		
Acceptance Agent's						Fax			
Use ONLY Name and title (type or print) Name of company EIN PTIN						PTIN			

Office code

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

(nev. August 2013)									01110 110. 10 10 001	
Department of the Treas Internal Revenue Service		viduals who are r See sepa			permaner	it reside	ents.			
	taxpayer identification numl				ourposes	onlv.	Applica	tion t	ype (check one box):
Before you begin				-	-	-	XA	pply	for a new ITIN an existing ITIN	,.
-	ubmitting Form W-7. Read the ederal tax return with Form W								o, c, d, e, f, or g, y	ou
_	alien required to get an ITIN to cla	-				000)	inotidotioi	10).		
	alien filing a U.S. federal tax retur									
c 🗌 U.S. residen	t alien (based on days present in	the United State	s) filing a U.S	S. federa	al tax retur	n				
d 🛛 Dependent o	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/res	ident alien	(see ins	structions)	SO:	N	
e 🗌 Spouse of U		d or e, enter name SIVANANDA RI				resident	alien (see i		tions) ► 021-08-0203	
f 🗌 Nonresident	alien student, professor, or resear	cher filing a U.S. f	ederal tax re	turn or d	claiming ar	n except	ion			
g 🗌 Dependent/s	spouse of a nonresident alien hold	ing a U.S. visa								
	nstructions) ►									
	on for a and f : Enter treaty country 1a First name		lle name	and	d treaty art		nber ► name			
Name	RAUDHRARAM REDDY	IVIICE	lie name				LARAPU			
(see instructions) Name at birth if	1b First name	Mido	lle name			_	name			
different ►										
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2525 RIVER PLAZA DR Apt 37									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.						05000			
	SACRAMENTO	mbor or rural rout	a number F	on't un	CA	USZ			95833	
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
		-,								
Birth	4 Date of birth (month / day / year)	Country of birth		City an	d state or	province	e (optional)	5	X Male	
Information	12/17/2014	INDIA							Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.I	D. number (if	any)	6с Туре Н4	of U.S. v	risa (if any), R0685		er, and expiration dat 09/30/202	
	6d Identification document(s) sul	`	ictions) 🕨	Passp	ort	Driver	's license/S	State I.	.D.	
	USCIS documentation	Other					Date of e	ntry ir	nto	
	the United States								h	
	Issued by: INDIA No.: V6968244 Exp. date: 01/16/2027 (MM/DD/YYYY): 07/15/2022 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?								<u>د</u>	
	No/Don't know. Skip lir		indi nevenue							
	Yes. Complete line 6f. If		st on a sheet	and atta	ach to this	form (se	e instructio	ons).		
	6f Enter ITIN and/or IRSN ► I	τιν			IR	SN			ć	and
	name under which it was issu	ued ►	name							
					Middle n	ame			Last name	
	6g Name of college/university or	company (see ins	tructions) 🕨							
	City and state				Length of					
Sign Here	Under penalties of perjury, I (applied documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief	, it is true,	correct,	and comple	te.Ia	uthorize the IRS to sl	
Keep a copy for your records.	Signature of applicant (if del	Signature of applicant (if delegate, see instructions)			ns) Date (month / day / year) Pho			mber		
	Name of delegate, if application	ble (type or print)		-	te's relation	ship	X Parent		Court-appointed guard	lian
	SIVANANDAREDDY M	YLARAPU		to appli			Power	Power of attorney		
Acceptance	Signature			Date (m	ionth / day /	′ year)	Phone			
Agent's	Name and title (type or print)	1	Name of a				Fax			
Use ONLY	Name and title (type or print))	Name of co	лпрапу		EIN	odo		PTIN	
	/		1			Office code				

REV 03/02/23 PRO

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Department of the Treas Internal Revenue Service		See sep	arate instruc		ermaner	it reside	1115.			
An IRS individua	I taxpayer identification nun	nber (ITIN) is for	r U.S. feder	al tax p	urposes	only.			ype (check one b	ox):
Before you begin • Don't submit th	n: nis form if you have, or are elig	ible to get, a U.S	S. social sec	urity nui	mber (SS	SN).			for a new ITIN / an existing ITIN	N
	ubmitting Form W-7. Read the derived the derived the derived text return with Form), c, d, e, f, or g	i, you
	t alien required to get an ITIN to c		efit							
_	t alien filing a U.S. federal tax retu									
	nt alien (based on days present i									
d Dependent	of U.S. citizen/resident alien	t d, enter relations	hip to U.S. ci	tizen/resi	dent alien	(see ins	tructions)			
e 🛛 Spouse of L		f d or e, enter nam SIVANANDA R				resident	alien (see ir		ctions) ► 021-08-0203	3
f 🗌 Nonresident	t alien student, professor, or resea	archer filing a U.S.	federal tax re	eturn or c	laiming ar	n excepti	ion			
_	spouse of a nonresident alien hol	ding a U.S. visa								
h 🗌 Other (see in	·									
	on for a and f : Enter treaty countr		dle name	and	treaty art		iber ► name			
Name (see instructions)	ARCHANA	NIC.					RNATAKA	М		
Name at birth if different	1b First name	Mid	dle name			_	name			
Applicant's	2 Street address, apartment n	umber, or rural rou	ite number. If	you hav	e a P.O.	box, see	separate i	nstru	ictions.	
Mailing		2525 RIVER PLAZA DR Apt 37								
Address	City or town, state or provin SACRAMENTO	ovince, and country. Include ZIP code or postal code where appropriate. CA USA 95833								
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.									
(see instructions)		oo, and oountry. In		oode mi		priato.				
Birth	4 Date of birth (month / day / yea	r) Country of birth		City and	d state or	province	e (optional)	5	Male	
Information	08/10/1987	INDIA							🗙 Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I	.D. number (i	f any)	6с Туре Н4	of U.S. v	isa (if any), r R0685		er, and expiration c 09/30/2	
mormation	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	the United States									
		No.: L8407818			04/07/		(MM/DD/	YYYY): 07/15/20	22
	6e Have you previously receive No/Don't know. Skip		ernal Revenu	e Service	Number	(IRSN)?				
	Yes. Complete line 6f.		ist on a sheet	and atta	ch to this	form (se	e instructio	ns).		
	· · ·	ITIN				SN		-7		and
	name under which it was is	sued ►								
		First	st name		Middle n	ame			Last name	
	6g Name of college/university of	or company (see in	structions)							
	City and state				Length of	stay 🕨				
Sign Here	Under penalties of perjury, I (app documentation and statements, an information with my acceptance age	d to the best of m	y knowledge a	nd belief,	it is true,	correct,	and complet	te. I a	uthorize the IRS to	
Keep a copy for your records.	Signature of applicant (if de	elegate, see instruc	ctions)	Date (mo	onth / day /	/ year) 	Phone nur	nber		
,	Name of delegate, if applic	able (type or print)		Delegate to applie	e's relation cant	Iship	Parent		Court-appointed gu	lardian
A	Signature			Date (mo	onth / day /	/ year)	Power of attorney Phone			
Acceptance Agent's							Fax			
Agent's Use ONLY	Name and title (type or prin	nt)	Name of c	ompany		EIN			PTIN	
USC UNEI	🖊	Office c		code						

REV 03/02/23 PRO



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

or for fiscal year ending ____/___

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

B	SIV ARCI 252 SACI Filin	-08-0203 1986 APPLIED FOR 1987 ANANDA REDDY MYLARAPU HANA KARNATAKAM 5 RIVER PLAZA DR 37 RAMENTO CA 95833 SIVANANDA22@GMAIL.COM ng status: Single X Married filing jointly Married filing separately Widowed H eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.		
		eck the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year res		ch NB
_				ole dollars only)
	5te 1 2 3 4	 p 2: Income Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line Other additions. Attach Schedule M. Total income. Add Lines 1 through 3. 	e 2a. 234	101,948.00 .00 .00 101,948.00
T	Ste	p 3: Base Income		
ere 🔸	5 6	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
forms h	7 8	Schedule 1, Ln. 1. 6 Other subtractions. Attach Schedule M. 7 Add Lines 5, 6, and 7. This is the total of your subtractions. 7	8	<u>.00</u> 101,948.00
660	9 Stor	Illinois base income. Subtract Line 8 from Line 4. p 4: Exemptions	9	101,910.00
Staple W-2 and 1099 forms here				9,700 <u>.00</u>
S	Ste	p 5: Net Income and Tax		
t		Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sc Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		23,843.00
40-V	13 14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	12 13 14	1,180 <u>.00</u> .00 1,180 <u>.00</u>
Staple your check and IL-1040-V	Ste 15 16 17	p 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 Property tax and K-12 education expense credit amount from Schedule ICR. 16 Attach Schedule ICR. 17	.00 .00 .00	
ır chec	18 19	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 1 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	4. 18 19	0.00
you	Ste 20	p 7: Other Taxes Household employment tax. See instructions.	20	.00
aldı	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table		
 Sta 	22 23	in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surch. Total Tax . Add Lines 19, 20, 21, and 22.	21 arges. 22 23	0 <u>.00</u> .00 1,180 <u>.00</u>



24	Total tax from Page 1, Line 23.	24	1,180.00							
Ste	Step 8: Payments and Refundable Credit									
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 251, 30.	5 <u>.00</u>								
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	1,305.00							
Ste	ep 9: Total									
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	125.00							
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00							
Ste	ep 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 F	orm 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	r.								
	Voluntary charitable donations. Attach Schedule G. 34	00								
35	Total penalty and donations. Add Lines 33 and 34.	35	.00							
Ste	ep 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	125 _{.00}							
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	125.00							
38	I choose to receive my refund by									
	a X direct deposit - Complete the information below if you check this box.									
	You may also contribute Routing number 0 7 1 0 0 0 0 1 3 × Checking o	r Savings								
	to college savings funds	Caringe								
	here. See instructions! Account number 8 3 0 1 8 6 2 7 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							
Ste	ep 12: Health Insurance Checkbox and Signature									
5.0										

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature Da		Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number	
Here								(312) 468	8-2532
	Print/Type paid preparer's name			Paid prepare	Date (mm/dd/yyyy	/)	Check if Paid Preparer's F		
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	A RAM SAGAR GUPTA TALLAM 03/10/2023			self-employed	P02082703
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN > 843171965		5		
	Firm's address > 245 ROONEY CT E			BRUNSWIC	Firm's phone		(678) 965	5-9522	
Third	Designee's name (please print)			Designee's phone number				Check if the Department may discuss this return with the third	
Party									
Designee								party designee shown in this step.	

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



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

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

IL Attachment No. 2

	S MYLARAPU & A KARNATAKAM	0 2 1 _ 0 8 _ 0 2 0 3							
	Your name as shown on your Form IL-1040	Your Social Security number							
S	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 X No If you answered "Yes," TOP you	cannot use this form (see instructions).							
2	lf you, or your spouse if "married filing jointly," were a part-year reside	ent during the tax year, tell us your residency dates for 2022.							
	a I lived in Illinois from// 2 2 to// 2 2 I I II Month Day Year Month Day Year	ived in from/ / 2 2 to / / 2 2 State Month Day Year Month Day Year							
	b My spouse lived in Illinois from// <u>2</u> 2 to// <u>2</u> 2 to// <u>2</u> 2 to// <u>2</u> 2 to// <u>2</u> 2 to/ <u>2</u>								
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spot								
	Iowa Kentucky Michigan	Wisconsin Military Spouse							
4	List any state other than Illinois or any states already indicated on Lir Enter the two-letter abbreviation of that state.	ne 2 or 3 above, that you claimed residency for tax purposes in 2022.							

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_	101,948 _{.00}	26,355 _{.00}
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
-	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
ome	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
õ	14		14 _	.00	.00
Ĕ	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	.00	.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	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 _	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	come	. 20	26,355 _{.00}
		Continue with Step 3 on Page 2			



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued		umn A ral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	<u> 26,355.00</u>
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.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	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
ne	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,	~-		
<u>S</u>			25		.00
Income	26 27	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	26	.00	.00
5	21		27	.00	.00
	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	.00
jų,		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)		.00	.00
djustments			30		.00
lst	31		31	.00	.00
ġ	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
Ă	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.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	101,948 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gros	ss income.	38	26,355 _{.00}

Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
puts	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
١Ĕ	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
		Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	26,355.00
	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
		Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
lic	2	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
E	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

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
		your Illinois base income.		46	26,355.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
5	47	Enter the base income from Form IL-1040, Line 9.	47	101,948.00	
Ē	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
Calculations		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 259	
<u></u>	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	9,700.00	
Ca	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
-		allowance.		50	2,512.00
Tax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
ľ		Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	51	23,843.00
	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.			
		This is your tax.	\rightarrow	52	1,180.00



Illinois Department of Revenue 2022 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Attach to your Form IL-1040

Read this information first

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

Step 1: Provide the following information

S MYLARAPU & A KARNATAKAM	0	2	1	0	8	_ 0	2	0	3
Your name as shown on your Form IL-1040	Your So	cial Secu	urity numl	ber					

Illinois Dependent Exemption Allowance Step 2: Dependent information

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

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
RAUDHRARAM REDDY	MYLARAPU	999-99-9999	Son	12/12/2014				X
THASWIKANANDA REDDY	MYLARAPU	977-77-7777	Daughter	07/21/2018				X

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

4,850.00

Continue to Page 2 to calculate Illinois Earned Income Credit





Illinois Earned Income Credit

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

Step 3: Qualifying Child Information

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

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you				
2 2a	Ente If yo Doe If yo	er your business inc ou report an amoun s your occupation rea	s and tips from your feder ome or (loss) from your nt on Line 2, you must quire a city, state, or coun b Line 2a, you must enter	federal Form 1040 answer the quest ty issued profession	or 1040-SR, Sc ion in Line 2a k al license, registr	below. ration, or certificat	2_ ion? 2a	Yes 🗌] No	.00			
			Issuing Agency		Li	cense, Registration	n, or Certif	r Certification Number					
										-			
										-			
										-			
	,									-			
	retu mar	rn as married filing s ried filing jointly fede	2 federal return as marri separately, enter your feo eral Form 1040 or 1040-s	leral adjusted gross SR, Line 11.	income (AGI) fr	om your	3_			L .00			
3a	-	ou entered an amou ried filing jointly fede	nt on Line 3, enter your eral return.	spouse's Social Se	ecurity number fi	rom your	3a						
4			box marked on your W-2,	Wage and Tax State	ement, Box 13?		4	Yes	No [
5 6	 Step 4: Figure your Illinois Earned Income Credit Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. Multiply the amount on Line 5 by 18% (.18). Illinois residents: Enter 1.0. Nonresidents and part-year residents: Enter the decimal from Schedule NB, Line 48. 							•		.00 .00			

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

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

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

.00

→ 8_____





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.										
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A							
W-2	W	1099-DIV	D							
W-2G	WG	1099-INT								
1099-R	R	1042-S	S							
1099-G	G	1099-B	В							
1099-MISC	М	1099-K	K							
1099-OID	0	1099-NEC	Ν							

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

SIVANANDA REDDY Your name as shown c		2 <u>1</u> cial Secu	urity numb			0	2_0) 3		
Column AColumn BColumnForm typeEmployer/PayerFederal Wages, WIdentification NumberDistributions, Cor					Illinois Wa Distributio		nings, Gro		Colui Illinois I Tax Wit	Income
1 <u> </u> .	06-1454513-000	\$	101,948 .0 0	<u>)</u>	\$	26,3	355 .00	\$_	1,	,305 •00
2		\$	•00	<u>)</u>	\$		•00	\$_		•00
3		\$	•00	<u>)</u>	\$		•00	\$_		•00
4		\$	•00	<u>)</u>	\$		•00	\$_		•00
5		_ \$	•00	<u>)</u>	\$		•00	\$_		<u>•00</u>

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

ARCHANA KARNATAKAM	A	P	P	L_	I	Е	D	 F	0	R
Your spouse's name as shown on Form IL-1040	Your s	pouse	's Soc	ial Sec	curity r	numbe	r			

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages,	u mn C , Winnings, Gross compensation, etc.	Co Illinois Wage Distributions,	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.

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