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

Subm	ission Identification Number (SID)			
Taxpaye	er's name	Social securi	ty number	
ANA	NTH KUMAR KAMBHAMPATI	737-73	-7817	
Spouse	's name	Spouse's soc	ial security nu	mber
KAR	ISHMA GUNDA	639-97	-3858	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re authoriz	ing.)
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	90,715.
2	Total tax		2	7,368.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,524.
4	Amount you want refunded to you		4	2,156.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of your r	eturn)
return to send for any Agent is payme authori payme busines taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indient 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 terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I armic Funds Withdrawal Consent.	tter, or electroction of the ties. Treasury a cated in the tien to debit the the authorizets must be corocessing of ayment. I fur	onic return ori- ransmission, (and its designa ax preparation entry to this a ation. To revo e received no f the electroni ther acknowle	ginator (ERO) b) the reason ated Financial n software for account. This bke (cancel) a later than 2 c payment of edge that the
	ayer's PIN: check one box only			\neg
X		ov DIN 3	7 8 1	7 as my
	ERO firm name	ř En	ter five digits, k	out
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter all zer	os
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methology.			
Yours	signature ▶ Date ▶			
Spous	se's PIN: check one box only			
×		,	\perp	8 as my
	ERO firm name		ter five digits, k n't enter all zer	
	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 no if you are entering your own PIN and your return is filed using the Practitioner PIN methology.			
Spous	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part	III Certification and Authentication — Practitioner PIN Method Only			
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 3 1 9 er all zeros	8 9
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	ırn in accorda	ance with the
FR∩'e	s signature ► Date ►			
	ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022)
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OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	household (I	HOH)		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the	nama of v	our spouso. If we	au chock	od tha UOU a	OSS hav	ntor	tho c		se (QSS)	o gualifying	
one box.		on is a child but not your depender		our spouse. If yo	ou check	led the HOHO	QOO DOX, E	iiiei	tile C	illiu S	name ii tii	e qualityirig	
Your first name			Last na	me					Y	our soc	ial security	v number	
ANANTH F				HAMPATI				Your social security number					
If joint return, spouse's first name and middle initial Last name										737-73-7817 Spouse's social security number			
		instrume and middle initial							'		7-3858	-	
KARISHMA Home address		r and street). If you have a P.O. box, se	GUND				Apt. no						
	•		e manucu	0113.			'				ere if you,	on Campaign or your	
723 COWE		ce. If you have a foreign address, also c	omplete s	naces helow	Sta	ıte.	ZIP code				, ,	tly, want \$3	
-	JOSE OTHE	ce. II you have a loreigh address, also c	omplete s	paces below.	T		75063			_		Checking a	
IRVING Foreign country	, nama			Foreign province/st				2011			w will not or refund.	change	
Foreign country	y name		'	-oreign province/si	ale/Couri	ıy	Foreign post	ai 000	ie yc	oui tax	You	Spouse	
.	A.L							\	- (1-)	11			
Digital Assets		ny time during 2022, did you: (a) re ange, gift, or otherwise dispose of					-				Yes	X No	
Assets		eone can claim:				a dependent	asset): (Set	7 11 15	tructi	0115.)		<u> </u>	
Standard Deduction	_		•										
Deduction		Spouse itemizes on a separate retu	in or you	i were a duar-sta	ius allei	l							
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	n before Ja	nuar	y 2, 1	958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4) Ched	k the	box i	f qualifi	es for (see	instructions):	
If more	(1) Fi	rst name Last name		number to you					cred	it (Credit for oth	er dependents	
than four]				
dependents, see instruction:	<u> </u>]				
and check	5 —												
here]												
Income	1a	Total amount from Form(s) W-2,	box 1 (se	e instructions)						1a	10	0,315.	
IIICOIII C	b	Household employee wages not	reported	on Form(s) W-2						1b			
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)											
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26											
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruc								1h		0.	
W-2, see	i	Nontaxable combat pay election	,			l 1i							
instructions.	z	Add lines 1a through 1h								1z	10	0,315.	
Attach Sch. B		Tax-exempt interest	2a		Бт	axable interes	· · ·			2b		-,	
if required.	3a	Qualified dividends	3a		i	Ordinary divide				3b			
	4a	IRA distributions	4a		1	axable amoun			•	4b			
Standard	5a	Pensions and annuities	5a		1	axable amoun			•	5b			
Deduction for—	6a	Social security benefits	6a		1	axable amoun			•	6b			
Single or Married filing	С	If you elect to use the lump-sum		method check h	1				$\dot{\Box}$	OD.			
separately,	7	Capital gain or (loss). Attach Sch							П	7			
\$12,950 Married filing	8	Other income from Schedule 1, li			•				ш	8		9,600.	
jointly or	9								•	9			
Qualifying surviving spouse,		Add lines 1z, 2b, 3b, 4b, 5b, 6b,		-					•		+ 3	0,715.	
\$25,900	10	Adjustments to income from Sch							•	10	1		
Head of household,	11	Subtract line 10 from line 9. This							•	11		0,715.	
\$19,400	12	Standard deduction or itemized								12	1 2	25 , 900.	
If you checked any box under	13	Qualified business income deduc								13	 		
Standard Deduction,	14	Add lines 12 and 13								15		25 , 900.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									1 6	54,815.	

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	7,368.
Credits	17	Amount from Schedule 2, lin	ie 3				[17	
	18	Add lines 16 and 17					[18	7,368.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,368.
	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	7,368.
Payments	25	Federal income tax withheld							<u>, </u>
,	а	Form(s) W-2				25a 9	,524.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction:	s)			25c			
	d	Add lines 25a through 25c						25d	9,524.
.,	26	2022 estimated tax paymen						26	· ·
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31				indable credits		32	
	33	Add lines 25d, 26, and 32. T						33	9,524.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,156.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, ched	ck here	. 🗆 [35a	2,156.
Direct deposit?	b	Routing number 1 2 1					Savings		
See instructions.	d	Account number 3 2 5	0 2 1 5	6 3 4 1	1 8 1				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	person to disc	cuss this retu			mplete be	elow.	X No
	De	signee's		Phone			nal identific		
-	nai	me		no.		numb	er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature	I .		nt you an Identity				
					COEMMADE	NC TNEED	(see in		N, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, I	anth must sign	Date	SOFTWARE E				nt your spouse an
Keep a copy for	ОР	ouse's signature. If a joint return, i	John must sign.	Date	opouse s occupati	OH			ection PIN, enter it here
your records.								st.)	
	Ph	one no. (470) 756-939	9	Email address	ANANTH.KAMBHA	MPATI@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/12/2023	P02082	703	Self-employed
Preparer	Fin	m's name GLOBAL TA	XES LLC				Phone	no. (678)965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	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 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Part I Additional Income 1 Taxable refunds, credits, or offsets of state and local income taxes	ber
1 Taxable refunds, credits, or offsets of state and local income taxes	
2a b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 8 Other income:	
2a b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 8 Other income:	
3 Business income or (loss). Attach Schedule C	
3 Business income or (loss). Attach Schedule C	
4 Other gains or (losses). Attach Form 4797	
 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . 5 -9,6 6 Farm income or (loss). Attach Schedule F	
7 Unemployment compensation	00.
8 Other income:	
a Nick analysis a local	
a Net operating loss	
b Gambling	
c Cancellation of debt	
d Foreign earned income exclusion from Form 2555	
e Income from Form 8853	
f Income from Form 8889	
g Alaska Permanent Fund dividends	
h Jury duty pay	
i Prizes and awards	
j Activity not engaged in for profit income	
k Stock options	
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)	
n Section 951(a) inclusion (see instructions)	
o Section 951A(a) inclusion (see instructions)	
p Section 461(I) excess business loss adjustment	
 q Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 	
s Nontaxable amount of Medicaid waiver payments included on Form 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 Other income. List type and amount:	
8z	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-9,<u>60</u>0.

9

10

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

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.

OMB No. 1545-0074

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

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

Cs, etc.)	2022
	Attachment Sequence No. 13
Your soci	al security number

ANAI	NTH KUMAR KAMI	ВНАМІ	PATI & KAI	RISHMA	GUNDA						737	-73-781	7	
Par	Income or	Loss	From Rent	al Real	Estate an	d Ro	yalties	• •						-
	note: If you a rental income	re in the or loss	e business of re from Form 48 3	enting pei 35 on pac	rsonal proper de 2. line 40.	rty, use	Schedule	e C. See	instru	ctions. If you a	are an i	ndividual, re	port farm	
Α	Did you make any p					to file	Form(s)	1099? S	See ins	tructions .		🗆 Y	es 🛛 N	10
	If "Yes," did you or													lo
1a	Physical address													
A	1-50 , DAMMAI	PETA	BHADRADE	RT.KOT	HAGIIDEM	TEI	ANAGAN	JA TI	v 50	7306				
B	7 00 7 27 27 27 27 27 27 27 27 27 27 27 27 2		DIIIIDIGIDI	1101	1111000011		27 11 17 1 07 11		., 00	7 3 0 0				
1b	Type of Property	2	For each ren						Fa	ir Rental	1	sonal Use	QJ	
	(from list below)		above, repor							Days		Days	 _ _	
_ <u>A</u>	3		personal use if you meet the					Α		365		0		
B		-	qualified joint					В					 	
<u>C</u>	15							С						
	of Property:		0.14	. (01					_	0 1/ 0 1 1				
	Single Family Resid				t-Term Ren	ital	5 Land			Self-Rental	!!\			
2	Multi-Family Resid	ence	4 Comm	nercial			6 Roya	aities	8	Other (desc	ribe)			
										Properti	ies:			
Incor	ne:							Α		В			С	
3	Rents received .					3		5	50.					
4	Royalties received	b				4								
Expe														
5						5								
6	Auto and travel (s					6								
7	Cleaning and mai					7		1,2	50.					
8	Commissions .					8								
9	Insurance					9								
10	Legal and other p					10								
11	Management fees					11		1,5	50.					
12	Mortgage interest			•	,	12								
13	Other interest .					13			- 0					
14	Repairs					14		2,9						
15	Supplies					15		2,4	50.					
16 17	Taxes					16 17		1,9	E 0					
18	Utilities					18		1,9	50.					
19	Depreciation expe					19								
20	Other (list) Total expenses. A	dd line	es 5 through	10		20		10,1	5.0					
21	Subtract line 20 fr		J			20		10,1	50.					
4 1	result is a (loss), s		` ,		,									
	file Form 6198 .				•	21		-9,6	00.					
22	Deductible rental					<u> </u>		, -	-					
	on Form 8582 (se					22	(9,60	0.)	()()
23a	Total of all amoun		,						23a		550).		
b	Total of all amoun	-							23b					
С	Total of all amoun								23c					
d	Total of all amoun	-							23d					
е	Total of all amoun	-							23e	10	,150).		
24	Income. Add pos	sitive a	amounts show	n on line	e 21. Do no	t inclu	de any lo	osses			. 2	24		
25	Losses. Add roya	Ity loss	ses from line 2	1 and ren	tal real esta	te loss	es from li	ne 22. E	nter to	tal losses he	re 2	25 (9,60	0.
26	Total rental real	estate	and royalty	income	or (loss).	Comb	ine lines	24 and	25. E	nter the resu	ult			
	here. If Parts II,										on			
	Schedule 1 (Form	1040)	, line 5. Other	wise, ind	clude this a	mount	in the to	tal on li	ne 41	on page 2	. 2	26	-9,60	00.

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 Identifying number ANANTH KUMAR KAMBHAMPATI & KARISHMA GUNDA 737-73-7817 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) **1a** Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 9,600. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -9,600. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) 2a **b** Activities with net loss (enter the amount from Part V, column (b)) . . . 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (**d** Combine lines 2a, 2b, and 2c 2d 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 -9,600.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 Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 4 9,600. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 100,315. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 8 24,843. Enter the **smaller** of line 4 or line 8 9 9 9,600. **Total Losses Allowed** Part III 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 9,600. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 9,600. 9,600. 1-50 , DAMMAPETA

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

0.

9,600.

Form 8582 (2022)

,									. 490 🗕	
Part V Complete This Part Befor	еР	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.				
A1		Currer	nt year		Prior ye	ears	Overa	ll ga	gain or loss	
Name of activity	(a) Net income (line 2a)		(b) (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss	
	-									
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II,	, Line 9. S	ee instruc	tions.				
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a).	
1-50 ,DAMMAPETA		E Ln 22	9,600.		1.00000000		9,600		0.	
	\vdash									
Total				9,600.	1.00)	9,60	0.	0.	
Part VII Allocation of Unallowed L	os:	ses. See instr	uction				·			
Name of activity	Form or sche and line num to be reporte (see instructi		mber ed on (a) L		Loss		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Allowed Losses. See list	ucti		adula							
Name of activity	Form or sche and line nun to be reporte (see instruct		mber ed on (a) L		_oss	(b) Ur	nallowed loss	(c) Allowed loss	
Total										

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

ANA KAR 723 IRV B Fili C Ch	-73-7817 1991 639-97-3858 1993 INTH KUMAR KAMBHAMPATI ISHMA GUNDA COWBOYS PKWY 2065 ING TX 75063 ANANTH.KAMBHAMPATI@GMAIL.COM Ing status: Single Married filing jointly Married filing separately Widowed Head of heck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Seck the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR Part-year resident - Attach Sch. NR	Spouse Attach Sch	
Ste 1 2 3 4	P 2: Income Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	1 2 3 4	90,715.00 .00 .00 90,715.00
Ste 5 6 7 8 9	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	.00 .00 .00 .00 8	.00 90,715 _{.00}
-	p 4: Exemptions a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d.		4,850 _{.00}
11	P 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule N. Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero.	NR.11 12 13 14	45,940.00 2,274.00 .00 2,274.00
Ste 15 16 17 18 19	p 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	00 00 00 00 18	0.00 2,274.00
Ste 20 21 22 23	P 7: Other Taxes Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22.	20 21 22 23	.00 0.00 .00 2,274.00



24	Total ta	x from Page	1, Line 23.						24	2,274.00
Ste	р 8: Рау	ments and	l Refunda	ble Credit						
				ch Schedule IL-W				25 2	<u>,402.00</u>	
				ed from a prior yea				26	.00	
	_			Schedule K-1-P o				27	.00	
28	Pass-thro	ough entity ta	x credit. Att	ach Schedule K-1	-P or K-1-T.			28	.00	
29	Earned I	ncome Credi	t from Sche	dule IL-E/EIC, Step	4, Line 8. A	ttach S	chedule IL-E/EIC	C. 29	.00	
30	Total pa	yments and	refundable	e credit. Add Lines	25 through	29.			30	2,402.00
Ste	p 9: Tota	al								
		-		subtract Line 24 fror					31	128.00
32	If Line 24	is greater that	an Line 30, s	subtract Line 30 from	m Line 24.				32	.00
Ste	p 10: Ur	nderpaymei	nt of Estim	nated Tax Penalt	y and Don	ations	S			
			-	ayment of estimate				33	.00	
				of your federal gro			•			
		-	•	e are 65 or older a	-	-	-	-		_
	_	-		ot received evenly	during the	year an	id you annuali	zed your income	on Form IL-221	0.
		ach Form IL		ired to file on Illino	ام المطانية الما	lnaam	o Tov kotuko ir	the province to		
		-	-	ired to file an Illino Attach Schedule G		Incom	e iax return ir	34	.00	
		-		dd Lines 33 and 3				J-T	<u></u> 35	.00
		efund or Ar			т.					.00
			•				05 11 1	05 ().	0.4	
	-			1 and this amount	is greater th	an Line	e 35, subtract	Line 35 from Line	9 31. 36	128.00
	•	our overpay ı from Line 36		funded to you . Ch	ock one ho	v on Lir	no 38. Soo ins	tructions	36 37	128.00
			•	-	ieck Olie Doz	V OII LII	ie 56. See iiis	iractions.	37	
		to receive m			la :6a al	حالف الماما	:- h			
		-		the information be				1 []		
		You may also co o college saving		Routing number	1 2 1 0	0	0 3 5 8	× Check	ing or Savir	gs
		here. See instri		Account number	3 2 5 0	2	1 5 6 3	4 1 8		
	h 🗆 na	per check.								
		=	d forward	Subtract Line 37 fro	om Lino 36	Soo inc	etructions		39	.00
							structions.		39	.00
	-			2, add Lines 32 an 1 and this amount			=			
				is is the amount y					40	.00
				•			uctions.			.00
Ste	p 12: H	ealth Insui	rance Che	ckbox and Sign	ature					
41				share your income					rder to determin	e
	your	eligibility for	health insu	rance benefits. Se	e instruction	is for m	ore information	on.		
Sia	nature -	Note: If this i	is a ioint rotu	ırn, both you and yo	nur enguea n	nuet ein	ın helow			
_			-	at I have examine		_		mv knowledge. it	is true, correct	and complete.
			,,							
Sign	You	r signature		Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone	number
Here									(470) 756	-9399
Daid	Print	t/Type paid pre	parer's name	e	Paid prepare	r's signa	ature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid		M PRIYA RAM S	AGAR GUPTA :	TALLAM	SYAM PRIYA F	RAM SAGA	R GUPTA TALLAM	04/12/2023	self-employed	P02082703
Prepai Use O	Firm	's name	▶ GLOBAI	TAXES LLC				Firm's FEIN	84317196	5
J30 0		's address	▶ 245 RC	ONEY CT E	BRUNSWIC	KNJ 0	8816	Firm's phone	(678) 965	-9522
Third	Des	ignee's name	(please print)			Design	nee's phone nur	mber	Check if the	Department may
Party						/	\	-	discuss this re	turn with the third
Desig	nee						party designed	e shown in this step.		
		Refer to	o the 202	22 IL-1040 Ins	struction	s for	the addre	ess to mail y	our 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

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

	A KAMBHAMPATI & K GUNDA	7 3 7 _ 7 3 _ 7 8 1 7							
	Your name as shown on your Form IL-1040	Your Social Security number							
3	tep 1: Provide the following information								
	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," STOP you	cannot use this form (see instructions).							
2	If you, or your spouse if "married filing jointly," were a part-year reside	ent during the tax year, tell us your residency dates for 2022.							
8	I lived in Illinois from <u>01</u> / <u>01</u> / <u>2</u> 2 to <u>06</u> / <u>30</u> / <u>2</u> 2 Month Day Year Month Day Year	ived in $\frac{\text{Texas}}{\text{State}}$ from $\frac{07}{01} / \frac{01}{22}$ to $\frac{12}{21} / \frac{31}{22}$ State Month Day Year Month Day Year							
k	My spouse lived in Illinois from <u>01</u> / <u>01</u> / <u>2</u> 2 to <u>06</u> / <u>30</u> / <u>2</u> 2 Month Day Year Month Day Yea	•							
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spou								
ļ	lowa Kentucky Michigan List any state other than Illinois or any states already indicated on Lir Enter the two-letter abbreviation of that state.	Wisconsin Military Spouse ne 2 or 3 above, that you claimed residency for tax purposes in 2022.							

Step 2: Complete Form IL-1040

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

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

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

				Column A Federal Total	Column B Illinois Portion
П	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	100,315.00	48,535.00
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_	.00	.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 _	.00	.00
١.	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	
	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	
<u> </u>	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
П		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-9,600 <u>.00</u>	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	48,535.00
	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

St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	48,535.00
1	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
1	23	Certain business expenses of reservists, performing artists, and fee-basis			
1		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 _		.00
1	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 _	.00	.00
e	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
15		Schedule 1, Line 14)			.00
to Income		Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 _	.00	.00
	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	~=		
		Schedule 1, Line 16)			
djustments		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			
۱ē		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			
ᄩ		Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 _	.00	
Sn		IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 _	.00	
Ϊ́Θ	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
ام		RESERVED			
1		Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)			
1		Other adjustments (see instructions)	35 _	.00	
1	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
1		adjustments to income.		36	
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 _	90,715 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss inc	ome. 38	48,535. <u>00</u>
djustments		Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)		Form IL-1040 Total	Illinois Portion
St		Other additions (Form IL-1040, Line 3)		.00	.00.
,⊒	41				.00 .00 48,535.00
	41	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	40 _	.00 41	.00 48,535.00
Adj		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)	40 _	.00 41	.00.
<		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,	40 _	.00 41 .00	
ois A	43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	40 _ 42 _ 43 _	.00 41 .00	.00 48,535.00 .00
ois A	43 44	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)	40 _	.00 41 .00	
Illinois A	44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	40 _ 42 _ 43 _	.00 41 .00 .00	.00 48,535.00 .00 .00
Illinois A	43 44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax	40 _ 42 _ 43 _	.00 41 .00 .00	.00 48,535.00 .00 .00
Illinois A	43 44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	40 _ 42 _ 43 _	.00 41 .00 .00	.00 48,535.00 .00 .00 .00 .00
St	43 44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	40 _ 42 _ 43 _	.00 41 .00 .00 .00 .45	.00 48,535.00 .00 .00
St	44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 45	.00 48,535.00 .00 .00 .00 .00
St	43 44 45 ep 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 .45	.00 48,535.00 .00 .00 .00 .00
St	43 44 45 ep 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 .00 45	.00 48,535.00 .00 .00 .00 .00
St	43 44 45 ep 46 47 48	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.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 .00 45 46 90,715.00	.00 48,535.00 .00 .00 .00 .00
St	43 44 45 ep 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 .00 45	.00 48,535.00 .00 .00 .00 .00
Calculations A Illinois A	43 44 45 ep 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 .00 45 46 .90,715.00 0 • 535 4,850.00	.00 48,535.00 .00 .00 .00 .00
Calculations A Illinois A	43 44 45 ep 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 .00 45 46 90,715.00	.00 48,535.00 .00 .00 .00 .00
St	43 44 45 ep 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 .00 .45 46 90,715.00 0 • 535 4,850.00	.00 48,535.00 .00 .00 .00 .00 .00
Calculations A Illinois A	43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49 _	.00 41 .00 .00 .00 .00 45 46 .90,715.00 0 • 535 4,850.00	.00 48,535.00 .00 .00 .00 .00
Calculations A Illinois A	43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than z	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49 _	.00 41 .00 .00 .00 .00 .45 46 90,715.00 0 • 535 4,850.00	.00 48,535.00 .00 .00 .00 .00 .00
Calculations A Illinois A	43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49 _	.00 41 .00 .00 .00 .00 .45 46 90,715.00 0 • 535 4,850.00	.00 48,535.00 .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 Attachment No. 31

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

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

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

Your name as shown o	on Form IL-1040		Your Social Se	7 3 7 - 7 3 - 7 - 7 3 - 7 8 1 7 7 Your Social Security number							
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gross ns, Compensation, etc.	Illinois Wage	olumn D es, Winnings, Gros , Compensation, e	s III	Column E inois Income Tax Withheld				
W	20-8469220 000	\$	95 , 315 .00	\$	48,535 .00	\$	2,402 •00				
2		\$	•00	\$	•00	\$	•00				
3		\$	•00	\$	•00	\$	•00				
1		\$	•00	\$	•00	\$	<u>•00</u>				
		¢	•00	\$	•00	\$	•00				
Step 2: Provide s	pouse's withholding re	ecords (inc	lude all W-2 and		that show Illi						
Step 2: Provide s KARISHMA GUNDA Your spouse's name a	pouse's withholding re	ecords (inc	lude all W-2 and	9 _ 9 Social Security	7 number - 3	3 8	_ 5 8				
Step 2: Provide s	pouse's withholding re	ecords (inc	lude all W-2 and	9 _ 9 Social Security Co Illinois Wage		3 8 (s III					
Step 2: Provide s KARISHMA GUNDA Your spouse's name a Column A Form type	pouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer	ecords (inc	lude all W-2 and a grown spouse's S	Social Security Co Illinois Wage Distributions	7 number Dlumn D es, Winnings, Gros	3 8 (s III	5 8 Column E inois Income				
Step 2: Provide s KARISHMA GUNDA Your spouse's name a Column A Form type	pouse's withholding restaurable shown on Form IL-1040 Column B Employer/Payer Identification Number	ecords (inc	lude all W-2 and a grown of the second of th	Social Security Co Illinois Wage Distributions	7 number Dlumn D es, Winnings, Gros , Compensation, e	3 8 s III stc. 1	5 8 Column E inois Income Fax Withheld				
Step 2: Provide s KARISHMA GUNDA Your spouse's name a Column A Form type	pouse's withholding restaurable sensitives with a sensitive sensitive sensitive sensitives with a sensitive sensitiv	ecords (inc Federal Wa Distribution \$\$	lude all W-2 and 6 3 Your spouse's S Column C ages, Winnings, Gross as, Compensation, etc. •00	Social Security Co Illinois Wage Distributions \$	7 number Dlumn D es, Winnings, Gros , Compensation, e	38 s s \$	5 8 Column E inois Income ax Withheld				
Step 2: Provide s KARISHMA GUNDA Your spouse's name a Column A Form type 5 7 8 9	pouse's withholding restaurable services shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal Wander Stribution Federal Wander Stribution	lude all W-2 and a grown of the second of th	Gocial Security Cocial Security Cic Illinois Wage Distributions \$ \$	7 number Dlumn D es, Winnings, Gros , Compensation, e •00 •00	3 8 s III tc. 1 \$ \$	5 8 Column E inois Income Fax Withheld •00				

11 Add the emounts in Column E for Li

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 \$ 2,402.00







Illinois Department of Revenue

					_								_							
Submission ID																				

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-845	33 to the Illinois Depa	rtment of Revenue ι	unless it is requested for review.)
Step 1: Provide taxpayer informat		HAMPATI	7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	first name (and last name if difference)		
Print 723 COWBOYS PKWY 2065	(,	6 3 9 _ 9 7 _ 3 8 5 8
type Mailing address			Spouse's Social Security number
IRVING	TX	75063	(470) 756-9399
City	State	ZIP	Daytime phone number
Step 2: Complete information from	n tax return	Choose one:	X IL-1040 IL-1040-X
1 Net income from Form IL-1040 or II	L-1040-X, Line 11	_	1 <u>45,940</u> l <u>00</u>
2 Tax from Form IL-1040 or IL-1040-2	X, Line 14		2 2,274 <u>00</u>
3 Illinois Income Tax withheld from Fo	orm IL-1040 or IL-1040-X,	Line 25 only (enter "0"	
4 Overpayment from Form IL-1040, L			4 128 100
Total amount due from Form IL-104			51_00_
6 Filing status: Single X Marr	ied filing jointly Marrie	ed filing separately	Widowed Head of household
	ded by international funds. 0 0 3 5 8 2 1 5 6 3 4 Savings cally withdrawn://	Electronic payments will	(e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check.
Step 4: Taxpayer declaration and s	signature (Sign only af	ter completing Step 2	2 and, if applicable, Step 3.)
☐ I consent that my refund may be	e directly deposited as des	ignated in Step 3 and de	eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
withdrawal as designated in the e	electronic portion of my 202 the processing of an electr	22 Illinois Original or Ameronic overpayment of tax	agent to initiate an ACH electronic funds ended Individual Income Tax return. I authorize the less to receive confidential information
I do not want direct deposit of m	y refund, or an electronic	funds withdrawal (direct	debit) of my balance due.
return originator (ERO) are identical. To the and accompanying information may be seen accepted or rejected. If rejected, I at	ie best of my knowledge, m ent to IDOR by my ERO. I aເ	y return is true, correct, ar uthorize IDOR to inform m	-X and the information I provided to my electronic and complete. I consent that my return, this declaration, by ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sign	Date	Spouse's signatu	ure (if joint return, both must sign) Date
Step 5: Electronic return originate I declare that I have examined this taxpa	ayer's electronic Form IL-1 ents of this program and c	040 or IL-1040-X, the in leclare, under penalties and complete.	formation on this Form IL-8453, and accompanying of perjury, that to the best of my knowledge the
ERO's signature		04/12/2023 Date	Check if paid preparer: (See instructions.)
, and the second		Dαισ	D 0 2 0 0 2 7 0 2
ERO GLOBAL TAXES LLC Firm's name or your name if self-employed			
use 245 POONEY CT			_ 8 8 - 2 1 4 5 4 8 7
only Address			Federal employer identification number (FEIN)
E BRUNSWICK	NJ	08816	<u>(678) 965-9522</u>
City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

