IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number	
SAMBIT SAHOO	729-94-6226	
Spouse's name	Spouse's social security nun	nber
	· · · · · · · · · · · · · · · · · · ·	
Part I Tax Return Information – Tax Year Ending December 31, 2022	2 (Enter year you are authorizi	ng.)
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 1	02,992.
2 Total tax		15,442.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,840.
4 Amount you want refunded to you		2,398.
5 Amount you owe	5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

X	I authorize	GLOBAL '	TAXES	ERO firm name	to enter or generate my PIN	E
$\mathbf{\nabla}$	مرابع والجريح			TTO	to optow ow exercise your DIN	14

4	6	2	2	6	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

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

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
ιO	CITCI	UI.	yenerale	iiiy	1 11 1

Enter five digits, but don't enter all zeros

as mv

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 sig	inature 🕨 🛛 🗖 Da	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/	/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		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 🕨			
Don	ERO Must Retain This F t Submit This Form to the I			
For Denominarie Deduction Act Nation				Earm 8879 (Bay 01 2021

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 202	22	OMB No. 1545	-0074	IRS Use C)nly—D	o not wi	rite or staple	in this space.
Filing Status	5 X S	Single	Marriec	filing separatel	y (MFS)) 🗌 Head of	house	hold (HOH)		ifying surv Ise (QSS)	
one box.		u checked the MFS box, enter the n on is a child but not your dependent	5	our spouse. If yo	u checł	ked the HOH or	QSS	box, enter	the c	•	,	
Your first name	and mi	ddle initial	Last nam	e					Yo	our so	cial securi	ty number
SAMBIT			SAHOC)					7	29-9	94-622	6
lf joint return, sj	pouse's	first name and middle initial	Last nam	e					Sp	ouse'	s social see	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructior	ıs.				Apt. no.				on Campaigr
2070 HAS								304			iere if you, if filing ioir	or your htly, want \$3
		ce. If you have a foreign address, also co	mplete spa	aces below.	Sta		ZIP c					Checking a
HOFFMAN		ATES			II		601				ow will not	•
Foreign country	name		Fo	preign province/sta	ate/coun	ty	Foreig	n postal coo	de yo	our tax	or refund.	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-	,			Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•			a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	🗌 ls bl	lind
Dependents	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	ip (4) Check the	e box i	f qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	k credi	t	Credit for ot	her dependents
than four]		[
dependents, see instructions	s ——]		[
and check												
here												
Income	1a ⊾	Total amount from Form(s) W-2, b	•	,					•	1a	11	14,079.
Attach Form(s)	b	Household employee wages not re	•				• •		·	1b 1c		
W-2 here. Also	c c	Tip income not reported on line 1a					• •		•	1d	-	
attach Forms W-2G and	d e	Medicaid waiver payments not rep Taxable dependent care benefits f				uctions)	• •		·	1e	_	
1099-R if tax	f	Employer-provided adoption bene		-	 20		• •		·	1f		
was withheld.							• •		•	1g		
If you did not get a Form	g h	Other earned income (see instruct			• •		• •		•	1h		0.
W-2, see	 i	Nontaxable combat pay election (see	,		• •				•			
instructions.	z	Add lines 1a through 1h			• •					1z	1.	14,079.
Attach Sch. B	2a	S I	2a		 b Т	axable interes	· ·		•	2b		
if required.	3a	· · –	3a			Ordinary divide				3b	_	
	4a		4a			axable amoun				4b		
Standard	5a		5a			axable amoun				5b		
Deduction for –	6a		6a			axable amoun				6b		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection m	ethod, check he	ere (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if r	equired. If not r	equired	l, check here				7		-87.
 Married filing 	8	Other income from Schedule 1, lin			•	,				8		11,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		02,992.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10		`
• Head of	11	Subtract line 10 from line 9. This is			come					11	10	02,992.
household, \$19,400	12	Standard deduction or itemized								12		12,950.
 If you checked 	13	Qualified business income deduct	ion from F	Form 8995 or Fo	orm 899	95-A				13		
any box under Standard	14	Add lines 12 and 13								14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less,	enter -0 This	is your	taxable incom	ie .			15		90,042.

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	1	5,442.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	1	5,442.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1!	5,442.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	1	5,442.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25 a 1'	7,840	•		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	3)			25c				
	d	Add lines 25a through 25c						25d	1	7,840.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31	These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	1	7,840.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34		2,398.
nerana	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a		2,398.
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 9 3 0	9 1 7 9	6 3						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> v	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_	
Designee	ins	tructions				Yes. C	omplete	below.	X No	
	De: nar	signee's		Phone no.			onal iden ber (PIN)	tification		
<u>o:</u>			hat I have averaine				, ,			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If th	ne IRS se	nt you an le	dentitv
							Pro	tection P	IN, enter it	
Joint return?					CONSULTAN	Г	(se	e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spo	ouse an enter it here
your records.								e inst.)		
	Ph	one no. (469)847-878	7	Email address		GMAIL.COM		,		<u> </u>
		parer's name	/ Preparer's signat		SKGI I DIMAG	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208	22702		employed
Preparer		n's name GLOBAL TAX		TAUAU UAUAU	GOFIA IADDAM	02/11/2023	· · · ·			5-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN		171965
		1040 for instructions and the late		TIDNICIC IN	BAA	REV 02/05/23 PRO	1.11			1040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074 2 Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAMBIT SAHOO		729-94	-6226
Part I Additio	onal Income		

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-11,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-11,000.

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

Schedule 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 Moving expenses for members of the Armed Forces. Attach Form 3903 14 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 Self-employed health insurance deduction 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 18 19a Alimony paid 20 21 Student loan interest deduction 21 22 23 Archer MSA deduction 21 23 Archer MSA deduction 22 23 24 Other adjustments: 24 24 24 Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit 24d 24 Chrestation amortization and expenses 24d 24d 24 Expense related to income reported on line 81 from the rental of personal property engaged	Par	t II Adjustments to Income					
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22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans 24g g Contributions by certain chaplains to section 403(b) plans 24g i Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h 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 24h	21						
23 Archer MSA deduction 23 24 Other adjustments: 24a a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans 24g h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h 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 24h							
 24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. d Reforestation amortization and expenses. e Repayment of supplemental unemployment benefits under the Trade Act of 1974. f Contributions to section 501(c)(18)(D) pension plans. g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 							
 a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 							
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and USOC prize money reported on line 8m.24cd Reforestation amortization and expenses24de Repayment of supplemental unemployment benefits under the Trade Act of 1974.24ef Contributions to section 501(c)(18)(D) pension plans24fg Contributions by certain chaplains to section 403(b) plans24gh Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)24gi Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect24h	С						
d Reforestation amortization and expenses	-		24c				
 e Repayment of supplemental unemployment benefits under the Trade Act of 1974	d						
Act of 1974	e						
 f Contributions to section 501(c)(18)(D) pension plans	·		24e				
 g Contributions by certain chaplains to section 403(b) plans	f						
 h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	-						
discrimination claims (see instructions)			9				
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			24h				
from the IRS for information you provided that helped the IRS detect	i	,					
	•	from the IBS for information you provided that helped the IBS detect					
tax law violations		tax law violations	24i				
j Housing deduction from Form 2555	i						
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form	, k						
1041)			24k				
z Other adjustments. List type and amount:	7						
	-		247				
25 Total other adjustments. Add lines 24a through 24z	25			1		25	
26 Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on							
Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	20					26	
BAA REV 02/05/23 PRO Schedule 1 (Form 10/							e 1 (Form 1040) 20

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number

SAMBIT SAHOO

729-94-6226

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	152.	398.			-246.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	· · · · ·	,	usts from	5		
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	, ,	7	-246.			

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	187.	28.			159.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back		15	159.		

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-87.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 			
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	,	87.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

REV 02/05/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return SAMBIT SAHOO Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.) (Mo., day, yr.) (see instructions) and see Column (e) in the separate instructions. C		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/22	152.	398.			-246.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc re is checked), lin	lude on your ne 2 (if Box B	152.	398.			-246.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or tax paver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAMBIT SAHOO

729-94-6226

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) (g) Code(s) from instructions Amount of adjustment		
Robinhood Securities LLC	01/01/21	12/31/22	187.	28.			159.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	187.	28.			159.		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE	Ε
(Form 1040)	

OMB No. 1545-0074

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2022
Attachment

nternal I	Revenue Service		Go to www.irs.gov/ScheduleE fo	or instru	uctions a	and the la	atest in	itormation.		· · ·	ce No. 13
lame(s)	shown on return								Your soc	ial security i	number
SAMB	IT SAHOO								729-9	4-6226	
Part			s From Rental Real Estate ar								
	rental income	or los	he business of renting personal prope ss from Form 4835 on page 2, line 40.								
			ents in 2022 that would require you								s 🛛 No
B It	"Yes," did you or	will y	ou file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1 a			ach property (street, city, state, Zl								
Α	BHUBANESWAR	BHU	BANESWAR ODISHA IN 75	1013							
В											
С											
1b	Type of Property	2	For each rental real estate prop				Fa	ir Rental	Persor	nal Use	QJV
	(from list below)		above, report the number of fair					Days	Da	ays	QUV
Α	3		personal use days. Check the C			Α		365		0	
В			if you meet the requirements to qualified joint venture. See instru-			В					
С			qualified joint venture. See matri	uotioni	5.	С					
	of Property:										
	Single Family Resi			ntal	5 Lar	nd		Self-Rental			
2	Multi-Family Resid	ence	4 Commercial		6 Roy	alties	8	Other (desc	ribe)		
								Propert			
ncom	e:					Α		B			С
3				3			00.				•
4				-							
xpen											
5				5							
6			structions)								
7			ance			1,6	00.				
8											
9											
10			sional fees								
11						1.0	00.				
12	•		to banks, etc. (see instructions)	12							
13				13							
14	Repairs			14		3,2	00.				
15	Supplies			15		2,8	00.				
16	Taxes			16							
17	Utilities			17		3,0	00.				
18	Depreciation expe	ense	or depletion	18							
19	Other (list)			19							
20	Total expenses. A	dd lii	nes 5 through 19	20		11,6	00.				
21			ine 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
						-11,0	00.			L	
22			estate loss after limitation, if any, tructions)		(11,00	10 1	()	(
23a			ported on line 3 for all rental prope		,		23a	\	600.	N	
b			ported on line 4 for all royalty prop				23b				
c			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d				
e			ported on line 20 for all properties				23e	1.	1,600.		
24			amounts shown on line 21. Do no						. 24	-	
25			ses from line 21 and rental real esta		-					(.	11,000.
26			te and royalty income or (loss).							-	, • •
			, and line 40 on page 2 do not								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form 8582

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number
729-94-6226

SAMBIT	SAHOO
Part I	2022 Passive Activity Loss
	Caution: Complete Parts IV and V before completing Part I.

Renta Allow			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(11,000.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-11,000.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . Prior years' unallowed losses (enter the amount from Part V, column (c)) . . Combine lines 2a, 2b, and 2c . . .	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-11,000.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participa								
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for a	n exam	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lin	ie3				4	11,000.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons		5 2	L50,000.		
6	Enter modified adjusted gross income	e, but not less than	zero. See instruc	tions 6	; _	L13,992.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-				
7	Subtract line 6 from line 5			7	,	36,008.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separat	ely, see	instructions	8	18,004.
9	Enter the smaller of line 4 or line 8						9	11,000.
Par	t III Total Losses Allowed							
10 Add the income, if any, on lines 1a and 2a and enter the total						10	0.	
11	Total losses allowed from all passiv out how to report the losses on your t		22. Add lines 9 an				11	11,000.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instru	ctions.			
	Nome of optivity	Currer	nt year	Prior y	Prior years Ove		erall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unal loss (lir		(d) Gair	ı	(e) Loss
BHU	BANESWAR	0.	11,000.					11,000.

For Paperwork Reduction Act Notice see instru	ictions			Form 8582
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	11,000.		

For Paperwork Reduction Act Notice, see instructions. BAA

REV 02/05/23 PRO

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Fotal. Enter on Par Part VI Use Nam BHUBANESWAR	t I, lines 2a, 2b, and 2c This Part if an Amour e of activity	(a) Net income (line 2a)	(b) N (lir	Net loss ne 2b)	(c) Unalle loss (line	owed e 2c)	(d) Gain		(e) Loss	
Part VI Use Nam BHUBANESWAR	This Part if an Amour									
Part VI Use Nam BHUBANESWAR	This Part if an Amour	nt Is Shown on F								
Part VI Use Nam BHUBANESWAR	This Part if an Amour	nt Is Shown on F								
Part VI Use Nam BHUBANESWAR	This Part if an Amour	nt Is Shown on F						-		
Part VI Use Nam BHUBANESWAR	This Part if an Amour	nt Is Shown on F								
Part VI Use Nam BHUBANESWAR	This Part if an Amour	nt Is Shown on F								
BHUBANESWAR	e of activity		Part II,	Line 9. S	ee instruc	tions.				
		Form or schedule and line number to be reported on (see instructions)	(a)	Loss	(b) Ratio		(c) Special allowance	C	(d) Subtract olumn (c) fron column (a).	
otal		E Ln 22	-	11,000.	1.0000	0000	11,00	0.	0	
otal										
otal										
				11,000.	1.00)	11,00	0.	0	
Part VII Allo	cation of Unallowed L	.osses. See instr	uction	S.						
Na	me of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS	(b) Ratio	(c) U	nallowed loss	
otal							1.00			
	wed Losses. See instru									
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS	(b) Unallowed loss		(c) Allowed loss		

REV 02/05/23 PRO

Form **8582** (2022)



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.

	SAM 207 HOF	994-6226 MBIT O HASSELL RI FMAN ESTATES	S IL	SAHOO 60169 SAMBITS93@					
						I filing separately			
					1	is a dependent. See instru			
) Ch	eck the box if this	applies to	you during 2022	2: Nonresid	lent - Attach Sch. NR	Part-year resident		
	Ste 1 2 3 4		empt intere Attach Sc	est and dividend hedule M.		or 1040-SR, Line 11. our federal Form 1040 or	1040-SR, Line 2a.	1 2 3 4	le dollars only) <u>102,992.00</u> <u>.00</u> <u>102,992.00</u> <u>102,992.00</u>
T		p 3: Base Inco							
here 🔸	5 6	received if includ	ded in Line ax overpay	d certain retirem 1. Attach Page ment included in	1 of federal retu	urn.	56	<u>.00</u> .00	
and 1099 forms here	7 8 9	Other subtractio Add Lines 5, 6, a	ons. Attach and 7. This	Schedule M. is the total of yo tract Line 8 from			7	<u>.00</u> .00 8 9	.00 102,992 _{.00}
Staple W-2 and 10		 b Check if 65 o c Check if lega d If you are clain Attach Schedu 	mption amo or older: Ily blind: ning depen- ule IL-E/EIC	\Box You + \Box S \Box You + \Box S dents, enter the a	Spouse # o Spouse # o mount from Sch	e. See instructions. f checkboxes X \$1,00 f checkboxes X \$1,00 edule IL-E/EIC, Step 2, Lin	0 = c		2,425 <u>.00</u>
S	Ste	p 5: Net Incom	e and Tax	K					
	12 13	Residents: Mult Nonresidents a Recapture of inv	and part-ye tiply Line 1 and part-ye vestment ta	ear residents: En 1 by 4.95% (.049 ear residents: En ax credits. Attach	nter the Illinois (95). Cannot be nter the tax fror I Schedule 425	n Schedule NR. 5.	NR. Attach Schedule	12 13	100,567 _{.00} 4,978 _{.00} .00
40-	14	Income tax. Ad			be less than ze	ro.		14	4,978.00
Staple your check and IL-1040-V	Ste 15 16 17 18	Property tax and Attach Schedul Credit amount fr	l to another d K-12 edu e ICR. rom Sched	r state while an II cation expense o ule 1299-C. Atta	redit amount fr ch Schedule 12	Attach Schedule CR. om Schedule ICR. 299-C. annot exceed the tax am	15 16 17 ount on Line 14.	<u>.00</u> .00 .00 18	0.00
che	19			credits. Subtract				19	4,978.00
 Staple your 	Ste 20 21 22 23	Use tax on inter in the instruction	loyment ta: net, mail o ns. Do not Use of Meo	leave blank. lical Cannabis Pr	-of-state purcha	ases from UT Worksheet sale of assets by gaming		20 21 22 23	.00 0 _{.00} .00 4,978 _{.00}



24 Tota	al tax from Page 1, Line 2	23.	24	4,978.00
Step 8: I	Payments and Refun	dable Credit		
25 Illinoi	s Income Tax withheld. A	ttach Schedule IL-WIT. 25	5,621 <u>.00</u>	
26 Estim	nated payments from For	ms IL-1040-ES and IL-505-I,		
incluc	ding any overpayment ap	plied from a prior year return. 26	.00	
27 Pass-	-through withholding. Atta	ach 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	
		hedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29	.00	
		ble credit. Add Lines 25 through 29.	30	5,621 <u>.00</u>
Step 9:1	Fotal			
31 If Line	e 30 is greater than Line 2	4, subtract Line 24 from Line 30.	31	643.00
32 If Line	e 24 is greater than Line 3	0, subtract Line 30 from Line 24.	32	.00
Step 10:	Underpayment of Est	timated Tax Penalty and Donations		
33 Late-	payment penalty for unde	erpayment of estimated tax. 33	.00	
а 🗌	Check if at least two-thin	ds of your federal gross income is from farming.		
b 🗌	Check if you or your spo	use are 65 or older and permanently living in a nursing home.		
	-	s not received evenly during the year and you annualized your incor	me on Form IL-2210.	
	Attach Form IL-2210.			
	-	equired to file an Illinois Individual Income Tax return in the previous	-	
	tary charitable donations			
	penalty and donations		35	.00
Step 11:	Refund or Amount y	vou owe		
36 If you	I have an amount on Line	e 31 and this amount is greater than Line 35, subtract Line 35 from L	_ine 31.	
	is your overpayment .		36	643.00
37 Amou	unt from Line 36 you want	t refunded to you. Check one box on Line 38. See instructions.	37	643 _{.00}
38 I choo	ose to receive my refund	by		
a 🗵	direct deposit - Comple	ete the information below if you check this box.		
	You may also contribute	Routing number 1 1 1 0 0 0 6 1 4 × Che	ecking or Savings	6
	to college savings funds here. See instructions!	Account number 9 3 0 9 1 7 9 6 3		
. –				
	paper check.			
39 Amol	unt to be credited forward	J. Subtract Line 37 from Line 36. See instructions.	39	.00
-		e 32, add Lines 32 and 35. - or -		
-		e 31 and this amount is less than Line 35,		
subtra	act Line 31 from Line 35.	This is the amount you owe . See instructions.	40	.00
Step 12	: Health Insurance C	heckbox and Signature		
•		ay share your income information with other Illinois state agencies in	n order to determine	
		ay share your meene mermation war oner information		

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 sig	Date (mm/dd/yyy	/)	Daytime phone	e number			
Here								(469) 847	-8787		
	Print/Type paid preparer's name			Paid prepare	Date (mm/dd/yyyy	/)	Check if	Paid Preparer's PTIN			
Paid	SYAM PRIYA RAM SAGA	AR GUPTA TAI	LLAM	SYAM PRIYA R	02/14/202	3	self-employed	P02082703			
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN > 843171965		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 designee shown in this step.				

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



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	e reference for Columr	A shown in the chart	below.
Form Type	Letter Code for Column A	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	Ν

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

SAMBIT SAHOO Your name as shown	72 Your Social	<u>9</u> Security num	<u>9</u> 4	6 2	2 2 6				
Column A Form type	Column B Employer/Payer Identification Number	Colu Federal Wages, V Distributions, Co			ross I				
1 <u>W</u> 2 <u>W</u> 3 4 5	<u>36-4278759 0006</u> 06-1454513-000		22,393 .00 91,686 .00 .00 .00	\$ \$ \$ \$	22,393•00 91,686•00 •00 •00	\$ \$ \$ \$	1,083 .00 4,538 .00 .00 .00 .00		

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

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

Your spouse's Social Security number

Column 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	\$	<u>•00</u>

Step 3: Total Illinois withholding

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

11 \$ 5,621.00

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

Illinois Department of Revenue								- 🗋				
2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration												
(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)												

Step 1: Provide taxpayer informat	tion				
SAMBIT	SAHOO				
	first name (and last name if different)	Last name	Social Security number		
or 2070 HASSELL RD 304					
type Mailing address		60160	Spouse's Social Security number		
HOFFMAN ESTATES		60169	<u>(469)</u> 847–8787		
City	State	ZIP	Daytime phone number		
Step 2: Complete information from		Choose one: 🗙			
1 Net income from Form IL-1040 or I			1 <u>100,567</u> <u>00</u>		
2 Tax from Form IL-1040 or IL-1040-2			2 <u>4,978</u> <u>00</u>		
3 Illinois Income Tax withheld from Fe					
4 Overpayment from Form IL-1040, L			4 643 00		
5 Total amount due from Form IL-104			51_00_		
6 Filing status: X Single Marr	ied filing jointly Married filir	ig separately Wic	lowed Head of household		
 7 Routing no. (RN): <u>1</u> <u>1</u> <u>1</u> <u>0</u> 8 Account no. (AN): <u>9</u> <u>3</u> <u>0</u> <u>9</u> 9 Type of account: <u>×</u> Checking 10 Date the payment is to be electroni 11 Electronic funds withdrawal amoun 	1 7 9 6 3 Savings cally withdrawn:/_/				
12 Name on account:	· · · · · · · · · · · · · · · · · · ·				
Step 4: Taxpayer declaration and s	signature (Sign only after co	ompleting Step 2 a	nd, if applicable, Step 3.)		
I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.					
withdrawal as designated in the e	electronic portion of my 2022 Illin the processing of an electronic o	ois Original or Amendo overpayment of taxes	ent to initiate an ACH electronic funds ed Individual Income Tax return. I authorize the to receive confidential information		
I do not want direct deposit of m	ly refund, or an electronic funds	withdrawal (direct deb	bit) of my balance due.		
return originator (ERO) are identical. To the and accompanying information may be see	he best of my knowledge, my retur ent to IDOR by my ERO. I authoriz	n is true, correct, and c te IDOR to inform my E	and the information I provided to my electronic complete. I consent that my return, this declaration, RO and/or the transmitter when my return has be corrected and retransmitted if possible.		
Sign	Dete	Spouse's signature (if joint return, both must sign) Date		
here Your signature	Date		· · · · · · · · · · · · · · · · · · ·		
	ayer's electronic Form IL-1040 c ents of this program and declare	r IL-1040-X, the inforr e, under penalties of p	ignature mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the		
		02/14/2023	Check if paid preparer: X (See instructions.)		

	ERO's signature		 Date	Check if paid preparer: 🔯 (See instructions.)
ERO use only	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{OUT}} \frac{0}{PTIN} \frac{2}{2} \frac{0}{2} \frac{8}{8} \frac{2}{2} \frac{7}{7} \frac{0}{3} \frac{3}{3}$
	245 ROONEY CT Mailing address			$\frac{8}{\text{Federal employer identification number (FEIN)}} \frac{4}{54} \frac{5}{4} \frac{4}{8} \frac{7}{7}$
	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.

