Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification Number (SID) | | • | | |
|--|--|--|--|--|
| Taxpayer's name | Social security | y numbe | er | |
| PRANAY KAMMARI | 752-31- | 8557 | , | |
| Spouse's name | Spouse's soci | al secu | rity number | , |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 (En | nter year you a | re autl | horizing. |) |
| 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 | | ,012. |
| 2 Total tax | | 2 | | ,449. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,347. |
| 4 Amount you want refunded to you | | 5 | 2 | ,898. |
| 5 Amount you owe | nd keep a copy | - | our retu | rn) |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen | | | | |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent. | ne Ú.S. Treasury ar indicated in the ta itution to debit the inate the authoriza requests must be the processing of the payment. I furti | nd its d ex prepa entry to tion. To receiv the ele her ack | esignated aration soft of this according to the according | Financial tware for bunt. This cancel) a er than 2 yment of that the |
| Taxpayer's PIN: check one box only | | | | |
| | ate my PINI | 8 5 | 5 7 | as my |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ent | | ligits, but all zeros | as my |
| I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | |
| Your signature ► Date ▶ | - | | | |
| Spouse's PIN: check one box only | | | | |
| I authorize to enter or general | ate my PIN | | | as my |
| ERO firm name | Ent | | ligits, but | ao my |
| signature on the income tax return (original or amended) I am now authorizing. | | | all zeros | |
| I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | |
| Spouse's signature ▶ Date ▶ | • | | | |
| Practitioner PIN Method Returns Only—continue bel | low | | | |
| 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. | | 5 6 | 1 9 8 | 9 |
| | Don't ente | er all zer | os | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers | ubmitting this retu | rn in a | ccordance | |
| ERO's signature ▶ Date ▶ | > | | | |
| ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested T | | | | |

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

| 2022 | |
|------|--|
|------|--|

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

| Filing Status | X 5 | Single Married filing jointly | Marri | ed filing separately | (MFS) | Head of | hous | ehold (HOH | l) | | ifying survi | ving | |
|----------------------------------|------------|---|----------------|----------------------|----------|--------------------------------|-------|----------------|---------|---|-------------------------|---------------|--|
| Check only one box. | If vo | u checked the MFS box, enter the r | name of | vour spouse. If voi | ı check | ed the HOH o | r QSS | S box. ente | r the c | | se (QSS) name if the | gualifying | |
| | | on is a child but not your depender | | , | | | | , | | | | 4 | |
| Your first name | and mi | ddle initial | Last na | ame | | | | | Yo | our so | cial security | number | |
| PRANAY | | | KAMN | MARI | | | | | 7 | 752-31-8557 | | | |
| If joint return, sp | pouse's | first name and middle initial | Last na | ame | | | | | Sp | ouse's | s social secu | rity number | |
| | | | | | | | | | | | | | |
| Home address | (numbe | r and street). If you have a P.O. box, se | e instruct | ions. | | | | Apt. no. | - 1 | | | n Campaign | |
| 3033 OHI | | | | | 1. | | | 2097 | | Check here if you, or your spouse if filing jointly, want \$3 | | | |
| | ost offic | ce. If you have a foreign address, also c | omplete s | spaces below. | Sta | | | code | | | this fund. C | | |
| FRISCO | | | | | TX | | _ | 035 | | | w will not o | hange | |
| Foreign country | name | | | Foreign province/sta | te/count | iy . | Fore | eign postal co | de yc | our tax | or refund. | Spouse | |
| Digital | At ar | y time during 2022, did you: (a) red | ceive (as | a reward, award. | or pavr | nent for prope | rtv o | r services): | or (b) | sell. | | | |
| Assets | | ange, gift, or otherwise dispose of | | | | | | | | | Yes | X No | |
| Standard | Som | eone can claim: You as a de | epender | t Your spo | use as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retu | rn or you | u were a dual-stati | us alien | 1 | | | | | | | |
| Age/Blindness | You: | ☐ Were born before January 2, | 1958 [| Are blind | Spouse | : Was bo | rn be | fore Janua | ry 2, 1 | 958 | ☐ Is blir | d | |
| Dependents | s (see | instructions): | | (2) Social secu | rity | (3) Relationsh | nip | (4) Check th | e box i | f qualif | ies for (see ir | structions): | |
| If more | | rst name Last name | | number | - | to you | | Child ta | x credi | t (| Credit for othe | r dependents | |
| than four | | | | | | | | | | | |] | |
| dependents, see instructions | | | | | | | | | | | |] | |
| and check | , | | | | | | | | | | |] | |
| here | | | | | | | | | | | |] | |
| Income | 1a | Total amount from Form(s) W-2, b | , | , | | | | | | 1a | 10 | <u>5,491.</u> | |
| | b | Household employee wages not i | reported | on Form(s) W-2 . | | | | | | 1b | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1 | ` | , | | | | | | 1c | | | |
| attach Forms | d | Medicaid waiver payments not re | • | ` , | e instru | ıctions) | | | | 1d | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | 1f | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | 1g | | | |
| get a Form W-2, see | h | Other earned income (see instruc | , | | | | i | | | 1h | | 0. | |
| instructions. | i | Nontaxable combat pay election | (see inst | ructions) | | <u>1</u> i | | | | | 1.0 | . 401 | |
| | <u>z</u> | Add lines 1a through 1h | | <u>i</u> | | | | | • | 1z | 10 | 5,491. | |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 40. | | axable interes | | | • | 2b | | 4.0 | |
| | 3a | Qualified dividends | 3a 4a | 40. | | rdinary divide axable amoun | | | | 3b | | 40. | |
| 24 | 4a 5a | IRA distributions Pensions and annuities | 4 а | | | axable amoun | | | • | 4b 5b | | | |
| Standard Deduction for— | 6a | Social security benefits | 6a | | | axable amoun | | | | 6b | | | |
| Single or | C | If you elect to use the lump-sum | | method check he | | | | | · | OD | | | |
| Married filing separately, | 7 | Capital gain or (loss). Attach Sche | | , | ` | , | • | | | 7 | _ | 2,369. | |
| \$12,950 Married filing | 8 | Other income from Schedule 1, li | | | | | • | | | 8 | | 0,150. | |
| jointly or | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | • | | • | 9 | | 4,012. | |
| Qualifying surviving spouse, | 10 | Adjustments to income from Scho | | | | | | | | 10 | | -, -, -, -, | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This | • | | | | | | • | 11 | Q | 4,012. | |
| household, | 12 | Standard deduction or itemized | • | | | | | | | 12 | | 2,950. | |
| \$19,400 If you checked | 13 | Qualified business income deduc | | , | , | 5-A | | | | 13 | 1 - | _,,,,,, | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | 1 | 2,950. | |
| Deduction, | 15 | Subtract line 14 from line 11. If ze | | | | | ne | | | 15 | | 1,062. | |
| see instructions. | | | | | - | | | | | | | | |

| Form 1040 (2022 | 2) | | | | | | Page 2 |
|--------------------------------------|-----------|---|--------------------|------------------------|---------------------------|----------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 | 4972 | 3 🗌 | | 16 | 13,449. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | [| 18 | 13,449. |
| | 19 | Child tax credit or credit for other dependents from Schedule 88 | 12 | | [| 19 | |
| | 20 | Amount from Schedule 3, line 8 | | | [| 20 | |
| | 21 | Add lines 19 and 20 | | | [| 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | | | [| 22 | 13,449. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line | e 21 . | | [| 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | | | [| 24 | 13,449. |
| Payments | 25 | Federal income tax withheld from: | | | | | |
| - | а | Form(s) W-2 | | 25a 16 | ,347. | | |
| | b | Form(s) 1099 | | 25b | | | |
| | С | Other forms (see instructions) | | 25c | | | |
| | d | Add lines 25a through 25c | | | | 25d | 16,347. |
| If | 26 | 2022 estimated tax payments and amount applied from 2021 ret | urn | | | 26 | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | No . | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | | 28 | | | |
| | 29 | American opportunity credit from Form 8863, line 8 | | 29 | | | |
| | 30 | Reserved for future use | | 30 | | | |
| | 31 | Amount from Schedule 3, line 15 | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other paymer | nts and ref | undable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | 33 | 16,347. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is | s the amou | nt you overpaid | | 34 | 2,898. |
| nerana | 35a | Amount of line 34 you want refunded to you. If Form 8888 is att | ached, che | ck here | . 🗆 | 35a | 2,898. |
| Direct deposit? | b | | | Checking S | Savings | | |
| See instructions. | d | Account number 5 1 8 0 0 9 4 0 3 5 7 2 | | | | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe . | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see in | structions | | [| 37 | |
| | 38 | Estimated tax penalty (see instructions) | | 38 | | | |
| Third Party | Do | you want to allow another person to discuss this return with | h the IRS? | See _ | | | _ |
| Designee | ins | tructions | | Yes. Co | mplete be | elow. | ⋉ No |
| | De nai | signee's Phone no. | | | nal identific er (PIN) | cation [| |
| <u> </u> | | der penalties of perjury, I declare that I have examined this return and accor | | | , , | L L | h of my translades and |
| Sign | | ef, they are true, correct, and complete. Declaration of preparer (other than t | , , , | | , | | , , |
| Here | | | occupation | | | | it you an Identity |
| | | oignature | оссирация | | Protec | ction PI | N, enter it here |
| Joint return? | | TAD | 'A ENGI | NEER | (see ir | ıst.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, both must sign. Date Spou | se's occupat | ion | | | t your spouse an |
| your records. | | | | | (see in | | ection PIN, enter it here |
| | | one no. (316)200-2524 Email address KPR |) 7 NT 7 7 7 7 7 1 | OGCMATT COM | () | | |
| | | one no. (316)200-2524 Email address KPR parer's name Preparer's signature | CANAY 23 | 0@GMAIL.COM Date | PTIN | Т | Check if: |
| Paid | | | י זיגמדחוו | | P02470 | 833 | Self-employed |
| Preparer | | | ОЛТБИПТТ | 04/04/2023 | | | |
| Use Only | | | 816 | | | | 678)965-9522 |
| 0-1 | | | | | Firm's | CIIN | 88-2145487 |
| GO TO WWW.Irs.go | ov/Forn | 1040 for instructions and the latest information. | SAA | REV 03/22/23 PRO | | | Form 1040 (2022) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

PRANAY KAMMARI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

Your social security number 752-31-8557

| Par | rt I 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. Attach Schedu | | 5 | -10,150. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss |) | | |
| b | Gambling | | | |
| С | Cancellation of debt | | | |
| d | Foreign earned income exclusion from Form 2555 8d (|) | | |
| е | Income from Form 8853 | | | |
| f | Income from Form 8889 | | | |
| g | Alaska Permanent Fund dividends | | | |
| h | Jury duty pay | | | |
| į | Prizes and awards | | | |
| j | Activity not engaged in for profit income | | | |
| k | Stock options | | | |
| ı | 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) | | | |
| n | Section 951(a) inclusion (see instructions) | | | |
| 0 | Section 951A(a) inclusion (see instructions) | | | |
| p | Section 461(I) excess business loss adjustment | | | |
| q | Taxable distributions from an ABLE account (see instructions) 8q Scholarship and fellowship grants not reported on Form W-2 8r | | | |
| r | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| S | 1040, line 1a or 1d |) | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | , | | |
| · | a nongovernmental section 457 plan 8t | | | |
| u | Wages earned while incarcerated 8u | | | |
| z | | | | |
| ~ | 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-N | | 10 | -10,150. |

Schedule 1 (Form 1040) 2022 Page **2**

| Educator expenses 11 | Par | Adjustments to Income | | | |
|--|-----|---|------------------|---------------|--|
| officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl | 11 | | | 11 | |
| officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl | 12 | Certain business expenses of reservists, performing artists, and fee- | basis government | | |
| 13 Health savings account deduction. Attach Form 8889 | | officials. Attach Form 2106 | | 12 | |
| 15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient | 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 16 Self-employed SEP, SIMPLE, and qualified plans | 14 | | | 14 | |
| 17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | 15 | | | _ | |
| 18 | 16 | | | - | |
| 19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction | | Self-employed health insurance deduction | | - | |
| b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction | 18 | | | - | |
| c Date of original divorce or separation agreement (see instructions): IRA deduction | 19a | | | 19a | |
| 20 Student loan interest deduction 21 22 23 24 22 24 24 24 24 | b | Recipient's SSN | | | |
| Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | С | Date of original divorce or separation agreement (see instructions): | | | |
| 22 Archer MSA deduction | | | | - | |
| Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | | | | $\overline{}$ | |
| 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 | | | | - | |
| 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 | | | | 23 | |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24 | | | | |
| 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 | b | | | | |
| and USOC prize money reported on line 8m | | | 24b | - | |
| d Reforestation amortization and expenses | С | | | | |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | | | | |
| Act of 1974 | | | 24d | | |
| f Contributions to section 501(c)(18)(D) pension plans | е | | 040 | | |
| 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) | | | | - | |
| discrimination claims (see instructions) | _ | | 249 | | |
| i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | " | | 24h | | |
| from the IRS for information you provided that helped the IRS detect tax law violations | i | ` <i>'</i> | 2-711 | | |
| tax law violations | ٠ | | | | |
| j Housing deduction from Form 2555 | | | 24i | | |
| k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | i | | | | |
| 1041) | k | | , | | |
| z Other adjustments. List type and amount: | ••• | | 24k | | |
| Total other adjustments. Add lines 24a through 24z | z | | | | |
| Total other adjustments. Add lines 24a through 24z | _ | | 24z | | |
| 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | 25 | | | 25 | |
| | 26 | • | | | |
| | | | | 26 | |

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Your social security number

| PR. | ANAY KAMMARI | | | 752- | -31- | 8557 |
|---------------|--|----------------------------------|---------------------------------|--|-----------------|---|
| | ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona | | | _ | | |
| Pa | Short-Term Capital Gains and Losses—Ge | nerally Assets I | Held One Year | or Less (se | e ins | tructions) |
| lines This | nstructions 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) Adjustmen to gain or loss Form(s) 8949, 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 | 16 205 | 10 670 | | _ | 2.260 |
| 2 | Box A checked | 16,295. | 18,670. | | 6. | -2,369. |
| 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 (least of the contract o | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | S corporations, | estates, and tr | usts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an | y, from line 8 of y | our Capital Loss | Carryover | | |
| 7 | Worksheet in the instructions | through 6 in colu | mn (h) If you have | any long- | 6 | |
| | term capital gains or losses, go to Part II below. Otherwise | | | | 7 | -2,369. |
| Par | t II Long-Term Capital Gains and Losses—Ge | nerally Assets H | leld More Than | One Year | (see i | instructions) |
| | nstructions for how to figure the amounts to enter on the below. | (d) | (e) | (g) Adjustmen | | (h) Gain or (loss) Subtract column (e) |
| | form may be easier to complete if you round off cents to e dollars. | Proceeds (sales price) | Cost (or other basis) | to gain or loss Form(s) 8949, f 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 | | | | | |
| 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 | |
| | Net long-term gain or (loss) from partnerships, S corporat | ions, estates, and | trusts from Scheo | dule(s) K-1 | 12 | |
| | Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any | | | | 13 | |
| | Worksheet in the instructions | | | | 14 | (|
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back | • | | | 15 | |

BAA

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -2,369.• 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 • 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 2,369.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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. Attachment Sequence No. 12A

| ivame(s) snov | vn on return |
|---------------|--------------|
| PRANAY | KAMMARI |

Social security number or taxpayer identification number 752-31-8557

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)

| (C) Short-term transactions | • | ٠,, | • | sis wasn't report | ea to the ir. | 10 | |
|---|--|--------------------------------|--|---|---------------------------------------|---|--|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | W See the separate instructions. | | (h) Gain or (loss) Subtract column (e) |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) (see instructions) in the separa | | and see Column (e) in the separate instructions. | (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 | 13,754. | 16,070. | W | 6. | -2,310. |
| ROBINHOOD CRYPTO LLC | 01/01/22 | 12/31/22 | 2,541. | 2,600. | | | -59. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be should | al here and inc is checked), lir | lude on your ne 2 (if Box B | 16 295 | 18 670 | | 6 | -2 369 |

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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. **13**

Your social security number

OMB No. 1545-0074

| PRAI | NAY KAMMARI | | | | | ' | 752-3 | 1-8557 | |
|------------|---|--|----------------|----------------|---------|--------------------|--------------|-------------|------------------|
| Par | | | | | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C . See | instru | ctions. If you are | an indiv | /idual, rep | ort farm |
| | rental income or loss from Form 4835 on page 2, line 40. | 1 - CI - | | 0000 | ! | 4 | | | - 5 7 N - |
| | Did you make any payments in 2022 that would require you | | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . L Ye | s U No |
| 1a | Physical address of each property (street, city, state, ZIF | ode |)) | | | | | | |
| Α | LINGOJIGUDA, SAROORNAGAR HYDERABAD TELA | NGAN | IA IN 5 | 0003 | 5 | | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | | For each rental real estate property lister above, report the number of fair rental at | | | | ir Rental Days | Person Da | | QJV |
| Α | g personal use days. Check the Qu | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to f | | | В | | | | | |
| С | qualified joint venture. See instru | CHOIS | i. | С | | | | | |
| Туре | of Property: | | | | | • | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term Rent | tal | 5 Lanc | | 7 | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | ılties | 8 | Other (describ | oe) | | |
| | | | | | | | | | |
| lmaan | | | | Α | | Propertie: B | s: | | С |
| Incon 3 | Rents received | 3 | | Α _ | 00. | В | | | C |
| 4 | | 4 | | | 00. | | | | |
| | Royalties received | 4 | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,1 | 00 | | | | |
| 8 | Commissions | 8 | | т, т | 00. | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,0 | 00 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | 1,0 | 00. | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 3,2 | 50 | | | | |
| 15 | Supplies | 15 | | 2,7 | | | | | |
| 16 | Taxes | 16 | | 2,5 | | | | | |
| 17 | Utilities | 17 | | 2,3 | 30. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 10,6 | 50. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | |
| | result is a (loss), see instructions to find out if you must | | | | | | | | |
| | file Form 6198 | 21 | | -10,1 | 50. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| 10,15 | 0.) | (|) | (| |
| 23a | Total of all amounts reported on line 3 for all rental prope | rties | | | 23a | | 500. | | |
| b | Total of all amounts reported on line 4 for all royalty properties. | erties | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 10, | 650. | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | - | | | | 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | te loss | es from lir | ne 22. E | nter to | otal losses here | 25 | (| 10,150. |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | | | |
| | Schedule 1 (Form 10/10) line 5. Otherwise include this ar | mount | in the to | tal on lic | na /11 | on page 2 | 0.6 | | _10 150 |

Department of the Treasury

Internal Revenue Service

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 Attachment Sequence No. **858**

Name(s) shown on return PRANAY KAMMARI Identifying number 752-31-8557

| Pa | | | | | · | | |
|-------------------|--|---|----------------------------------|------------------------------|------------------------|---------|--------------------|
| | Caution: Complete Parts IV ar | nd V before compl | eting Part I. | | | | |
| | al Real Estate Activities With Active Parance for Rental Real Estate Activities | | | ive participation, s | ee Special | | |
| 1a b c d | Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c | unt from Part IV, c ne amount from Pa | olumn (b)) art IV, column (c)) | 1b (| 0. 10,150.) | 1d | -10,150. |
| | ther Passive Activities | | | | | | , |
| 2a b c d | Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c | unt from Part V, co ne amount from Pa | olumn (b)) art V, column (c)) | 2b (2c (|) | 2d | |
| 3 | Combine lines 1d and 2d. If this line is all losses are allowed, including any losses on the forms and schedules no | prior year unallow | ed losses entered | | Report the | 3 | -10,150. |
| Cauti | If line 3 is a loss and: • Line 1d is a lead of the control of th | loss (and line 1d is | • | | | vear, | do not complete |
| | I. Instead, go to line 10. | | | | | , , | , |
| Pai | t II Special Allowance for Rer Note: Enter all numbers in Par | | | | | | |
| 4 5 6 | Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal | rately, see instructi e, but not less thar | ons n zero. See instruc | tions 6 1 | 50,000. 04,162. | 4 | 10,150. |
| 7 | on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 | | | 7 | 45,838. | 0 | 22 010 |
| 8 9 | Multiply line 7 by 50% (0.50). Do not enter the smaller of line 4 or line 8 | | | • | | 8 9 | 22,919. 10,150. |
| Par | | <u> </u> | <u> </u> | <u> </u> | | 9 | 10,150. |
| 10 | Add the income, if any, on lines 1a an | d 2a and enter the | e total | | | 10 | 0. |
| 11 | Total losses allowed from all passiv | | | | | | |
| | out how to report the losses on your t | | | | | 11 | 10,150. |
| Par | t IV Complete This Part Before | e Part I, Lines 1 | a, 1b, and 1c. S | ee instructions. | | | |
| | Name of activity | Currer | nt year | Prior years | Ove | rall ga | ain or loss |
| | Name of activity | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gair | 1 | (e) Loss |
| LIN | GOJIGUDA, SAROORNAGAR | 0. | 10,150. | | | | 10,150. |
| | | | | | | | |
| | | | | | | | |
| | | I . | i e | I . | 1 | | |

10,150.

0.

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Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022)

| | | | | | | | | | . ago 🗕 | | |
|---|-----------------------------|---|----------------------|--------------------|--------------------------|--------|-------------------|------------------|-----------------------|--|--|
| Part V Complete This Part Befor | еР | art I, Lines 2 | a, 2b, | and 2c. S | ee instruc | tions. | | | • | | |
| Name of a skirth | | Currer | nt year | | Prior ye | ears | Overa | ll ga | ain or loss | | |
| Name of activity | (a) Net income (line 2a) | | (b) (li | Net loss ne 2b) | (c) Unall- loss (line | | (d) Gain | | (e) Loss | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amour | 2+ le | Shown on F | Oort II | Line 0 S | oo inatrud | tiono | | | | | |
| Ose This Part II an Amoui | T | | art II, | , Line 9. S | ee mstruc | tions. | | | | | |
| Name of activity | ar to | rm or schedule ad line number be reported on see instructions) | ber d on (a) Loss | | | | (b) Ratio | | (c) Special allowance | | (d) Subtract column (c) from column (a). |
| LINGOJIGUDA, SAROORNAGAR | | E Ln 22 | | 10,150. | 1.0000 | 0000 | 10,15 | 50. | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | 10,150. | 1.00 |) | 10,15 | 0. | 0. | | |
| Part VII Allocation of Unallowed L | .oss | | | IS. | | | | | | | |
| Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) l | _OSS | | (b) Ratio | (c) Unallowed Id | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | 1.00 | | | | |
| Part VIII Allowed Losses. See instr | ucti | | | | | | | | | | |
| Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) l | (a) Loss (b) Una | | nallowed loss (| | c) Allowed loss | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | <u> </u> | <u></u> | | | | | | | | |

| 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.

| | | 1995 | | | | | | |
|----------|--|---------------|---|------------------------|----------------------|---|-------------------------|-----------------------------|
| Ρ | RANAY | | KAMMARI | | a kararana | | | |
| 3 | 033 OHIO DRIVE |] | 209 | 97 | | | | 650005 650005 |
| F | RISCO | TX | 75035 | | | | | \$6.000 Mgs |
| | _ | | PRANAY230@GMAII | | KAPKAMPER O'AMPER M | . FOR THE POSSESS OF | CANDACAL TOWN UNACHUA | Promini |
| | | | rried filing jointly | | | | | |
| | | - | or your spouse if filing j | • | | | * | |
| D | Check the box if this | applies to yo | u during 2022: 🔀 N | onresident - Attach | Sch. NR Par | t-year resident - | | |
| S | Step 2: Income | | | | | | (Whole | e dollars only) |
| 1 | | | e from your federal For and dividend income | | | LSB Line 2a | 1 2 | 94,012.00 |
| 3 | | | | nom your lederar r | 31111 1040 01 1040 | -οιι, επιε 2α. | 3 | .00 |
| _ 4 | Total income. Ad | dd Lines 1 th | rough 3. | | | | 4 | 94,012.00 |
| | step 3: Base Incon | | | | | | | |
| 5 | | | ertain retirement plan Attach Page 1 of fede | | | 5 | .00 | |
| 6 | | | nt included in federal f | | SR, | J | .00 | |
| | Schedule 1, Ln. 1 | | | | | 6 7 | .00 | |
| 2 7 | | | chedule M. the total of your subtra | actions | | 7 | <u>.00</u> 8 | 00 |
| | | | ct Line 8 from Line 4. | actions. | | | 9 | 94,012.00 |
| 3 5 | Step 4: Exemptions | | | | | | | |
| - | | nption amoun | t for yourself and your | | | a 2,4 | | |
| 8 | b Check if 65 or | | You + Spouse | | | | | |
| | | | You + Spouse States, enter the amount from | | | | .00 | |
| 5 | Attach Schedu | | no, ornor trio arricant in | 5111 GG11GGG1G 12 E/E. | .o, otop 2, 2o 1. | d | 0.00 | |
| - א | Exemption allow | wance. Add L | ines 10a through 10d | l | | | 10 | 2,425.00 |
| | Step 5: Net Income | | | | | | | |
| 1 | | | tract Line 10 from Line | | orana Oraharahala ND | A44 I - O - I I- I | ND 44 | 32 720 00 |
| 1 | | | rresidents: Enter the I by 4.95% (.0495). Can | | | Attach Schedule | NH. I I | 32,720 _{.00} |
| | Nonresidents a | nd part-year | residents: Enter the | tax from Schedule I | | | 12 | 1,620 <u>.00</u> |
| | | | credits. Attach Schedu | | | ` | 13 | .00 1,620 _{.00} |
| 2 – | | | d 13. Cannot be less t | inan zero. | | | 14 | 1,020.00 |
| • . | Step 6: Tax After N 5 Income tax paid to | | ble Credits ate while an Illinois re: | eident Attach Sche | adula CB | 15 | .00 | |
| 4 | | | ion expense credit an | | | 10 | 00 | |
| | Attach Schedule | e ICR. | • | | | 16 | .00 | |
| 7 | | | 1299-C. Attach Sche s is the total of your cr | | d the tay amount | 17 | <u>.00</u> 18 | 0.00 |
| - | | | dits. Subtract Line 18 | | d the tax amount | OII LINE 14. | 19 | 1,620.00 |
| 3 3 | tep 7: Other Taxes | s | | | | | | |
| <u></u> | O Household emplo | oyment tax. S | | | | | 20 | .00 |
| 2 | | | r, or other out-of-state | purchases from U | T Worksheet or U | T Table | 21 | 0.00 |
| 5 2 | in the instructions Compassionate U | | ve blank. al Cannabis Program A | ct and sale of asset | s by gaming licens | see surcharges. | 21 22 | .00 |
| _ | 3 Total Tax. Add Li | | - | 2 | , g | | 23 | 1,620.00 |



| 24 To | tal tax from Page 1, Line 23. | | | | | 24 | 1,620 <u>.00</u> | |
|-----------------|--|-------------------------|---------------------|-------------------------------------|--|------------------------------------|-----------------------|--|
| Step 8: | Payments and Refundab | le Credit | | | | | | |
| | ois Income Tax withheld. Attac | | | | 25 1, | 663.00 | | |
| | uding any overpayment applie | | • | | 26 | .00 | | |
| | s-through withholding. Attach | | | | 27 | .00 | | |
| 28 Pas | s-through entity tax credit. Atta | ich Schedule K-1 | -P or K-1-T. | | 28 | .00 | | |
| 29 Earı | ned Income Credit from Sched | ule IL-E/EIC, Step | 4, Line 8. A | ttach Schedule IL-E/EIC | 29 | .00 | | |
| 30 Tota | al payments and refundable | credit. Add Lines | 25 through | 29. | | 30 | 1,663.00 | |
| Step 9: | Total | | | | | | | |
| | ne 30 is greater than Line 24, so | | | | | 31 | 43.00 | |
| | ne 24 is greater than Line 30, so | | | | | 32 | .00 | |
| - | 0: Underpayment of Estimate | | - | ations | | | | |
| | e-payment penalty for underpa | - | | | 33 | .00 | | |
| _ | Check if at least two-thirds of | | | • | | | | |
| _ | Check if you or your spouse | | • | | • | | _ | |
| С | Check if your income was no | ot received evenly | during the y | ear and you annualiz | zed your income o | n Form IL-221 | 0. | |
| 4 5 | Attach Form IL-2210. | | ta ta alteriale cal | la a casa Tananatana ia | Ala a | | | |
| _ | Check if you were not requir | | | income lax return in | tne previous tax y | | | |
| | untary charitable donations. At al penalty and donations. Ad | | | | 34 | <u>.00</u> 35 | .00 | |
| | · · | | +. | | | | .00 | |
| • | 1: Refund or Amount you | | | | | | | |
| - | ou have an amount on Line 31 | and this amount | is greater th | an Line 35, subtract | Line 35 from Line | | 43.00 | |
| | s is your overpayment . | unded to you. Ch | ook ana box | on Line 20 Coe inct | w.otiono | 36 37 | 43.00 | |
| | ount from Line 36 you want ref | unaea to you. Or | ieck one box | on Line 38. See inst | ructions. | 31 | 13.00 | |
| | oose to receive my refund by | | | | | | | |
| a ½ | direct deposit - Complete t | he information be | low if you ch | ieck this box. | | | | |
| | You may also contribute | outing number | 1 0 1 1 | 0 0 0 4 5 | × Checkin | g or Savi | ngs | |
| | to college savings funds here. See instructions! | ccount number | 5 1 8 0 | 0 9 4 0 3 | 5 7 2 | | | |
| b [| paper check. | | | | | | | |
| 39 Amo | ount to be credited forward. So | ubtract Line 37 fro | m Line 36. | See instructions. | | 39 | .00 | |
| 40 If vo | ou have an amount on Line 32 | . add Lines 32 an | d 35. - or - | | | | | |
| - | ou have an amount on Line 31 | | | Line 35, | | | | |
| - | tract Line 31 from Line 35. Thi | | | | | 40 | .00 | |
| | 2: Health Insurance Ched | | | | | | | |
| | | • | | 20 0 00 00 | | | | |
| 41 ∐ | Check this box if IDOR may s your eligibility for health insur | | | | | ler to determin | ie | |
| | your engionity for nearth mour | ance benefits. Se | e iristi uction | s for more imormatio | ·· · · · · · · · · · · · · · · · · · · | | | |
| Signati | ure - Note: If this is a joint retur | n, both you and yo | our spouse m | nust sign below. | | | | |
| | penalties of perjury, I state tha | | | | my knowledge, it i | s true, correct | t, and complete. | |
| Sign | V | Data (/II/) | C | | D | . | | |
| Here | Your signature | Date (mm/dd/yyyy) | Spouse's sign | nature | Date (mm/dd/yyyy) | Daytime phone | e number | |
| | | | | | | () | | |
| Paid | Print/Type paid preparer's name | | Paid prepare | r's signature PAVAN KUMAR DUDIPALLI | Date (mm/dd/yyyy) 04/04/2023 | Check if | Paid Preparer's PTIN | |
| Preparer | VENKATA SAI PAVAN KUMAR DUDII | sen-employed | P02470833 | | | | | |
| Use Only | Firm's name GLOBAL | TAXES LLC | | | Firm's FEIN | 88214548 | 7 | |
| | Firm's address > 245 RO | ONEY CT E | BRUNSWIC | KNJ 08816 | Firm's phone | (678) 965 | 5-9522 | |
| Third | Designee's name (please print) | | | Designee's phone num | nber | Check if th | e Department may | |
| Party | | | | () | | discuss this return with the third | | |
| Designee | | | | () | | party designe | e shown in this step. | |
| | Refer to the 202 | 2 II -1040 Ins | struction | s for the addre | es to mail vo | ur return | | |

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

PRANAY KAMMARI

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

| | 7 5 2 _ 3 1 _ 8 5 5 7 |
|-------------------------|-----------------------------|
| Form IL-1040 | Your Social Security number |
| e following information | |

| | Your name as snown on your Form IL-1040 Your Social Security number |
|---|--|
| S | tep 1: Provide the following information |
| 1 | Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year? |
| | Yes 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//2_2 to//2_2 I lived in from//2_2 to//2_2 Month Day Year Month Day Year State Month Day Year 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 |
|----------|----|---|------|---------------------------|------------------------------|
| П | 5 | Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) | 5 _ | 106,491.00 | 33,586 _{.00} |
| П | 6 | Taxable interest (federal Form 1040 or 1040-SR, Line 2b) | 6_ | .00 | .00. |
| П | 7 | Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) | 7_ | 40.00 | 0.00 |
| П | 8 | Taxable refunds, credits, or offsets of state and local income taxes | | | |
| П | | (federal Form 1040 or 1040-SR, Schedule 1, Line 1) | 8_ | .00 | .00 |
| П | 9 | Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) | 9_ | .00 | .00 |
| П | 10 | Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) | 10_ | | .00 |
| П | 11 | Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) | 11 _ | -2,369 _{.00} | 0.00 |
| П | 12 | Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) | 12 _ | .00 | .00 |
| ome | 13 | Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) | 13 _ | .00 | |
| ١ | 14 | Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) | 14_ | .00 | .00 |
| <u> </u> | 15 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | | | |
| | | (federal Form 1040 or 1040-SR, Schedule 1, Line 5) | 15_ | -10,150 _{.00} | 0.00 |
| П | 16 | Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) | 16_ | .00 | .00 |
| П | 17 | Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) | 17_ | .00 | .00. |
| П | 18 | Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) | 18_ | .00 | .00 |
| П | 19 | Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9 | 9) | | |
| П | | 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 | 33,586 _{.00} |
| | 1 | Continue with Step 3 on Page 2 | | | |

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

| Sto | 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 | 33,586 _{.00} |
| | 22 | Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | 22 _ | .00 | .00 |
| | 23 | Certain business expenses of reservists, performing artists, and fee-basis | | | |
| | | government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | 23 _ | .00 | .00 |
| | 24 | Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) | 24 | .00 | .00 |
| ا ه | | Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, | _ | | |
| ΙĔΙ | _ | Schedule 1, Line 14) | 25 | .00 | .00 |
| Income | 26 | Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) | | | .00. |
| = | | Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, | | .00 | |
| 12 | | Schedule 1 Line 16) | 27 | .00 | .00 |
| S | 28 | Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | | | |
| | 20 | Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) RESERVED | | | |
| 191 | 23 | Alimanus asid (fadaral Farms 4040 and 4040 CR. Oak adula 4. Line 402) | | | |
| | 30 | Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) | | .00 | |
| | 31 | IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) | 31 _ | .00 | .00 |
| Ϊ́Θ | 32 | Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) | 32 _ | .00 | |
| ⋖ | 33 | RESERVED | 33 📗 | | |
| | 34 | Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) | 34 _ | .00 | .00 |
| | | Other adjustments (see instructions) | | | .00 |
| | | Add Column B, Lines 22 through 35. This is the Illinois portion of your federal | | | |
| | | adjustments to income. | | 36 | .00 |
| | 27 | Enter your adjusted gross income as reported on your Form IL-1040, Line 1. | 27 | 94,012.00 | 00 |
| Ш | | | | | 22 506 |
| | 38 | Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro | oss ind | come. 38 | 33,586.00 |
| | 1 | | | Form IL-1040 Iotal | Illinois Portion |
| nen | | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) | 39 _ | | .00 .00 |
| stmeni | 40 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) | 39 _ 40 _ | .00 | .00. |
| justment | 40 41 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 .00 33,586,00 |
| Adjustment | 40 41 42 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 | <u>.00.</u> .00. |
| s Adjustments | 40 41 42 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 | .00 .00 33,586.00 |
| | 40 41 42 43 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 | .00 .00 33,586.00 |
| ois | 40 41 42 43 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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) | 39 _ 40 _ 42 _ | .00 .00 41 .00 | .00 .00 33,586.00 |
| | 40 41 42 43 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 .00 | .00 .00 33,586.00 .00 |
| Illinois | 40 41 42 43 44 45 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 .00 | .00 .00 33,586.00 .00 .00 |
| Illinois | 40 41 42 43 44 45 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 .00 .00 .00 | .00 .00 33,586,00 .00 .00 |
| Illinois | 40 41 42 43 44 45 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 .00 | .00 .00 33,586.00 .00 .00 |
| Sto | 40 41 42 43 44 45 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 .00 .00 .00 | .00 .00 33,586,00 .00 .00 |
| Sto | 40 41 42 43 44 45 ep | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 .00 .00 .00 45 | .00 .00 33,586,00 .00 .00 |
| Sto | 40 41 42 43 44 45 ep 46 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 33,586,00 .00 .00 |
| Sto | 40 41 42 43 44 45 ep 46 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 .00 .00 .00 45 | .00 .00 33,586,00 .00 .00 |
| Sto | 40 41 42 43 44 45 ep 46 47 48 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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. | 39 _ 40 _ 42 _ 43 _ 44 _ 47 _ 48 _ | .00 .00 41 .00 .00 .00 .45 46 .94,012.00 | .00 .00 33,586,00 .00 .00 |
| Sto | 40 41 42 43 44 45 ep 46 47 48 49 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ | .00 .00 41 .00 .00 .00 45 | .00 .00 33,586,00 .00 .00 |
| Calculations 9 Illinois | 40 41 42 43 44 45 ep 46 47 48 49 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ 47 _ 48 _ | .00 .00 41 .00 .00 .00 .45 46 94,012.00 0 • 357 2,425.00 | .00 .00 33,586.00 .00 .00 .00 |
| Calculations 9 Illinois | 40 41 42 43 44 45 ep 46 47 48 49 50 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ 47 _ 48 _ | .00 .00 41 .00 .00 .00 .45 46 .94,012.00 | .00 .00 33,586,00 .00 .00 |
| Sto | 40 41 42 43 44 45 ep 46 47 48 49 50 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ 47 _ 48 _ | .00 .00 41 .00 .00 .00 45 46 94,012.00 0 • 357 2,425.00 | .00 .00 .33,586.00 .00 .00 .00 .00 |
| Calculations 9 Illinois | 40 41 42 43 44 45 ep 46 47 48 49 50 51 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ 47 _ 48 _ 49 _ 49 _ 49 _ 40 _ 40 _ 40 _ 40 _ 40 | .00 .00 41 .00 .00 .00 .45 46 94,012.00 0 • 357 2,425.00 | .00 .00 .33,586.00 .00 .00 .00 |
| Calculations 9 Illinois | 40 41 42 43 44 45 ep 46 47 48 49 50 51 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 2 | 39 _ 40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49 _ 49 _ 49 _ 40 _ 40 _ 40 _ 40 _ 40 | .00 .00 41 .00 .00 .00 45 46 94,012.00 0 • 357 2,425.00 | .00 .00 .33,586.00 .00 .00 .00 .00 |
| Calculations 9 Illinois | 40 41 42 43 44 45 ep 46 47 48 49 50 51 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) 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 _ 47 _ 48 _ 49 _ 49 _ 49 _ 40 _ 40 _ 40 _ 40 _ 40 | .00 .00 41 .00 .00 .00 45 46 94,012.00 0 • 357 2,425.00 | .00 .00 .33,586.00 .00 .00 .00 .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 At

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)

| PR | ANAY KAMMARI | - - | | 7 | 5 2 | <u> </u> | 3 1 | 8 | 5 | 5 | _ 7 | | |
|-----|-----------------------|---|------------|--|-----------------------------|----------|-----------------------------------|---------------|---|-----|---------------|--|--|
| You | ur name as shown | on Form IL-1040 | | Your S | Your Social Security number | | | | | | | | |
| | Column A Form type | Column B Employer/Payer Identification Number | Federal Wa | Column C ages, Winnings as, Compensati | | | Column ages, Winr ons, Comp | s III | Column E Illinois Income Tax Withheld | | | | |
| 1 | W | 86-1263224 000 | _ \$ | 106,491 | <u>00</u> | \$ | 33,5 | 86 •00 | \$ | 1,6 | 63 •00 | | |
| 2 | | | _ \$ | | <u>00</u> | \$ | | <u>•00</u> | \$ | | <u>•00</u> | | |
| 3 | | | _ \$ | • | <u>00</u> | \$ | | •00 | \$ | | <u>•00</u> | | |
| 4 | | | _ \$ | • | <u>00</u> | \$ | | •00 | \$ | | <u>•00</u> | | |
| 5 | | | _ \$ | • | <u>00</u> | \$ | | •00 | \$ | | <u>•00</u> | | |
| | | | | | | | | | | | | | |

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

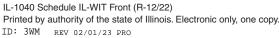
| | olumn A orm type | Column B Employer/Payer Identification Number | Federal Wages, | mn C Winnings, Gross ompensation, etc. | | | | Column E Illinois Income . Tax Withheld | | |
|----|---------------------|---|----------------|--|----|------------|----|---|--|--|
| 6 | | | _ \$ | •00 | \$ | •00 | \$ | •00 | | |
| 7 | | | _ \$ | •00 | \$ | •00 | \$ | • <u>00</u> | | |
| 8 | | | - \$ | •00 | \$ | <u>•00</u> | \$ | •00 | | |
| 9 | | | _ \$ | •00 | \$ | •00 | \$ | <u>•00</u> | | |
| 10 | | | _ \$ | <u>•00</u> | \$ | •00 | \$ | •00 | | |

Step 3: Total Illinois withholding

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

11 \$ 1,663**.00**

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





Illinois Department of Revenue

| | | | _ | | | | | | | | - | | | | |
|---------------|--|--|---|--|--|--|--|--|--|---|---|--|--|--|--|
| Submission ID | | | | | | | | | | - | | | | | |

| 2022 | 2 II | 84 | 53 | Illin | ois | Indi | ivic | dual | Inc | come | Tax I | Electro | onic | Filing | Decl | ara | tion |
|------|------|----|----|-------|-----|------|------|------|-----|------|-------|---------|------|--------|------|-----|------|
| _ | | — | | | _ | | | _ | | | | _ | | _ | _ | _ | |

| Ston | (Do not mail Form IL) 1: Provide taxpayer info | -8453 to the Illinois Departmer | it of Hevenue unle | ess it is requested for review.) | | | | | | | |
|------------------------------|--|---|--|--|--|--|--|--|--|--|--|
| Siep | PRANAY | rmation KAMMARI | 7 5 2 - 3 1 - 8 5 5 7 | | | | | | | | |
| | | ouse's first name (and last name if different) | Last name | Social Security number | | | | | | | |
| Print | 3033 OHIO DRIVE 209 | 7 | | | | | | | | | |
| or type | Mailing address | | | Spouse's Social Security number | | | | | | | |
| ·, po | FRISCO | TX | 75035 | (| | | | | | | |
| | City | State | ZIP | Daytime phone number | | | | | | | |
| Step | 2: Complete information | n from tax return | Choose one: X | IL-1040 IL-1040-X | | | | | | | |
| 1 1 | Net income from Form IL-104 | 0 or IL-1040-X, Line 11 | | 1 <u>32,720</u> <u>00</u> | | | | | | | |
| | Tax from Form IL-1040 or IL-1 | | | 2 1,620 00 | | | | | | | |
| 3 I | llinois Income Tax withheld fro | one) 31,663 00 | | | | | | | | | |
| | | ent from Form IL-1040, Line 36 or IL-1040-X, Line 35 | | | | | | | | | |
| 5 | Total amount due from Form I | 5 l <u>00</u> | | | | | | | | | |
| | | Married filing jointly Married filin | | dowed Head of household | | | | | | | |
| within 7 F 8 / 9 T 10 E 11 E | | ot funded by international funds. Electronically withdrawn:/_/ | | g., debit, deposit) with financial institutions located the accepted and refunds will be via paper check. | | | | | | | |
| Sten | Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) | | | | | | | | | | |
| × | I consent that my refund m | ay be directly deposited as designate | d in Step 3 and decla | re the information on Lines 7 through 9 is use as an agent to receive the refund. | | | | | | | |
| | I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. | | | | | | | | | | |
| Г | I do not want direct deposit | t of my refund, or an electronic funds | withdrawal (direct deb | oit) of my balance due. | | | | | | | |
| return and a | n originator (ERO) are identical accompanying information may | . To the best of my knowledge, my return be sent to IDOR by my ERO. I authorize | n is true, correct, and o e 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. | | | | | | | |
| Sigr | | Data | 0 | iticial actions to the action of the second circum. | | | | | | | |
| | Your signature | Date | | if joint return, both must sign) Date | | | | | | | |
| I dec | lare that I have examined this mation. I have followed all requ | | r IL-1040-X, the inforr e, under penalties of pomplete. | ignature mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the | | | | | | | |
| | ERO's signature | | 04/04/2023 Date | Check if paid preparer: (See instructions.) | | | | | | | |
| | · · | | Dale | | | | | | | | |
| ERO | GLOBAL TAXES LLC Firm's name or your name if self-em | nloved | | $\frac{P}{Y_{\text{OUT}}} \frac{0}{2} \frac{2}{4} \frac{4}{7} \frac{7}{0} \frac{0}{8} \frac{8}{3} \frac{3}{3}$ | | | | | | | |
| use | Tilling hame of your hame it self-emp | pioyeu | | | | | | | | | |
| only | 245 ROONEY CT Mailing address | | | 8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN) | | | | | | | |
| | · · | NT T | 00016 | (678) 965-9522 | | | | | | | |
| | E BRUNSWICK City | NJ State | 08816 ZIP | Daytime phone number | | | | | | | |
| | ~···, | Olalo | | zay and priorio nambor | | | | | | | |

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.

