

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**  
 ▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name MAHESH VASA	Social security number 818-85-0537
Spouse's name VASANTHA DHARMALA	Spouse's social security number APPLIED FOR

**Part I Tax Return Information — Tax Year Ending December 31, 2022** (Enter year you are authorizing.)

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	91,830.
2 Total tax . . . . .	2	7,500.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	11,342.
4 Amount you want refunded to you . . . . .	4	3,842.
5 Amount you owe . . . . .	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	0	5	3	7
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 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	6	1	9	8	9
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**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions  
 Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (MAHESH), Last name (VASA), Your social security number (818-85-0537), Spouse's social security number (APPLIED FOR), Home address (3102 W WILLOW KNOLLS DRIVE), City (PEORIA), State (IL), ZIP code (61614).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents).

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 84,248.

Table for tax calculations: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount, 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Total income (91,830), 10 Adjustments to income, 11 Adjusted gross income (91,830), 12 Standard deduction or itemized deductions (25,900), 13 Qualified business income deduction, 14 Total deductions (25,900), 15 Taxable income (65,930).

<b>Tax and Credits</b>	<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	7,500.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	7,500.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	7,500.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	7,500.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	11,342.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	11,342.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	11,342.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,842.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,842.
	<b>b</b>	Routing number <u>2 7 1 0 7 0 8 0 1</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <u>1 6 5 3 8 8 5 8 1</u>		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation EMBEDDED SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, <b>both</b> must sign. _____	Date _____	Spouse's occupation HOMEMAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. (312) 863-9974 Email address MVASA1@HAWK.IIT.EDU

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/17/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://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.

Attachment  
Sequence No. **12**

Name(s) shown on return <b>MAHESH VASA &amp; VASANTHA DHARMALA</b>	Your social security number <b>818-85-0537</b>
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Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	1,605,402.	1,728,486.	133,115.	10,031.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	55,779.	58,227.		-2,448.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	22.	24.		-2.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 7,581.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	7,581.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		





**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: **MAHESH VASA & VASANTHA DHARMALA**  
Social security number or taxpayer identification number: **818-85-0537**

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.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/22	12/01/22	22.	24.			-2.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).					22.	24.		-2.

**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.



# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ For use by individuals who are not U.S. citizens or permanent residents.  
 ▶ See separate instructions.

**An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.**

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_  
 MAHESH VASA 818-85-0537
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ▶ \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ▶ \_\_\_\_\_ and treaty article number ▶ \_\_\_\_\_

<b>Name</b> (see instructions) Name at birth if different . . ▶	<b>1a</b> First name VASANTHA	Middle name	Last name DHARMALA
	<b>1b</b> First name	Middle name	Last name

**Applicant's Mailing Address**

**2** Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**  
 3102 W WILLOW KNOLLS DRIVE Apt 301

City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
 PEORIA IL USA 61614

**Foreign (non-U.S.) Address**  
(see instructions)

**3** Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include postal code where appropriate.

**Birth Information**

**4** Date of birth (month / day / year) 04/01/1999 Country of birth INDIA City and state or province (optional) \_\_\_\_\_ **5**  Male  Female

**Other Information**

**6a** Country(ies) of citizenship INDIA **6b** Foreign tax I.D. number (if any) \_\_\_\_\_ **6c** Type of U.S. visa (if any), number, and expiration date \_\_\_\_\_

**6d** Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other \_\_\_\_\_ Date of entry into the United States (MM/DD/YYYY): \_\_\_\_\_

Issued by: INDIA No.: U859683 Exp. date: 12/22/2029

**6e** Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?  
 **No/Don't know.** Skip line 6f.  
 **Yes.** Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

**6f** Enter ITIN and/or IRSN ▶ **ITIN** \_\_\_\_\_ **IRSN** \_\_\_\_\_ and name under which it was issued ▶ \_\_\_\_\_  
 First name Middle name Last name

**6g** Name of college/university or company (see instructions) ▶ \_\_\_\_\_  
 City and state ▶ \_\_\_\_\_ Length of stay ▶ \_\_\_\_\_

**Sign Here**  
 Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

**Acceptance Agent's Use ONLY**

Signature	Date (month / day / year)	Phone
Name and title (type or print)	Name of company	Fax
	EIN	PTIN
	Office code	

**2022 Form OR-40-N**  
**Oregon Individual Income Tax Return for Nonresidents**

Oregon Department of Revenue

Page 1 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Extension filed
- Form OR-24
- Amended return.  
If amending for an NOL tax year (YYYY)  Form OR-243  
NOL, tax year the  Federal Form 8379  
NOL was generated:  Federal Form 8886
- Calculated with "as if" federal return  Federal Form 8886
- Short-year tax election  Disaster relief
- Employment exception  Military



First name Initial Date of birth (MM/DD/YYYY)

MAHESH 10/20/1991

Last name

VASA

Social Security number (SSN)

818-85-0537

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

VASANTHA 04/01/1999

Spouse last name

DHARMALA

Spouse SSN

APPLIED FOR

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

3102 W WILLOW KNOLLS DRIVE APT 301

City

PEORIA

Country

USA

State

IL

Phone

312-863-9974

ZIP code

61614

**Filing Status** (check only one box)

- 1.  Single
- 2.  Married filing jointly
- 3.  Married filing separately (enter spouse's information **above**)
- 4.  Head of household (with qualifying dependent)
- 5.  Qualifying surviving spouse



Page 2 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
VASA 818-85-0537

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

6b. Credits for your spouse .....6b. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

Dependents. List your dependents in order from youngest to oldest.

Dependent 1: First name Initial Dependent 1: Last name
Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code \*
[ ] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name
Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code \*
[ ] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name
Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code \*
[ ] Dependent 3: Check if child has a qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents.....6c.

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 2



Page 3 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name VASA SSN 818-85-0537

Note: Reprint page 1 if you make changes to this page.

Table with 4 columns: Income, Federal column (F), Oregon column (S), and description. Rows include wages (84,248.00), interest (1.00), dividends, tax refunds, alimony, business income, capital gain (7,581.00), other gains, and IRA distributions.



Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name VASA SSN 818-85-0537

Note: Reprint page 1 if you make changes to this page.

Table with 2 columns: Federal column (F) and Oregon column (S). Rows include items 16-20 with descriptions and numerical values.

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F. 21S.

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F. 22S.

23. Moving expenses from federal Schedule 1, line 14.

23F. 23S.



Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name VASA SSN 818-85-0537

Note: Reprint page 1 if you make changes to this page.

Table with 4 columns: Federal column (F), Oregon column (S), Federal column (F), Oregon column (S). Rows include items 24-29 with descriptions and numerical values.

Additions

Table with 4 columns: Federal column (F), Oregon column (S), Federal column (F), Oregon column (S). Rows include item 30 and item 31 with descriptions and numerical values.



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
 VASA 818-85-0537

**Note: Reprint page 1 if you make changes to this page.**

<b>Subtractions</b>	<b>Federal column (F)</b>	<b>Oregon column (S)</b>
32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.		
32F.		
33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.		
33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33.		
34F.	91,830.00	34S. 16,640.00
35. <b>Oregon percentage</b> (see instructions; not more than 100.0%).....		35. 18.1 %

**Deductions and modifications**

36. Amount from line 34S .....	36.	16,640.00										
37. <b>Oregon itemized deductions.</b> Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 .....	37.	0.00										
38. <b>Standard deduction.</b> Enter your standard deduction .....	38.	4,840.00										
<p><b>You were:</b>      38a. <input type="checkbox"/> 65 or older    38b. <input type="checkbox"/> Blind    Your spouse was:    38c. <input type="checkbox"/> 65 or older    38d. <input type="checkbox"/> Blind</p> <p>Standard deductions</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">Single</th> <th style="padding: 2px;">Married filing jointly</th> <th style="padding: 2px;">Married filing separately</th> <th style="padding: 2px;">Qualifying surviving spouse</th> <th style="padding: 2px;">Head of Household</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$2,420</td> <td style="padding: 2px;">\$4,840</td> <td style="padding: 2px;">\$2,420 or \$0</td> <td style="padding: 2px;">\$4,840</td> <td style="padding: 2px;">\$3,895</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent.                      See instructions if you are married filing separately.</p>			Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household	\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895
Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household								
\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895								
39. Enter the larger of line 37 or 38.....	39.	4,840.00										
40. 2022 federal tax liability ( <b>see instructions</b> ).....	40.	7,250.00										
41. Total modifications from Schedule OR-ASC-NP, line D7 .....	41.											
42. Deductions and modifications multiplied by the Oregon percentage (see instructions).....	42.	2,188.00										



Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
 VASA 818-85-0537

**Note: Reprint page 1 if you make changes to this page.**

**Deductions and modifications** (continued)

43. Charitable art donation (see instructions)..... 43.  
 44. Total deductions and modifications. Add lines 42 and 43..... 44. 2,188.00  
 45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than  
 line 36, enter 0 ..... 45. 14,452.00

**Oregon tax**

46. **Tax.** Check the appropriate box if you're using an alternative method to  
 calculate your tax (see instructions)..... 46. 825.00  
 46a.  Schedule OR-FIA-40-N    46b.  Worksheet FCG    46c.  Schedule OR-PTE-NR  
 47. Interest on certain installment sales ..... 47.  
 48. Total tax before credits. Add lines 46 and 47 ..... 48. 825.00

**Standard and carryforward credits**

49. Exemption credit (see instructions)..... 49. 79.00  
 50. Total standard credits from Schedule OR-ASC-NP, line E16..... 50.  
 51. Total standard credits. Add lines 49 and 50 ..... 51. 79.00  
 52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than  
 line 48, enter 0 ..... 52. 746.00  
 53. Total carryforward credits used this year from Schedule OR-ASC-NP, line F9.  
 Line 53 can't be more than line 52 (see Schedule OR-ASC and  
 OR-ASC-NP Instructions) ..... 53.  
 54. Tax after standard and carryforward credits. Line 52 minus line 53 ..... 54. 746.00  
 55. Total tax recaptures reported this year from Schedule OR-ASC-NP, line G5 ..... 55.





Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name VASA SSN 818-85-0537

Note: Reprint page 1 if you make changes to this page.

Standard and carryforward credits (continued)

56. Tax including tax recaptures. Line 54 plus line 55 ..... 56. 746.00

Payments and refundable credits

57. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 57. 1,214.00

58. Amount applied from your prior year's tax refund ..... 58.

59. Estimated tax payments for 2022. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 58 ..... 59.

60. Tax payments from a pass-through entity ..... 60.

61. Earned income credit (see instructions)..... 61.



63. Total refundable credits from Schedule OR-ASC-NP, line H7..... 63.

64. Total payments and refundable credits. Add lines 57 through 63 ..... 64. 1,214.00

Tax to pay or refund

65. Overpayment of tax. If line 56 is less than line 64, you overpaid. Line 64 minus line 56 ..... 65. 468.00

66. Net tax. If line 56 is more than line 64, you have tax to pay. Line 56 minus line 64 ..... 66.

67. Penalty and interest for filing or paying late (see instructions) ..... 67.



Page 9 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name VASA SSN 818-85-0537

Note: Reprint page 1 if you make changes to this page.

68. Interest on underpayment of estimated tax. Include Form OR-10 ..... 68.

Exception number from Form OR-10, line 1: 68a. Check box if you annualized: 68b. [ ]

69. Total penalty and interest due. Add lines 67 and 68..... 69.

70. Net tax including penalty and interest. Line 66 plus line 69 ..... This is the amount you owe. 70.

71. Overpayment less penalty and interest. Line 65 minus line 69 ..... This is your refund. 71. 468.00

72. Estimated tax. Fill in the portion of line 71 you want applied to your open estimated tax account ..... 72.

73. Charitable checkoff donations from Schedule OR-DONATE, line 30 ..... 73.

74. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 ..... 74.

75. Total. Add lines 72 through 74. The total can't be more than your refund on line 71..... 75.

76. Net refund. Line 71 minus line 75 ..... This is your net refund. 76. 468.00

Direct deposit

77. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: [ ]

Type of account:

[X] Checking or

[ ] Savings

Account information:

Routing number

Account number

271070801

165388581

Reserved



Page 10 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name VASA SSN 818-85-0537

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Your signature

X Date (MM/DD/YYYY)

Spouse signature

X Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SYAM PRIYA RAM SAG

Date (MM/DD/YYYY) Preparer phone Preparer license number

02/17/2023 678-965-9522

Preparer first name Initial Preparer last name

SYAM P RAM SAGAR GUPTA TALLAM

Preparer address

245 ROONEY CT

City State ZIP code

E BRUNSWICK NJ 08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due (shown on line 70)

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2022 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 11 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VASA

818-85-0537

**Note: Reprint page 1 if you make changes to this page.**

**Amended statement.** Complete this section only if you're amending your 2022 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.







24 Total tax from Page 1, Line 23. 24 3,560.00

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 3,684.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00

28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 .00

29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 29 .00

30 **Total payments and refundable credit.** Add Lines 25 through 29. 30 3,684.00

**Step 9: Total**

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 124.00

32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

**Step 10: Underpayment of Estimated Tax Penalty and Donations**

33 Late-payment penalty for underpayment of estimated tax. 33 .00

a  Check if at least two-thirds of your federal gross income is from farming.

b  Check if you or your spouse are 65 or older and permanently living in a nursing home.

c  Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.

d  Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

34 Voluntary charitable donations. **Attach** Schedule G. 34 .00

35 **Total penalty and donations.** Add Lines 33 and 34. 35 .00

**Step 11: Refund or Amount you owe**

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment**. 36 124.00

37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 124.00

38 I choose to receive my refund by

a  **direct deposit** - Complete the information below if you check this box.

*You may also contribute to college savings funds here. See instructions!*

Routing number	2 7 1 0 7 0 8 0 1	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	1 6 5 3 8 8 5 8 1		

b  **paper check**.

39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 .00

40 If you have an amount on Line 32, add Lines 32 and 35. **- or -**  
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the **amount you owe**. See instructions. 40 .00

**Step 12: Health Insurance Checkbox and Signature**

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

**Signature - Note:** If this is a joint return, both you and your spouse must sign below.  
**Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.**

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number		
					(312) 863-9974		
<b>Paid Preparer Use Only</b>	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Paid Preparer's PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM		SYAM PRIYA RAM SAGAR GUPTA TALLAM		02/17/2023	<input type="checkbox"/>	P02082703
	Firm's name	GLOBAL TAXES LLC		Firm's FEIN	843171965		
	Firm's address	245 ROONEY CT E BRUNSWICKNJ 08816		Firm's phone	(678) 965-9522		
<b>Third Party Designee</b>	Designee's name (please print)			Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.	
				( )			

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



Illinois Department of Revenue

# 2022 Schedule CR Credit for Tax Paid to Other States

Attach to your Form IL-1040

IL Attachment No. 17

## Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; **and**
- you paid income tax to another state on income you earned while you were an Illinois resident; **and**
- the income subject to the other state's tax is included in your Illinois base income; **and**
- you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should **not** file this schedule if

- you were a **nonresident** of Illinois during the entire tax year; **or**
- you did **not** pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

## Step 1: Provide the following information

MAHESH VASA & VASANTHA DHARMALA

Your name as shown on your Form IL-1040

8 1 8 - 8 5 - 0 5 3 7

Your Social Security number

## Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



**Illinois residents:** In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

**Part-year residents:** In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
---	--

Read the instructions before completing this step.

Income		Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	84,248.00	16,640.00
2	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	1.00	0.00
3	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	.00	
5	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	.00	
6	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	.00	.00
7	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	7,581.00	0.00
8	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	.00	.00
9	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	.00	
10	Pensions and annuities (federal Forms 1040 or 1040-SR, Line 5b)	.00	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	.00	.00
12	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	.00	.00
13	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	.00	.00
14	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	.00	
15	Other income. <b>See instructions.</b> (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Identify each item. _____	.00	.00
16	Add Columns A and B, Lines 1 through 15.	91,830.00	16,640.00

Continue with Step 2 on Page 2 →

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.



	Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
<b>17</b> Enter the amounts from Page 1, Line 16.	91,830.00	16,640.00
<b>18</b> Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	.00	.00
<b>19</b> Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	.00	.00
<b>20</b> Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	.00	.00
<b>21</b> Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	.00	.00
<b>22</b> Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	.00	.00
<b>23</b> Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)	.00	.00
<b>24</b> Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 17)	.00	.00
<b>25</b> Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	.00	.00
<b>26</b> Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	.00	.00
<b>27</b> IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	.00	.00
<b>28</b> Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	.00	.00
<b>29</b> RESERVED	.00	.00
<b>30</b> Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	.00	.00
<b>31</b> Other adjustments. <b>See instructions.</b>	.00	.00
<b>32</b> Add Columns A and B, Lines 18 through 31.	.00	.00
<b>33</b> Subtract Columns A and B, Line 32 from Line 17.	91,830.00	16,640.00

Adjustments to Income

### Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
--	--	--

<b>34</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	.00	.00
<b>35</b> Other additions (Form IL-1040, Line 3)	.00	.00
<b>36</b> Add Columns A and B, Lines 33, 34, and 35.	91,830.00	16,640.00
<b>37</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	.00	.00
<b>38</b> Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	.00	.00
<b>39</b> Other subtractions (Form IL-1040, Line 7)	.00	.00
<b>40</b> Add Columns A and B, Lines 37 through 39.	.00	.00
<b>41</b> Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	91,830.00	16,640.00

Illinois Adjustments

Continue to Page 3 →





## Step 4: Figure your Schedule CR decimal

		Column A	Column B
<b>Decimal</b>	42	Enter the amount from Line 41, Column A and Column B.	91,830.00
	43	Divide Column B, Line 42 by Column A, Line 42 (round to three decimal places). Enter the appropriate decimal. If Column B, Line 42 is greater than Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53.	0.181

## Step 5: Part-year residents only (Full year residents, go to Step 6.)

<b>Part-Year Only</b>	44	Enter the base income from your Form IL-1040, Line 9.	
	45	Divide Column A, Line 42 by Line 44 (round to 3 decimal places). Enter the appropriate decimal. If Column A, Line 42 is greater than Line 44, enter 1.000.	
	46	Enter the exemption amount from Form IL-1040, Line 10.	
	47	Multiply Line 45 by Line 46.	
	48	Subtract Line 47 from Column A, Line 42.	
	49	Multiply Line 48 by 4.95% (.0495). Enter this amount on Step 6, Line 52, and continue on to Step 6, Line 50.	

## Step 6: Figure your credit

<b>Credit for Tax Paid to Other States</b>	50	If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin	
	51	Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include <b>only</b> : • State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2. • City or local government withholding from Form W-2 when a tax return is not required to be filed.	746.00
	52	<b>Illinois Residents:</b> Enter your Illinois tax due from Form IL-1040, Line 12. <b>Part-year Residents:</b> Enter the amount from Step 5, Line 49.	4,306.00
	53	Enter the decimal amount from Step 4, Line 43 here.	0.181
	54	Multiply Line 52 by Line 53.	779.00
	55	Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on Form IL-1040, Line 15. This is your tax credit.	746.00

**Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.**



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	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

MAHESH VASA

Your name as shown on Form IL-1040

8 1 8 - 8 5 - 0 5 3 7

Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	82-0602482 000	\$ 84,248.00	\$ 67,608.00	\$ 3,684.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

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

VASANTHA DHARMALA

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

A P P L I E D F O R

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 3,684.00

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



Illinois Department of Revenue

Submission ID

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

MAHESH VASANTHA DHARMALA VASA 8 1 8 - 8 5 - 0 5 3 7
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
3102 W WILLOW KNOLLS DRIVE 301 A P P L E D F O R
Mailing address Spouse's Social Security number
PEORIA IL 61614 (312) 863-9974
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [ ] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 86,980 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 4,306 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 3,684 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 124 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [ ] Single [X] Married filing jointly [ ] Married filing separately [ ] Widowed [ ] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 2 7 1 0 7 0 8 0 1
8 Account no. (AN): 1 6 5 3 8 8 5 8 1
9 Type of account: [X] Checking [ ] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[ ] 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.
[ ] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 02/17/2023 Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Your PTIN P 0 2 0 8 2 7 0 3
245 ROONEY CT Mailing address 8 8 - 2 1 4 5 4 8 7
E BRUNSWICK NJ 08816 Federal employer identification number (FEIN) (678) 965-9522
City State ZIP Daytime phone number

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

Do not mail Form IL-8453 and these documents unless requested for review.

