We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
 - Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



REV 02/01/23 PRO

H-12/22)

863-13-5177 Your Social Security number

Spouse's Social Security number

\$ 35.00
Payment amount

Your payment is due April 18, 2023.

ASHVITA CHOUREY
51 EAST GREEN STREET 309
CHAMPAIGN IL 61820

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



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

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B Fil	ing status: 🛛 S	ingle _ N			filing separately Widov	ved Head of	household	
C Ch	neck If someone c	an claim you	u, or your spouse	e if filing jointly, a	s a dependent. See instruction	ons. 🗌 You 🗍	Spouse	
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1	ep 2: Income Federal adjusted	d aross inco	me from vour fed	deral Form 1040	or 1040-SR, Line 11.		1	35,117.00
2	Federally tax-ex	empt intere	st and dividend		ur federal Form 1040 or 104	40-SR, Line 2a.	2	.00
3 4	Other additions. Total income.						3	.00 35,117 _{.00}
_	p 3: Base Inco		tillough 3.				<u> </u>	.00
5	Social Security		d certain retirem	nent plan income	9			
	received if inclu	ded in Line	1. Attach Page	1 of federal retu	ırn.	5	.00	
6	Illinois Income T		nent included in	federal Form 10	40 or 1040-SR,	6	.00	
2 7	Schedule 1, Ln. Other subtraction		Schedule M.			6 7	.00	
8	Add Lines 5, 6,		-				8	.00
9	Illinois base in		ract Line 8 from	Line 4.			9	35,117 _{.00}
-	p 4: Exemption					0.44	25	
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24	Tota	l tax from Page	1, Line 23.					24	704 <u>.00</u>
Ste	p 8: I	Payments and	l Refundabl	e Credit					
				h Schedule IL-W 1040-ES and II			25	669 <u>.00</u>	
				I from a prior yea			26	.00	
				Schedule K-1-P o			27	.00	
28	Pass-	through entity ta	x credit. Atta	ch Schedule K-1	-P or K-1-T.		28	.00	
29	Earne	ed Income Credit	t from Schedu	ıle IL-E/EIC, Step	4, Line 8. A	.ttach Schedule IL-E/EIC	29	.00	
30	Total	payments and	refundable of	credit. Add Lines	25 through	29.		30	669.00
Ste	p 9:1	Γotal							
		•		btract Line 24 fro				31	.00
32	If Line	e 24 is greater tha	an Line 30, su	btract Line 30 fro	m Line 24.			32	35.00
	-			ted Tax Penalt	-	ations			
				ment of estimate			33	.00	
				your federal gro		•			
		-	-		-	ntly living in a nursin	-		
	с Ц	-		received evenly	during the y	ear and you annuali	zed your income o	on Form IL-221	0.
	ا ا	Attach Form IL		nd to file on Illino	اميانانانانانا	Income Tax return in	the provious toy	100 F	
		•	•	a ch Schedule G		income tax return in	34	.00	
		-		d Lines 33 and 3			J4	 35	.00
		Refund or Ar			т.				.00
	•		•			Line OF	l in - 05 for an l in -	04	
	-			and this amount	is greater th	an Line 35, subtract	Line 35 from Line	31. 36	.00
		s your overpay		unded to you. Ch	ock one hov	k on Line 38. See inst	tructions	30 37	.00
			-	indea to you. Or	IECK OHE DOX	CON LINE 30. See Inst	iructions.	37	.00
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	а⊔	-		e information be	low ii you ci	IECK IIIS DOX.			
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	ь 🗆	nanar abaak							
		paper check.	d forward Su	htroot Line 27 fr	om Lino 26	See instructions.		39	.00
								39	.00
	-			add Lines 32 an					
	•			and this amount is the amount y		•		40	35.00
						e instructions.		40	33.00
Ste	p 12:	: Health Insur	rance Chec	kbox and Sigr	ature				
41						with other Illinois sta		der to determin	е
	У	our eligibility for	health insura	ince benefits. Se	e instruction	s for more information	on.		
Sia	natuu	re - Note: If this i	ie a ioint roturr	n, both you and yo	our enquee m	nuet eign below			
						and, to the best of i	my knowledge, it i	is true, correct	and complete.
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Sign	,	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here								(217) 979	-4460
		Print/Type paid pre	eparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
D-1-1	ľ				SYAM PRIVA R	או מוואה עשמווט מעטעט אוע	03/10/2023	self-employed	
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Prepa	rer	SYAM PRIYA RAM S. Firm's name		LLAM TAXES LLC	DIM INIII N	AM SAGAR GUPIA TALLAM	Firm's FEIN	84317196	
	rer Inly			TAXES LLC		KNJ 08816			5
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IL-1040 Back (R-12/22) DR_____ AP___ RR DC IR ID ID: 3WM REV 02/01/23 PRO





Illinois Department of Revenue 2022 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

ASHVITA CHOUREY	8 6 3 _ 1 3 _ 5 1 7 7
Your name as shown on your Form IL-1040	Your Social Security number
tep 1: Provide the following information	1
Were you, or your spouse if "married filing jointly," a full-year residual	dent of Illinois during the tax year?

J	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," you cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.
	a I lived in Illinois from $\frac{07}{\text{Month Day Year}} / \frac{01}{\text{Month Day Year}} / \frac{2}{\text{Month Day Year}} = \frac{2}{\text{State}} = \frac{2}{\text{Month Day Year}} + \frac{2}{\text{Month Day Year}} = \frac{2}{\text{Month Day Year}} + \frac{2}{\text{Month Day Year}}$
	b My spouse lived in Illinois from//2 2 to//2 2, and from///2 2 to//2 2 Month Day Year Month Day Year State Month Day Year Month Day Year
3	If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
	☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin ☐ Military Spouse
4	List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

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

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

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

_	_			Column A Federal Total	Column B Illinois Portion
ı	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	35,117 _{.00}	15,280 _{.00}
Т	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
ı	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00.	.00
ı	8	Taxable refunds, credits, or offsets of state and local income taxes			
ı	1	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
ı	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
ı	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
ı	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	
Т	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	
	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	
ן ק	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	
12	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15_	.00	.00
Т	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16_	.00	.00
Т	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17_	.00	.00
н	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18_	.00	.00
Т	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	9)		
ı	1	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	15,280 _{.00}
L	_	Continue with Step 3 on Page 2	N .		

IL-1040 Schedule NR Front (R-12/22)
Printed by authority of the state of Illinois. Electronic only, one copy.

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.



Schedule NR - Page 2

		<u>-</u>			
St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	15,280 _{.00}
1	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
1	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
1	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 _	.00	.00
၂ စ	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
15		Schedule 1, Line 14)	25 _	.00	.00
to Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 _	.00	.00
=	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,			
유		Schedule 1, Line 16)	27 _		.00
ts	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28 _	.00	
djustments	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29 _	.00	.00
ΙĔ	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 _	.00.	.00
<u>s</u>	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	
I를		Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32		.00
١ĕ	33	RESERVED	33		100
		Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)		.00	
		Other adjustments (see instructions)			.00
		Add Column B, Lines 22 through 35. This is the Illinois portion of your federal	JJ _	.00	.00
	الا			26	00
		adjustments to income.	07	36	
		Enter your adjusted gross income as reported on your Form IL-1040, Line 1.		35,117 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss in	come. 38	15,280 _{.00}
	111SU 1	tructions for Column B to properly complete this step.			
tmen	40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)	39 _ 40 _	.00 .00	.00
rstmen	40		39 _ 40 _	.00	.00
djustmen	40 41	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	39 _ 40 _	.00 .00 41	.00
Adjustments	40 41 42	Other additions (Form IL-1040, Line 3)	39 _ 40 _	.00 .00 41	
<	40 41 42	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	39 _ 40 _ 42 _	.00 .00 41	
ois A	40 41 42 43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	39 _ 40 _ 42 _	.00 .00 41	
<	40 41 42 43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00	.00 .00 15,280,00 .00
Illinois A	40 41 42 43 44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00	
Illinois A	40 41 42 43 44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00 .00 .00 45	.00 .00 15,280.00 .00 .00 .00
Illinois A	40 41 42 43 44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00	
St	40 41 42 43 44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00 .00 .00 45	.00 .00 15,280.00 .00 .00
St	40 41 42 43 44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00 .00 .00 45	.00 .00 15,280.00 .00 .00
St	40 41 42 43 44 45 ep 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	39 _ 40 _ 42 _ 43 _ 44 _	.00 .00 41 .00 .00 .00 45	.00 .00 15,280.00 .00 .00
St	40 41 42 43 44 45 ep 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	39 _ 40 _ 42 _ 43 _ 44 _ 47 _	.00 .00 41 .00 .00 .00 45	.00 .00 15,280.00 .00 .00
St	40 41 42 43 44 45 ep 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	39 _ 40 _ 42 _ 43 _ 44 _ 47 _	.00 .00 41 .00 .00 .00 45	.00 .00 15,280.00 .00 .00
St	40 41 42 43 44 45 ep 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _ 48 _ 48 _ 6	.00 .00 41 .00 .00 .00 45 46 35,117.00	.00 .00 15,280.00 .00 .00
Calculations A Illinois A	40 41 42 43 44 45 ep 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _ 48 _ 48 _ 6	.00 .00 41 .00 .00 .00 45 46 35,117.00 0 • 435 2,425.00	
Calculations A Illinois A	40 41 42 43 44 45 ep 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _ 48 _ 48 _ 6	.00 .00 41 .00 .00 .00 45 46 35,117.00	.00 .00 15,280.00 .00 .00
St	40 41 42 43 44 45 ep 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _ 48 _ 48 _ 6	.00 .00 41 .00 .00 .00 45 46 35,117.00 0 • 435 2,425.00	
Calculations A Illinois A	40 41 42 43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 49 _ 49 _ 4	.00 .00 41 .00 .00 .00 45 46 35,117.00 0 • 435 2,425.00	
Calculations A Illinois A	40 41 42 43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 47 _ 48 _ 49 _ 49 _ 49 _ 40 _ 40 _ 40 _ 40 _ 40	.00 .00 41 .00 .00 .00 45 46 35,117.00 0 • 435 2,425.00	
Calculations A Illinois A	40 41 42 43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 47 _ 48 _ 49 _ 49 _ 49 _ 40 _ 40 _ 40 _ 40 _ 40	.00 .00 41 .00 .00 .00 45 46 35,117.00 0 • 435 2,425.00	





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

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

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

ASHVITA CHOURE Your name as shown		8 6 Your Soci	- <u>8 6 3 - 1 3 - 5 1 7</u> Your Social Security number							
Column A Form type	Column B Employer/Payer Identification Number	C Federal Wag Distributions		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld		
1 <u>W</u>	37-6000511	\$	15,280 •00	\$ <u></u>		15,280 •0	<u>0</u>	\$	669.	<u>00</u>
2		\$	•00	\$_		•0	<u>0</u>	\$	•0	00
3		_ \$	•00	\$_		•0	<u>0</u>	\$	•0	00
4		\$	•00	\$_		•0	<u>0</u>	\$	•0	00
5		\$	•00	\$_		•0	<u>0</u>	\$	•0	00
	spouse's withholding re	ecords (incl		nd 1099 f	orms			ois w		

Your spouse's Social Security number

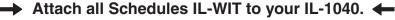
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C s, Winnings, Gross Compensation, etc.	Illinois Wages	umn D s, Winnings, Gross Compensation, etc.	Ш	Column E linois Income lax Withheld
6			_ \$	•00	\$	•00	\$	•00
7			_ \$	•00	\$	•00	\$	<u>•00</u>
8			- \$	•00	\$	•00	\$	<u>•00</u>
9			_ \$	•00	\$	•00	\$	<u>•00</u>
10			_ \$	<u>•00</u>	\$	•00	\$	•00

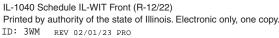
Step 3: Total Illinois withholding

Your spouse's name as shown on Form IL-1040

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

669.00 11 \$_







		_						_				
		-	S	ubmi	ssior	ı ID						

	(Do not mail Form IL-8453 to			•	
Step	1: Provide taxpayer information ASHVITA	CHOUR)FV	8 6 3 _ 1 3 _ 5 :	1 7 7
		ame (and last name if differen		Social Security number	
Prin	t 51 EAST GREEN STREET 309	`	,	·	
or type				Spouse's Social Security number	
-,	CHAMPAIGN	IL	61820	(217) 979-4460	
	City	State	ZIP	Daytime phone number	
Step	2: Complete information from ta	x return	Choose one: X	IL-1040 IL-1040-X	
	Net income from Form IL-1040 or IL-10		<u> </u>	l <u> </u>	225 00
2	Tax from Form IL-1040 or IL-1040-X, Li	ne 14		<u> </u>	704 00
3	Illinois Income Tax withheld from Form	L-1040 or IL-1040-X, L	ine 25 only (enter "0" if	none) 3	69 00
	Overpayment from Form IL-1040, Line			4	I <u>00</u>
	Total amount due from Form IL-1040, L			5	35 00
6	Filing status: X Single Married f	iling jointly Married	d filing separately W	idowed Head of household	
7 8	Routing no. (RN):	Savings	Electronic payments will in	ot be accepted and refunds will be via pa	рет спеск.
Step	4: Taxpayer declaration and sign	ature (Sign only afte	er completing Step 2 a	and, if applicable, Step 3.)	
	I consent that my refund may be dire	ectly deposited as desig	gnated in Step 3 and dec	lare the information on Lines 7 through 9 souse as an agent to receive the refund.	is
	withdrawal as designated in the elect	ronic portion of my 2022		gent to initiate an ACH electronic funds ded Individual Income Tax return. I author	ize the
	necessary to answer inquiries and re		nic overpayment of taxes	s to receive confidential information	120 (110
×	necessary to answer inquiries and re	esolve issues related to	nic overpayment of taxes the payment.		120 1110
Unde returi and a	necessary to answer inquiries and red. I do not want direct deposit of my reder penalties of perjury, I declare the information originator (ERO) are identical. To the beaccompanying information may be sent to	esolve issues related to fund, or an electronic fu lation on my electronic F st of my knowledge, my IDOR by my ERO. I aut	nic overpayment of taxes the payment. ands withdrawal (direct deform IL-1040 or IL-1040 verturn is true, correct, and thorize IDOR to inform my		ronic eclaration, n has
Undereturi and a been	necessary to answer inquiries and red. I do not want direct deposit of my reder penalties of perjury, I declare the information originator (ERO) are identical. To the beaccompanying information may be sent to accepted or rejected. If rejected, I author.	esolve issues related to fund, or an electronic function on my electronic Fast of my knowledge, my IDOR by my ERO. I autize IDOR to identify the interest of the second second second second second second second second sec	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return ma	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this d ERO and/or the transmitter when my retur ay be corrected and retransmitted if possib	ronic eclaration, n has
Undereturn and a been Sigr	necessary to answer inquiries and real I do not want direct deposit of my refer penalties of perjury, I declare the information originator (ERO) are identical. To the beaccompanying information may be sent to accepted or rejected. If rejected, I author Your signature	esolve issues related to fund, or an electronic fund, or an electronic function on my electronic F st of my knowledge, my IDOR by my ERO. I autize IDOR to identify the Date	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return management.	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this d ERO and/or the transmitter when my return ay be corrected and retransmitted if possibe (if joint return, both must sign) Date	ronic eclaration, n has
Undereturn and a been Sigr here Step I decinforn	necessary to answer inquiries and real I do not want direct deposit of my refer penalties of perjury, I declare the information originator (ERO) are identical. To the beaccompanying information may be sent to accepted or rejected. If rejected, I author Your signature 5: Electronic return originator (Estate that I have examined this taxpayer)	esolve issues related to fund, or an electronic fund, or an electronic fundation on my electronic F st of my knowledge, my IDOR by my ERO. I autize IDOR to identify the Date ERO) and paid preparts electronic Form IL-10 of this program and defined fundaments.	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return mass arer declaration and 140 or IL-1040-X, the inforcedare, under penalties of	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this d ERO and/or the transmitter when my return ay be corrected and retransmitted if possibe (if joint return, both must sign) Date	ronic eclaration, n has e.
Undereturn and a been Sigr here Step I decinforn	necessary to answer inquiries and recompanying information. I have examined this taxpayer mation. I have followed all requirements ayer's return and accompanying information may be sent to accepted or rejected. If rejected, I author a your signature of: Electronic return originator (Elare that I have examined this taxpayer mation. I have followed all requirements ayer's return and accompanying information.	esolve issues related to fund, or an electronic fund, or an electronic fundation on my electronic F st of my knowledge, my IDOR by my ERO. I autize IDOR to identify the Date ERO) and paid preparts electronic Form IL-10 of this program and defined fundaments.	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return mass arer declaration and 140 or IL-1040-X, the informing edare, under penalties of and complete. 03/10/2023	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this d ERO and/or the transmitter when my return ay be corrected and retransmitted if possibe (if joint return, both must sign) Date signature rmation on this Form IL-8453, and according to the content of the conte	ronic eclaration, n has e. mpanying e the
Undereturn and a been Sigr here Step I decinforn	necessary to answer inquiries and recommendation of perjury, I declare the information originator (ERO) are identical. To the beaccompanying information may be sent to accepted or rejected. If rejected, I author your signature 5: Electronic return originator (Estare that I have examined this taxpayer mation. I have followed all requirements ayer's return and accompanying information.	esolve issues related to fund, or an electronic fund, or an electronic fundation on my electronic F st of my knowledge, my IDOR by my ERO. I autize IDOR to identify the Date ERO) and paid preparts electronic Form IL-10 of this program and defined fundaments.	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return mass arer declaration and 140 or IL-1040-X, the information of the penalties of and complete.	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this d ERO and/or the transmitter when my return ay be corrected and retransmitted if possibe (if joint return, both must sign) Date signature rmation on this Form IL-8453, and according perjury, that to the best of my knowledge	ronic eclaration, n has e. mpanying e the
Undereturn and a been Sigralere Step I decinformaxpa	necessary to answer inquiries and recommendation of perjury, I declare the information originator (ERO) are identical. To the beaccompanying information may be sent to accepted or rejected. If rejected, I author your signature 5.5: Electronic return originator (Estare that I have examined this taxpayer mation. I have followed all requirements ayer's return and accompanying informations. ERO's signature GLOBAL TAXES LLC	esolve issues related to fund, or an electronic fund, or an electronic fundation on my electronic F st of my knowledge, my IDOR by my ERO. I autize IDOR to identify the Date ERO) and paid preparts electronic Form IL-10 of this program and defined fundaments.	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return mass arer declaration and 140 or IL-1040-X, the informing edare, under penalties of and complete. 03/10/2023	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this d ERO and/or the transmitter when my return ay be corrected and retransmitted if possible (if joint return, both must sign) Date signature rmation on this Form IL-8453, and according perjury, that to the best of my knowledg Check if paid preparer: (See instruction of the paid preparer)	ronic eclaration, n has e. mpanying e the
Undereturn and a been Sigr here Step I decinforn	necessary to answer inquiries and restricted in the lace of perjury, I declare the information originator (ERO) are identical. To the best accepted or rejected. If rejected, I author accepted or rejected. If rejected, I author your signature. 5: Electronic return originator (Estare that I have examined this taxpayer mation. I have followed all requirements ayer's return and accompanying information. ERO's signature GLOBAL TAXES LLC Firm's name or your name if self-employed	esolve issues related to fund, or an electronic fund, or an electronic fundation on my electronic F st of my knowledge, my IDOR by my ERO. I autize IDOR to identify the Date ERO) and paid preparts electronic Form IL-10 of this program and defined fundaments.	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return mass arer declaration and 140 or IL-1040-X, the informing edare, under penalties of and complete. 03/10/2023	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this dERO and/or the transmitter when my return be corrected and retransmitted if possible (if joint return, both must sign) Date signature rmation on this Form IL-8453, and according perjury, that to the best of my knowledge Check if paid preparer: (See instruction of the property of the	ronic eclaration, n has e. mpanying e the uctions.)
Undereturn and a been Sigr here Step I decinform taxpa	necessary to answer inquiries and recompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information.	esolve issues related to fund, or an electronic fund, or an electronic fundation on my electronic F st of my knowledge, my IDOR by my ERO. I autize IDOR to identify the Date ERO) and paid preparts electronic Form IL-10 of this program and defined fundaments.	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return mass arer declaration and 140 or IL-1040-X, the informing edare, under penalties of and complete. 03/10/2023	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this dERO and/or the transmitter when my return be corrected and retransmitted if possible (if joint return, both must sign) Date signature rmation on this Form IL-8453, and according perjury, that to the best of my knowledge Check if paid preparer: (See instruction of the paid preparer) Paid Paid Print (See instruction) Barrier (See instruction)	ronic eclaration, n has e. mpanying e the uctions.) 0 3 8 7
Under return and a been Sigrifier Step I decinforn taxpa	necessary to answer inquiries and restricted in the lace of perjury, I declare the information originator (ERO) are identical. To the best accepted or rejected. If rejected, I author your signature 5. Electronic return originator (Estate that I have examined this taxpayer mation. I have followed all requirements ayer's return and accompanying informations. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information. I have followed all requirements ayer's return and accompanying information.	esolve issues related to fund, or an electronic fund, or an electronic fundation on my electronic F st of my knowledge, my IDOR by my ERO. I autize IDOR to identify the Date ERO) and paid preparts electronic Form IL-10 of this program and defined fundaments.	nic overpayment of taxes the payment. Inds withdrawal (direct deform IL-1040 or IL-1040-X return is true, correct, and horize IDOR to inform my reason(s) so the return mass arer declaration and 140 or IL-1040-X, the informing edare, under penalties of and complete. 03/10/2023	ebit) of my balance due. and the information I provided to my elect complete. I consent that my return, this dERO and/or the transmitter when my return be corrected and retransmitted if possible (if joint return, both must sign) Date signature rmation on this Form IL-8453, and according perjury, that to the best of my knowledge Check if paid preparer: (See instruction of the property of the	ronic eclaration, n has e. mpanying e the uctions.) 0 3 8 7

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.



TAXABI E YEAR

IAA	ADLE YEAR													JHIVI
	2022	Califor	nia e-fil	e Signat	ure Autho	orizatio	n foi	r Ind	livi	duals	5		88	379
Your	name									Your SSI		IN		
AS	SHVITA CHO	OUREY								863-1	3-5	177		
	use's/RDP's nam									Spouse's			or ITIN	
	et I Tay Retur	rn Information (v	whole dollars or	nlv)										
		,									1			.9837
	•	-	. ,											
														805
— Pai	rt II Taxnave	r Declaration an	d Signature Au	thorization (Be s	ure you obtain and	keen a copy of	vour re	turn.)						
iden inco and agre dom prov to m retu pena	tification numbouse tax return. It on form FTB 84 tes with the direction partner (Frider to transmiter to transmit	er (ITIN), and the If applicable, I au 455, California e-tect deposit author RDP) as an agent t my complete re ediate service pr d that if the FTB d ledge that I have	amounts show thorize an electr file Payment Re- rization stated o to authorize an turn to the Fran- rovider, and/or loes not receive read and conse	In in Part I above ronic funds withd cord for Individual my return. If I I electronic funds chise Tax Board (transmitter the rufull and timely part to the Electron	e provider, including agree with the information agree with the information also, or a comparabhave filed a joint rewithdrawal or dire (FTB). If the proceseason(s) for the dayment of my tax I ic Funds Withdrawal	ormation and are not on line 2 and le form. If appliturn, this is an et deposit. I autosing of my retical or the date ability, I remair al Consent incl	nounts s /or the e cable, I irrevoca thorize n urn or re when i n liable f uded on	shown of the stimate declare able appoint ERO, efund is the reful or the tall the cope	on the old tax per that di ointme transr delay ax liabi	correspondayments rect depoint of the mitter, or ed, I autions sent. If lity and a py electro	nding as sh osit ref other intern horize I am f II appl nic inc	lines of lown or fund an spouse nediate the FT filing a licable icome ta	f my el n my re nount (e/regis e service f B to d i balance interes ax retu	ectronic eturn on line 3 tered e isclose e due t and rn. I have
	•	eck one box only	, ,	ny signature for r	ny electronic incor	ne tax return ar	id, if app	plicable,	my El	ectronic i	-unds	Withdi	awal C	onsent.
	•	LOBAL TAXE								u may DIM	$\lceil 4 \rceil$	1 5	1	7 7
	i authorize <u>G</u>	LUDAL TAKE	יס דודר	ERO firm na	ame			[[]	o ente	r my PIN		not er		
	as my signatu	re on my 2022 e-	filed California	individual income	e tax return.						-			20100
	-		-		a individual incom t complete Part III		eck this	box onl	ly if yo	u are ente	ering y	our ov	vn PIN	and your
You	r signature 🕨					Da	te 🕨							
Spo	use's/RDP's PII	N: check one box	only											
_			•					t	o ente	r my PIN	Г	\Box		
	1 auti101120			ERO firm na	ame				.o ciito	i iiiy i iiv	_	not er	nter al	zeros
	as my signatu	re on my 2022 e-	filed California	individual income	e tax return.									
			•		fornia individual ir ERO must complet			ck this b	oox on	ly if you	are e	ntering	j your	own PIN
Spo	use's/RDP's sig	nature 🕨						Date)						
					Method Returns (nly continue	below							
Pai	r t III Certific	ation and Auther	ntication — Pra	actitioner PIN Me	ethod Only									
		iler Identification EFIN followed by				2 2	2 4 Do	1 9 not ente	6 er all z	6 1 eros	9	8	9	
conf					ure for the 2022 C iirements of the Pr		ual inco	me tax	return	for the ta				
ERO	's signature 🕨	·				Da	te > _	03/1	10/2	023				

TAXABLE YEAR

2022

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

540NR

APE

ATTACH FEDERAL RETURN

863-13-5177 CHOU ASHVITA CI

CHOUREY

22

51 EAST GREEN STREET CHAMPAIGN II

IL 61820

APT 309

12-13-1997

Filing Status	1 2	If your California filing status is differe Single Married/RDP filing jointly. See i	`	qualifying person). See instructions. use/RDP. Enter year spouse/RDP died.
	3	Married/RDP filing separately. E	inter spouse's/RDP's SSN or ITIN above an	d full name here
	6	If someone can claim you (or your spo	ouse/RDP) as a dependent, check the box h	ere. See instr • 6
Exemptions	7 8 9 10	Personal: If you checked box 1, 3, or 4	cked the box on line 6, see instructions. visually impaired, enter 1;	Whole dollars only
	Total	dependent exemptions	● 10 ∟	X \$433 = • \$

You	r nar	ne: CHOUREY Your SSN or ITIN: 863-13-5177		
	11	Exemption amount: Add line 7 through line 10	• 11 \$	140
	12	Total California wages from your federal Form(s) W-2, box 16	. 00	
come	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	1314	35117 .00
Total Taxable Income	15 16	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	15	35117 .00
Tota	17 18 19	Adjusted gross income from all sources. Combine line 15 and line 16	1718919	35117 .00 5202 .00 29915 .00
	31	Tax. Check the box if from:		c1c
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	.00	616
Je	35	CA Tax Bate Divide line 31 by line 19 CA Tax Bate Divide line 31 by line 19	• 35	16898 .00
able Incon	36 37	CA Tax Rate. Divide line 31 by line 19	37	348 .00
CA Taxable Income	38 39	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		70
	40	If the amount on line 13 is more than \$229,908, see instructions	3940	79 ₋₀₀ 269 ₋₀₀
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A		.00
	42	Add line 40 and line 41	• 42	269 .00
dits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50	.00
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	. 00	
Ş	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	_	
	55	Credit amount. See instructions	• 55	. 00

You	r nar	ne:	CHOURE	Y		Your SSI	l or ITIN:	863-	13-5177				
	58	Enter	credit name				□ code ●		and amount.	•	58		. 00
nued	59	Enter	credit name				□ code ●		and amount.	•	59		. 00
Special Credits continued	60	To cl	aim more tha	an two cr	edits. See ins	tructions					60		. 00
edits	61										61	3	00
al Cr												3	
Speci	62											23	
_	63	Subt	ract line 62 fr	rom line 4	42. If less tha	n zero, enter ·	-0			•	63	23	9 .00
S	71	Alter	native Minim	um Tax.	Attach Sched	ule P (540NR))			•	71		_00
Other Taxes	72	Ment	al Health Ser	rvices Tax	k. See instruc	tions					72		00
Othe	73	Othe	r taxes and c	redit reca	pture. See in	structions				•	73		_ 00
	74	Add	line 63, line 7	71, line 7	2, and line 73	. This is your	total tax			•	74	23	9 .00
	81	Califo	ornia income	tax withl	neld. See inst	ructions				•	81	104	4 00
	82	2022	CA estimate	d tax and	l other payme	ents. See instr	uctions			•	82		00
	83	With	holding (Forr	m 592-B	and/or Form	593). See inst	ructions			•	83		00
Payments	84	Exce	ss SDI (or VF	PDI) with	held. See inst	ructions					84		_ 00
Payr	85	Earn	ed Income Ta	ax Credit	(EITC). See ir	nstructions				•	85		. 00
	86	Youn	g Child Tax C	Credit (YC	CTC). See inst	ructions				•	86		_ 00
	87	Foste	er Youth Tax (Credit (F	/TC). See ins	tructions				•	87		. 00
	88	Add	line 81 throu	gh line 87	7. These are y	our total payr	ments. See i	nstructio	ns	•	88	104	4 .00
ISR Penalty	91	See i	nstructions.	Medicare					overage	•	×		
ISB		Indiv	idual Shared	Respons	sibility (ISR) f	Penalty. See ir	structions .		• 91			_ 00	
Overpaid Tax/Tax Due	92 93	subti Indiv	act line 91 fr idual Shared	om line 8 Respons	38	/ Balance. If li	ne 91 is mo	 re than li			92 93	104	4 .00
id Tax	101	Over	paid tax. If lir	ne 92 is r	nore than line	e 74, subtract	line 74 from	ı line 92.		•	101	80	5 00
verpa	102	Amo	unt of line 10)1 you wa	ant applied to	your 2023 es	timated tax				102		. 00
0	103		paid tax avail 2/17/23 PRO	able this	year. Subtrac	t line 102 fror	m line 101 .				103	80	5 .00

175 3133224

Form 540NR 2022 **Side 3**

863-13-5177 CHOUREY Your name: Your SSN or ITIN:

		Code	Amount	
	California Seniors Special Fund. See instructions	400		00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401		00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403		00
	California Breast Cancer Research Voluntary Tax Contribution Fund	405		00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	406		00
	Emergency Food for Families Voluntary Tax Contribution Fund	407		00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408		00
	California Sea Otter Voluntary Tax Contribution Fund	410		00
	California Cancer Research Voluntary Tax Contribution Fund	413		00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	422		00
	State Parks Protection Fund/Parks Pass Purchase	423		00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424		00
	Keep Arts in Schools Voluntary Tax Contribution Fund	425		00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund •	431		00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438		00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439		00
	Rape Kit Backlog Voluntary Tax Contribution Fund	440		00
	Suicide Prevention Voluntary Tax Contribution Fund	444		00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445		00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund	446		00
120	Add amounts in code 400 through code 446. This is your total contribution	120		00
121	AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Mail to: Franchise Tax Board, Po Box 942867, Sacramento CA 94267-0001	121		. 00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

REV 02/17/23 PRO

You	r nam	ne:	CHOUREY			Your SSN or	ITIN:	863-13-	5177				
Interest and Penalties	122 123	Und	rest, late return pe erpayment of estil [mated t	tax.					122		.00	
Intere		Ched	ck the box:	FT	B 5805 attac	hed • L F	TB 5805	Fattached		• 123			
		Tota	l amount due. See	instru	ctions. Enclo	se, but do not s	staple, ar	ny payment		124			
			UND OR NO AMO									805 _00	
			to: FRANCHISE T							• 125			
Refund and Direct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attack See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shape of the second secon							nly.		or a deposit slip.		
rect		•	Routing number	×	Type Checking	Account nun	nber			• 1	26 Direct d	t deposit amount	
id Di			71000013]	7878305	92					805 .00	
nd ar					Savings								
Refu		The	remaining amoun		,	125) is authoriz	zed for d	irect deposit i	nto the accou	nt shown belov	V:		
		•	Routing number	• 1	Type Checking	Account nun	nber			<u>● 1</u>	27 Direct d	eposit amount	
					Savings							_ 00	
					Javillys								
Voter Info.		For	voter registration	informa	ation, check	the box and go t	to sos.c a	a.gov/election	ns . See instru	ctions			
			Attach a copy of y		•						. t. 4h	- (formula and a south for 4404	
to loc	cate FTI er per	B 113 naltie	e can be found in and it EN-SP, Franchise T is of perjury, I decl d belief, it is true, o	ax Board are tha	d Privacy Notic at I have exar	e on Collection. To nined this tax re	request th	is notice by ma	il, call 800.338.0	1505 and enter for	m code 948 v		
Your	signati	ure				Di	ate		Spouse's/RD	P's signature (if a	a joint tax retu	ırn, both must sign)	
•			Your email ac	ldress. E	Enter only one	email address.						red phone number	
	gn		Paid preparer's si	anature	(declaration	of preparer is bas	sed on all	information o	f which prepar	er has anv know		3,731100	
	ere				`	AGAR GUP				o			
to fo	unlaw rge a use's/	rful	Firm's name (or y	ours, if s	self-employed)							● PTIN	
RDF			GLOBAL	TAX	ES LLC							P02082703	
	t tax		Firm's address									Firm's FEIN	
retur	rn?		245 ROO	NEY	CT E	BRUNSWIC	K NJ	08816		_		843171965	
instr	uction	ns.	Do you want to	allow a	another pers	on to discuss thi	s tax ret	urn with us? \$	See instruction	ns • [Yes	× No	
			Print Third Party I	Designe	e's Name						Telephone	e Number	
											DEV 001	17/23 PRO	

TAXABLE YEAR

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule. Name(s) as shown on tax return SSN or ITIN 863135177 ASHVITA CHOUREY Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2022. **During 2022:** 1 My California (CA) Residency (Check one) a Myself:

Nonresident

Part-Year Resident

Resident **b** Spouse: Nonresident Part-Year Resident Yourself СA 2 a I was domiciled in (enter two letter code, see instructions) I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ... • 0 7/0 1/2 0 2 2 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move).

1 L I was a CA nonresident the entire year (enter state of residence)..... 1 8 2 Ν **Before 2022:** I was a CA resident for the period of C Part II Income Adjustment Schedule n E Section A - Income Federal Amounts Subtractions Additions **Total Amounts CA Amounts** See instructions (taxable amounts from See instructions **Using CA Law** (income earned or from federal Form 1040 or 1040-SR As If You Were a vour federal tax return) (difference between (difference between received as a CA CA & federal law) CA & federal law) **CA Resident** resident and income (subtract col. B from earned or received col. A; add col. C from CA sources to the result) as a nonresident) 1 a Total amount from federal Form(s) W-2, 1a | 💿 35117 (•) • 35117 19837 b Household employee wages not reported \odot \odot on federal Form(s) W-2..... **1b** c Tip income not reported on line 1a. 1c \odot \odot \odot \odot d Medicaid waiver payments not reported on federal Form(s) W-2. See instr..... 1d **e** Taxable dependent care benefits from \odot (ullet) \odot federal Form 2441, line 26 f Employer-provided adoption benefits \odot \odot from federal Form 8839, line 29...... 1f q Wages from federal Form 8919, line 6 . . 1q \odot \odot \odot 0 (**h** Other earned income. See instructions . . **1h** 0 \odot i Nontaxable combat pay election. See instructions 1i z Add line 1a through line 1i 1z \odot (e) $| \odot |$ 35117 35117 19837 2 Taxable interest. a • \odot \odot \odot lacksquare3 Ordinary dividends. See instructions. a 💿 (**•**) _____ 3b 💽 lacktriangle \odot 4 IRA distributions. See instructions. a 💿 lacktriangle \odot 5 Pensions and annuities. See instructions. a 5b (•) **6** Social security benefits. __ 6b|🏵 lefton7 Capital gain or (loss). See instructions . . . 7

REV 02/17/23 PRO

		A	В	С	D	E
	on B — Additional Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	axable refunds, credits, or offsets of state nd local income taxes	•	•			
	Alimony received. See instructions 2a			•	•	•
	Business income or (loss). See instructions 3	•	•	•	•	•
	Other gains or (losses)	•	•	•	•	•
5 F	Rental real estate, royalties, partnerships,	_				
	corporations, trusts, etc	<u>•</u>	<u> </u>	<u>•</u>	O	O
	arm income or (loss) 6	<u>•</u>	<u>•</u>	•	•	•
7 L	Inemployment compensation 7	•	•			
	Other income:					
a	1 0					
b			O		O	•
C		•	•	•	•	•
d	from federal Form 2555	()		•		
е	Income from federal Form 8853 86			•	•	•
f	Income from federal Form 8889 8f	•	•			
a	Alaska Permanent Fund dividends 8g	•			•	•
h		` 			•	•
	Prizes and awards				•	•
					•	•
J	Activity not engaged in for profit income 8j			•	•	•
k 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 n Olympic and Paralympic medals				•	•
n	IRC Section 951(a) inclusion 8n		•			
		•	•			
0 g	1500 11 1011					
Ċ	loss adjustment		•	•	•	•
q						
r	Scholarship and fellowship grants					
	not reported on federal Form(s) W-28r	•			•	
S	Nontaxable amount of Medicaid waiver payments included on federal					
t	Form 1040, line 1a or line 1d 8s Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan				•	•
u					•	•
	Other income. List type and amount.					
(lacksquare	•		
9 a	Total other income. Add line 8a					
	through line 8z 9a			lacksquare		

_			A	В	C	D	E
Sec	tion B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	b1 Disaster loss deduction from form FTB 3805V	9b1		•		•	•
	b2 NOL deduction from form FTB 3805V	9b2		•		•	•
	b3 NOL from form FTB 3805Z,						
10	FTB 3807, or FTB 3809	9b3	35117	<u>•</u>	•	35117	19837
Sec	tion C — Adjustments to Income		33117			33117	17037
_	from federal Schedule 1 (Form 10	40)	I_			I	I
	Educator expenses	11	•	•			
40	government officials	12	<u> </u>	<u> </u>	•	•	•
	Health savings account deduction Moving expenses. Attach form FTB 3913.	13	•	•			
•	See instructions	14	•		•	•	•
	Deductible part of self-employment tax. See instructions	15	•	•		•	•
16	Self-employed SEP, SIMPLE, and qualified plans	16					
17	Self-employed health insurance deduction. See instructions.	17	•	•		•	•
	Penalty on early withdrawal of savings a Alimony paid. b Enter recipient's: SSN • Last name •	18	•			•	•
	Last name	19a	•		O	•	•
20	IRA deduction	20	<u>•</u>	•	•	•	•
21	Student loan interest deduction	21	•		•	•	•
	Reserved for future use	22					
	Archer MSA deduction	23				•	•
24	Other adjustments: a Jury duty pay	24a				•	•
	b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	246		•	•	•	•
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m		_	•			
	d Reforestation amortization and	24d		•		•	•
	expenses e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974	24a 24e				•	•
	f Contributions to IRC Section 501(c)(18)(D) pension plans	24f		•	•	•	•
	g Contributions by certain chaplains to		_				
	IRC Section 403(b) plans	24g 24h	_	•	•	OO	OO

Schedule CA (540NR) 2022 Side 3

		Α	В	C	D	E
Sect	ion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	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 violations	•	•			
	j Housing deduction from federal Form 2555	•	•			
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	•			•	•
	z Other adjustments. List type and amount.					
	● 24z	•	•	•	•	•
25	Total other adjustments. Add line 24a through line 24z					
26	Add line 11 through line 23 and line 25 in each column, A through E	•	•	•	•	•
27	Total. Subtract line 26 from line 10 in each column, A through E. See instructions 27	35117	_	•	35117	
			ı	I = Folian I Amenda		
	TE III Adjustments to Federal Itemized Dedu ok the box if you did NOT itemize for federal but wil			A Federal Amounts (from federal Schedule A (Form 1040)	B Subtractions See instructions	G Additions See instructions
	ical and Dental Expenses See instructions.				1	
1	Medical and dental expenses		1			
2	Enter amount from federal Form 1040 or 1040			2		
3	Multiply line 2 by 7.5% (0.075)					
4	Subtract line 3 from line 1. If line 3 is more tha			ı 💿		•
Taxe	es You Paid					
5a	State and local income tax or general sales tax	es	5a	1931	. 1931	
5b	State and local real estate taxes					
5c	State and local personal property taxes		50	•		
	Add line 5a through line 5c			1931		
5e	Enter the smaller of line 5d or $10,000$ ($5,000$	• .	• /			
	Enter the amount from line 5a, column B in line			1021	1021	
_	Enter the difference from line 5d and line 5e, co				1931	1
6 7	Other taxes. List type Add line 5e and line 6					O
	rest You Paid			1931	1731	
8a	Home mortgage interest and points reported to	you on federal Form	1008 00			•
8b	Home mortgage interest and points reported to you or	-		_		•
8c	Points not reported to you on federal Form 109					•
8d	Reserved for future use					
8e	Add line 8a through line 8c				•	•
9	Investment interest				•	•
10	Add line 8e and line 9			-	<u></u>	•
_	s to Charity				. –	. –
11	Gifts by cash or check		11		•	•
	Other than by cash or check				•	•
12					_	+-
12 13	Carryover from prior year			$\mathbf{B} \mathbf{\Theta}$	•	•

	rt III Adjustments to Federal Itemized Deductions Continued	Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Addition	tructions
Cas	ualty and Theft Losses		ı		
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	•	•	•	
	er Itemized Deductions				
16	Other—from list in federal instructions		0 1021	<u> </u>	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	1931	1931		(
18	Total. Combine line 17 column A less column B plus column C		18	<u> </u>	0
Job	Expenses and Certain Miscellaneous Deductions				
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions				
20	Tax preparation fees				
21	Other expenses: investment, safe deposit box, etc. List type 21	0			
22	Add line 19 through line 21	0			
23	Enter amount from federal Form 1040 or 1040-SR, line 11 35117		7		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	702			
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.		• 25		(
26	Total Itemized Deductions. Add line 18 and line 25.		• 26		C
27	Other adjustments. See instructions. Specify.		• 27		
28	Combine line 26 and line 27.		• 28		C
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your fili				
	Single or married/RDP filing separately				
	Head of household				
	Married/RDP filing jointly or qualifying surviving spouse/RDP	59,821			
	No. Transfer the amount on line 28 to line 29.				
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540N	IR), line 29			0
30	Enter the larger of the amount on line 29 or your standard deduction listed below:				
	Single or married/RDP filing separately. See instructions	\$5,202			
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP	10,404	• 30		5202
<u></u>	rt IV California Taxable Income				
г <u>а</u> 1	California AGI. Enter your California AGI from Part II, line 27, column E		<u> </u>		19837
2	Enter your deductions from line 30				
	Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry th				
	to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- \dots				
	$\textbf{California Itemized/Standard Deductions.} \ \ \textbf{Multiply line 2 by the percentage on line 3} \ \dots \dots$		4		2939
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR,				16006
	zero, enter -0				16898