# 8879 **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

Internal Revenue Service Got to WWW.IIS.gov// Office/offic	····	
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
LAKSHMANA KUMAR KILARI	270-89-	2461
Spouse's name		al security number
Down I Tou Deturn Information Tou Very Finding Decomber 04 0000		
	Enter year you ar	e autnorizing.)
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.	I	4 00 610
1 Adjusted gross income	+	92,612.
<ul> <li>Total tax</li></ul>	+	2 13,145. 3 16,956.
4 Amount you want refunded to you		= 0,300.
5 Amount you want returned to you		<b>4</b> 3,811.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get		-
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amount		
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended).	the U.S. Treasury an ant indicated in the taustitution to debit the eminate the authorization requests must be in the processing of the payment. I furth	d its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of ner acknowledge that the
Electronic Funds Withdrawal Consent.		
Taxpayer's PIN: check one box only	. 511 9	2 4 6 1
X I authorize GLOBAL TAXES LLC to enter or general section to enter or general section between the section of t	Ente	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	e▶	
Spause's DIN shock are hex only		
Spouse's PIN: check one box only	avata my DINI	
I authorize to enter or gene	-	as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		•
Spouse's signature ▶ Date	a <b>N</b>	
Spouse's signature ► Date  Practitioner PIN Method Returns Only—continue b		
Part III Certification and Authentication — Practitioner PIN Method Only	CIOW	
Oel till Cation and Address Cation — Fractitioner File Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 Don't ente	.   -   -   -   -
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommendation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Provide	submitting this retur	n in accordance with the
ERO's signature ▶ Date	e <b>&gt;</b>	
ERO Must Retain This Form — See Instruction		

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



OMB No. 1545-007

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

Filing Status Check only	<b>X</b> 5	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	☐ Head of	house	hold (HOH	)		lifying sur use (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you cl	necke	ed the HOH or	r QSS	box, enter	the o		٠,		ng
Your first name	and mi	ddle initial	Last nar	ne					Y	our so	cial secur	ity number	_
LAKSHMAN	IA KI	JMAR	KILA	RI					2	70-8	39-246	1	
If joint return, s	pouse's	s first name and middle initial	Last nar	me					Sı	oouse'	s social se	curity numl	ber
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.				ion Campai	ign
72 WHISE	PERI	NG DR									nere if you	, ,	ተባ
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	State	е	ZIP o	ode				ntly, want \$ . Checking	
STREAMWO	OOD				IL		601	.07	b	ox belo	ow will no	t change	
Foreign country	/ name		F	Foreign province/state/o	county	/	Forei	gn postal co	de yo	our tax	or refund	l. ☐ Spou	use
 Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	paym	ent for prope	rty or	services);	or (b)	sell,			—
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	st in a digital	asset	)? (See ins	tructi	ons.)	☐ Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent							
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status a	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor		ore Janua				olind	
Dependents				(2) Social security		(3) Relationsh	nip (	•			•	e instruction	,
If more	<b>(1)</b> Fi	rst name Last name		number to you		Child tax cre		k cred	it	Credit for o	ther depende	ents	
than four dependents,								L					
see instructions	s —							L	<u></u>				
and check	ı —							<u>L</u>	<u> </u>			<u> </u>	_
here L	4-	Total amount from Forms (a) M. O. b.	av 1 /aa	- :t				L		4-	1		_
Income	1a	Total amount from Form(s) W-2, be	•	,					•	1a		05,000	<u>•</u>
Attach Form(s)	b	Household employee wages not re							•	1b			—
W-2 here. Also	C C	Tip income not reported on line 1a							•	1c			—
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						•	1e			—	
1099-R if tax	e							•	1f			—	
was withheld.	f	Wages from Form 8919, line 6.							•		_		—
If you did not get a Form	g h	Other earned income (see instructi							•	1g 1h			<u> </u>
W-2, see		Nontaxable combat pay election (s				1i			•	111			÷
instructions.	z	Add lines 1a through 1h	000 111311	uctions)	•		'			1z	1	05,000	
Attach Sch. B	2a		2a		h Ta	xable interes	 t		•	2b		00,000	÷
if required.	3a	' <u>-</u>	3a			dinary divide			•	3b	1	10	_
	4a		4a			ixable amoun				4b			Ť
Standard	5a		5a			xable amoun				5b			_
Deduction for—	6a		6a			xable amoun				6b			_
Single or Married filing	С	If you elect to use the lump-sum e	ection n	nethod, check here (	see i	nstructions)							_
separately, \$12,950	7	Capital gain or (loss). Attach Schee				•				7	7	-2,448	
Married filing	8	Other income from Schedule 1, line								8		-9 <b>,</b> 950	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		This is your <b>total inc</b>	ome					9		92,612	
surviving spouse, \$25,900	10	Adjustments to income from Sche		•						10			_
Head of	11	Subtract line 10 from line 9. This is	your <b>ac</b>	djusted gross incon	ne					11		92,612	_
household, \$19,400	12	Standard deduction or itemized	-							12		12,950	
If you checked	13	Qualified business income deducti	on from	Form 8995 or Form	8995	5-A				13			
any box under Standard	14	Add lines 12 and 13								14		12,950	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b> a	axable incom	ne .			15		79 <b>,</b> 662	

	Page 2
13,	Page <b>2</b>
13,	146.
	<u>l.</u>
13	145
10,	0
13,	1. 1. 145. 0. 145.
- ,	
16,	956.
16,	956.
3,	956. 811. 811.
٥,	811.
⊠ No	

Form 1040 (2022) **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . 17 Add lines 16 and 17 . . . . . . . . . . . 18 18 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 . . . . . . . . 20 21 Add lines 19 and 20 . . . . . . . . . . . . 21 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 16,956. Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) . . . . . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 . . . . . . . . . . . . . . . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number 1 2 1 0 0 0 3 5 8 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 3 2 5 0 6 1 1 2 6 9 6 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) . . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) 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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE DEVELOPER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (925)568-6067Email address KILARILAKSHMANKUMAR@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name Use Only

Firm's address

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's EIN

### 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.

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

LAKSHMANA KUMAR KILARI

270-89-2461

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-9,950.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	The second secon	_		
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NH, line 8	10	-9 <b>,</b> 950.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	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	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:	<b></b>		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

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# SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

## **Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

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

Your social security number 270-89-2461

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	1.
2	Credit for child and dependent care expenses from Form 2441 Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$ . $$ .		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 1040-NR,	8	1.
		(co		ued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

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# SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service

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

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

LAKSHMANA KUMAR KILARI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number
270-89-2461

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) Adjustmen to gain or loss Form(s) 8949, line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	1 126	4 502	2	43.	-23.
2	Totals for all transactions reported on Form(s) 8949 with	4,136.	4,502.	3	43.	-23.
_	Box B checked	650.	1,291.			-641.
3	Totals for all transactions reported on Form(s) 8949 with					
	Box C checked	5,537.	7,110.			-1,573.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships,	S corporations,	estates, and tr	usts from		
	Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an	y, from line 8 of y	our Capital Loss	Carryover		
	Worksheet in the instructions				6	( )
7	Net short-term capital gain or (loss). Combine lines 1a	through 6 in colu	ımn (h). If you have	e any long-		
	term capital gains or losses, go to Part II below. Otherwis	e, go to Part III on	the back		7	-2,237.

### 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.		(d) Proceeds	(e) Cost	(g) Adjustmento to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	291.	526.		77.	-158.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	18.	71.			-53.
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	11.	11.			0.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions	13				
14	4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					( )
15	Net long-term capital gain or (loss). Combine lines 88 on the back	•	. ,		15	-211.

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

## Part III Summary

16	Combine lines 7 and 15 and enter the result	16		-2,448.
	• 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.			
	• 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.			
	• 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.			
17	Are lines 15 and 16 <b>both</b> gains?                Yes. Go to line 18.			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see			
	instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:			
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(	2,448.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	▼ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

## **Sales and Other Dispositions of Capital Assets**

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

Department of the Treasury Internal Revenue Service

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

Sequence No. 12A

OMB No. 1545-0074

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T 7 T70	TTD 67		T 7 T T 7 T 7 T	_	 _	_

Social security number or taxpayer identification number 270-89-2461

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.

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.

<ul> <li>X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>☐ (C) Short-term transactions not reported to you on Form 1099-B</li> </ul>										
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).			
ACORNS SECURITIES LLC	01/01/22	07/01/22	4,136.	4,502.	W	343.	-23.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	4,136.	4,502.		343.	-23.			

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.

Form 8949 (2022) Attachment Sequence No. **12A** F

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side LAKSHMANA KUMAR KILARI

Social security number or taxpayer identification number 270-89-2461

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

Part II

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

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

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

<ul> <li>X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>□ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>□ (F) Long-term transactions not reported to you on Form 1099-B</li> </ul>								
1				(e)	Adjustment, if any, to gain or loss If you enter an amount in column (g),			

1 (a) Description of property	(b) (c) Date acquired		Proceeds S	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/30/22	55.	206.			-151.
ACORNS SECURITIES LLC	01/01/22	12/30/22	236.	320.	W	77.	-7.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	001	506			150		
above is checked), or line 10 (if Box	r above is chec	:кеа)	291.	526.		77.	-158.

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

**BAA** REV 02/17/23 PRO Form **8949** (2022)

## **Sales and Other Dispositions of Capital Assets**

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return LAKSHMANA KUMAR KILARI Social security number or taxpayer identification number

270-89-2461

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.

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.

<ul><li>☐ (A) Short-term transactions</li><li>☒ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•			e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Proceeds See the Note below See the separate inst		amount in column (g), ode in column (f).	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/22	06/01/22	650.	1,291.			-641.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above is checked) or line 3 (if Box O)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	650	1 201			-641

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.

Form 8949 (2022) Attachment Sequence No. **12A** Pa

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

LAKSHMANA KUMAR KILARI

Social security number or taxpayer identification number
270-89-2461

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

### Part II

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

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

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

(D)	Long	-term trai	nsactions	reported or	Form(s)	1099-B	showing	basis w	as reported	to the IF	RS (see	Note	above

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

	(F)	Long-term	transactions i	not rep	orted to	you or	า Form	1099-l
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	not reported	to you on Fo	IIII 1099-D				
(a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	Proceeds	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Ćo.)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/30/22	12/30/22	18.	71.			-53.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	18.	71.			-53.		

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

**BAA** REV 02/17/23 PRO Form **8949** (2022)

## **Sales and Other Dispositions of Capital Assets**

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074 Sequence No. 12A

Name(s) shown on	return	
LAKSHMANA	KUMAR	KILARI

Social security number or taxpayer identification number 270-89-2461

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.

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) Object to the form the control of the first term (b) 4000 P object to the city

	<ul><li>A) Short-term transactions</li><li>B) Short-term transactions</li><li>C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	<del>)</del> )
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
COIN	BASE	01/01/22	07/01/22	5,537.	7,110.			-1,573.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				5,537.	7,110.			-1,573.

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.

Form 8949 (2022) Attachment Sequence No. **12A** Pa

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

LAKSHMANA KUMAR KILARI

Social security number or taxpayer identification number
270-89-2461

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

### Part II

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

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

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

ord or and boxes, complete do main, norms with and called box ordered do you moduli	
(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see <b>Note</b> above)	
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	
✓ (F) Long-term transactions not reported to you on Form 1099-B	

K (i ) Long term transactions	ins not reported to you on rount 1099-b							
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, if you enter an enter a c	(h) Gain or (loss) Subtract column (e) from column (d) and		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
COIN BASE	01/01/22	12/30/22	11.	11.			0.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	11.	11.			0.	

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

**BAA** REV 02/17/23 PRO Form **8949** (2022)

# 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.

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

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

Attachment Sequence No.

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

Sequence No. 13
Your social security number

OMB No. 1545-0074

LAKSHMANA KUMAR KILARI 270-89-2461 **Income or Loss From Rental Real Estate and Royalties** Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . В 1a Physical address of each property (street, city, state, ZIP code) H.NO- 145/4b ONGOLE PRAKASAM AP IN 523001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 350 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties Properties: Α В C Income: 610. 3 Rents received 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 1,260. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 920. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 2,470. 14 14 Repairs . . . 15 15 2,800. Supplies 16 16 Taxes 17 17 3,110. 18 18 Depreciation expense or depletion . . . . . . . . . 19 Other (list) 19 20 20 10,560. Total expenses. Add lines 5 through 19 . . . . . . 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must -9,950. file Form 6198 . . . . . . . . . . . . . . . . . . 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 9,950.) 610. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 10,560. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,950. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ... -9,950.

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.

Е	LAK 72 1 STRI	-89-2461 199 SHMANA KUMAR WHISPERING DR EAMWOOD  ng status: X Single	IL Ma	•	COOK MANKUMAR@GI iintly	MAIL.COM arried filing				_	
		eck If someone can cla			1						
	) Che	eck the box if this appl	ies to y	ou during 20	22:  <b></b> Nor	resident - A	Attach Sch. N	NR ∐ Pai	rt-year resident		
	Ste	p 2: Income								(VVnoi	e dollars only)
	1 2	Federal adjusted gros Federally tax-exempt							O-SR. Line 2a.	1 2	92 <b>,</b> 612.00 .00
	3	Other additions. Atta	<b>ch</b> Sche	edule M.		, , , , , , , , , , , , , , , , , , ,			o o,o _a.	3	.00
	4	Total income. Add Li	ines 1 tl	hrough 3.						4	92,612.00
here 🛧	Ste 5 6	o 3: Base Income Social Security benefit received if included in Illinois Income Tax over Schedule 1, Ln. 1.	n Line 1	. Attach Pag	e 1 of federa	al return.	1040-SR,		5		
ns	7	Other subtractions. A							7	.00	
fori	8 9	Add Lines 5, 6, and 7 Illinois base income				tions.				8 9	92,612 <sub>00</sub>
660	_	p 4: Exemptions	. Gubtie	act Line o no	III LIIIC 4.						
Staple W-2 and 1099 forms here		<ul> <li>a Enter the exemptio</li> <li>b Check if 65 or olde</li> <li>c Check if legally bli</li> <li>d If you are claiming of Attach Schedule IL</li> </ul>	er: [ nd: [ depende -E/EIC.	You + D You + D ents, enter the	Spouse Spouse amount fron	# of ched # of ched	ckboxes X	\$1,000 <b>=</b> \$1,000 <b>=</b>	c	.00 .00	2,425.00
St	Cto	Exemption allowand		Lines Toa in	rougn 10a.					10	27123.00
•		p 5: Net Income an Residents: Net inco		btract Line 10	) from Line 9	9.					
T		Nonresidents and p Residents: Multiply I	<i>art-yea</i> ∟ine 11	or residents: by 4.95% (.0	Enter the <b>Illi</b> 495). Canno	<b>nois net ind</b> ot be less th	nan zero.	hedule NR.	Attach Schedu		90,187.00
	13	Nonresidents and p Recapture of investm					edule NR.		•	12 13	.00
7-0	14	Income tax. Add Line								14	4,464.00
104	Ste	o 6: Tax After Nonr	efunda	able Credit	S						
nd IL-1	15 16	Income tax paid to an Property tax and K-1. <b>Attach</b> Schedule ICF	2 educa					R.	15 16	.00	
k a	17	Credit amount from S		e 1299-C. <b>At</b>	tach Schedi	ule 1299-C			17	.00	
r checi	18 19	Add Lines 15, 16, and Tax after nonrefund	d 17. Th	is is the total	of your cred	lits. Cannot	exceed the ta	ax amount		18 19	0.00 4,464.00
Staple your check and IL-1040-V	Ste 20 21	O 7: Other Taxes Household employment Use tax on internet, response to the control of the contro	nail ord	er, or other o		ourchases f	rom UT Work	sheet or U	JT Table	20	.00.
Sta	22	in the instructions. Do			Drogram Ast	and acla	f acceto by ca	mina licas	coo curabaras	<b>21</b> s. <b>22</b>	00.00
<b>V</b>	22 23	Compassionate Use of <b>Total Tax</b> . Add Lines			r rograffi ACI	anu sale 0	i asseis by ga	uriirig licen	see suicharges	22 23	.00 4,464.00



<b>24</b> To	tal tax from Page	1, Line 23.							24	4,464.00
Step 8:	Payments and	Refundabl	e Credit							
	ois Income Tax wit mated payments f						<b>25</b> 5	5,0	78.00	
	uding any overpay						26		.00	
	s-through withhold						27		.00	
	s-through entity ta						28		.00	
	ned Income Credit					chedule IL-E/EIC	. 29		.00	5 050
	al payments and	refundable o	credit. Add Lines	25 through	29.				30	5,078. <u>00</u>
Step 9:				1. 00					04	61.4.00
	ne 30 is greater tha								31 32	.00
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-	): Underpaymen -payment penalty			-	alions	5	33		.00	
	Check if at least				s from	farming	33		00	
_	Check if you or					•	a home.			
_	Check if your inc			•	•	•	•	on	Form IL-221	0.
_	Attach Form IL-		ĺ	,		,	•			
d [	Check if you we	re not require	ed to file an Illino	is Individual	Incom	e Tax return in	the previous tax	х уе	ar.	
	ıntary charitable d						34		.00	
	al penalty and do			4.					35	.00
Step 11	l: Refund or An	nount you	owe							
	u have an amoun		and this amount	is greater th	an Line	e 35, subtract l	Line 35 from Lin	e 3		C1.4
	is your <b>overpay</b> n								36	614.00
	ount from Line 36 y		<b>inded to you</b> . Ch	neck <b>one</b> box	on Lir	ne 38. See inst	ructions.		37	614.00
	oose to receive m									
a ⊵	direct deposit -	- Complete th	e information be	low if you ch	eck th	is box.				
	You may also co		outing number	1 2 1 0	0	0 3 5 8	X Check	king	or Savir	ngs
	to college saving here. See instru		count number	3 2 5 0	6	1 1 2 6	9 6 7	Т		
ь г	7									
	paper check.	I formunard Com	htroat Lina 27 fra	m Lina 26 (	Soo in	structions			20	00
	ount to be <b>credited</b>				see ins	structions.			39	.00
-	u have an amoun				l : 0/	_				
•	ou have an amoun tract Line 31 from								40	.00
			•		e iiisii	uctions.			40	00
Step 12	2: Health Insur	ance Checl	kbox and Sign	ature						
	Check this box if							orde	r to determin	ie
	your eligibility for	nealth insura	ince benefits. Se	e instruction	s for m	nore informatio	n.			
Signatu	ure - Note: If this is	s a ioint returr	n, both you and yo	our spouse m	nust sio	ın below.				
_	enalties of perjur	•			_		ny knowledge, i	it is	true, correct	t, and complete.
Sign			D-4- ( /11/ )	0 1 .						
Here	Your signature		Date (mm/dd/yyyy)	Spouse's sigi	nature		Date (mm/dd/yyyy)		Daytime phone	
	D :						_			3-6067
Paid	Print/Type paid pre			Paid prepare			Date (mm/dd/yyyy)		Check if	Paid Preparer's PTIN
Preparer	SYAM PRIYA RAM SA			SYAM PRIYA R	AM SAGA	R GUPTA TALLAM	02/25/2023			P02082703
Use Only	Firm's name		TAXES LLC				Firm's FEIN	•	84317196	
		245 ROO	NEY CT E	BRUNSWIC	KNJ 0	8816	Firm's phone	•	(678) 965 —	
Third	Designee's name (	(please print)			Design	nee's phone num	nber		_	e Department may
Party Designee					(	)				eturn with the third ee shown in this step.
Designed	-	the noor	)    1040	******	\ o <b>f</b> or	the edder	oo to mail -			
	neier (C	) IIIC 2022	? IL-1040 Ins	งแนบแบก	3 <i>10</i> [	uie auure	ss wildii y	U	ıı returri.	

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 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.

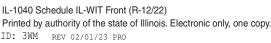
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

Your name as shown o		Your Social Se	<u> </u>	92	4	6 1	
Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross compensation, etc.	Col Illinois Wages	umn D s, Winnings, Gross Compensation, etc	IIIi	Column E nois Income ax Withheld
<b>1</b> W	46-1255133 000	\$1	05,000 <u>•00</u>	<b>\$</b> 1	05,000 <b>.00</b>	\$	5,078 <b>.00</b>
2		\$	•00	\$	•00	\$	•00
			<u>•00</u>	\$	<u>•00</u>	\$	<u>•00</u>
			•00	\$	<u>•00</u>	\$	<u>•00</u>
5		\$	<u>•00</u>	\$	•00	\$	<u>•00</u>
Column A							
• • • • • • • • • • • • • • • • • • • •	Column B Employer/Payer	Federal Wages	umn C ,Winnings, Gross	Illinois Wages	umn D s, Winnings, Gross	IIIi	Column E nois Income
Form type	Employer/Payer Identification Number	Federal Wages Distributions, C	, Winnings, Gross ompensation, etc.	Illinois Wages Distributions,	s, Winnings, Gross Compensation, etc	IIIi	nois Income ax Withheld
Form type  6	Employer/Payer Identification Number	Federal Wages Distributions, C \$	, Winnings, Gross compensation, etc.	Illinois Wages Distributions, (	s, Winnings, Gross Compensation, etc		nois Income ax Withheld •00
Form type  6  7	Employer/Payer Identification Number	Federal Wages Distributions, C  \$	winnings, Gross ompensation, etc.	Illinois Wages Distributions, (	, Winnings, Gross Compensation, etc •00	\$ \$ \$	nois Income ax Withheld •00
Form type  6  7  8	Employer/Payer Identification Number	Federal Wages Distributions, C  \$	winnings, Gross ompensation, etc.  o00  o00  o00	Illinois Wages Distributions, ( \$	, Winnings, Gross Compensation, etc •00 •00	\$ \$ \$ \$	nois Income ax Withheld •00 •00
Form type  6  7  8  9	Employer/Payer Identification Number	Federal Wages Distributions, C  \$	•00 •00 •00 •00	Illinois Wages Distributions, ( \$	, Winnings, Gross Compensation, etc.  •00  •00  •00  •00  •00	\$ \$ \$ \$ \$	nois Income ax Withheld •00 •00
Form type  6  7  8  9	Employer/Payer Identification Number	Federal Wages Distributions, C  \$	•00 •00 •00 •00	Illinois Wages Distributions, ( \$	, Winnings, Gross Compensation, etc.  •00  •00  •00  •00  •00	\$ \$ \$ \$ \$	nois Income ax Withheld •00 •00 •00

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

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.

5,078.00

11 \$\_\_\_



		_		
Submission	ID			

Step	1: Provide taxpayer information			
•	LAKSHMANA KUMAR	KILARI		2 7 0 _ 8 9 _ 2 4 6 1
Drint		me (and last name if different)	Last name	Social Security number
or	72 WHISPERING DR			Constant Constant Constant
type		T.T.	C0107	Spouse's Social Security number (925) 568-6067
	STREAMWOOD City	IL State	60107 ZIP	Daytime phone number
	•			
	2: Complete information from tax		Choose one: X	
	Net income from Form IL-1040 or IL-104	•		1 90,187   00 2 4,464   00
	Tax from Form IL-1040 or IL-1040-X, Lin		OF ambs (ambs: #02 if ma	
	Ilinois Income Tax withheld from Form IL Overpayment from Form IL-1040, Line 3		25 only (enter 0 ii no	4 614   00
	Total amount due from Form IL-1040, Line 3		20	5   00
	Filing status: X Single Married fil			<u> </u>
	3: Complete direct deposit of ref		-	
7   8 / 9   10   11   1	Routing no. (RN): 1 2 1 0 0  Account no. (AN): 3 2 5 0 6  Type of account: X Checking  Date the payment is to be electronically electronic funds withdrawal amount:  Name on account:	0 3 5 8 1 1 2 6 9 6 Savings withdrawn:/_/		be accepted and refunds will be via paper checl
Sten	4: Taxpayer declaration and signa	ture (Sign only after o	completing Step 2 an	d. if applicable. Step 3.)
×	-	ctly deposited as designa	ted in Step 3 and declar	e the information on Lines 7 through 9 is
	I authorize the Illinois Department of withdrawal as designated in the electron financial institutions involved in the princeessary to answer inquiries and response.	onic portion of my 2022 Illi ocessing of an electronic	inois Original or Amende overpayment of taxes to	d Individual Income Tax return. I authorize the
	,		c payment.	
Г	I do not want direct deposit of my refu			t) of my balance due.
returr and a	I do not want direct deposit of my refu or penalties of perjury, I declare the informa or originator (ERO) are identical. To the bes	und, or an electronic fundation on my electronic Forn t of my knowledge, my reti IDOR by my ERO. I author	s withdrawal (direct debin IL-1040 or IL-1040-X arurn is true, correct, and coize IDOR to inform my EF	nd the information I provided to my electronic omplete. I consent that my return, this declaration and/or the transmitter when my return has
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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.

