

# IRS e-file Signature Authorization

▶ **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 RAGAVA REDDY SAMA	Social security number 661-31-3307
Spouse's name TEJA SRI GUDURU	Spouse's social security number 087-15-7291

## 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	105,478.
2	Total tax . . . . .	2	9,138.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	12,848.
4	Amount you want refunded to you . . . . .	4	3,710.
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 

1	3	3	0	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

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 

5	7	2	9	1
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

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
---	---	---	---	---	---	---	---	---	---	---

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:

Your first name and middle initial: RAGAVA REDDY; Last name: SAMA; Your social security number: 661-31-3307
If joint return, spouse's first name and middle initial: TEJA SRI; Last name: GUDURU; Spouse's social security number: 087-15-7291
Home address (number and street): 5403 CHATEAU; Apt. no.: 4; Presidential Election Campaign: [ ] You [ ] Spouse
City, town, or post office: ROLLING MEADOWS; State: IL; ZIP code: 60008
Foreign country name: ; Foreign province/state/county: ; Foreign postal code: ;

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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Income section table with columns for line numbers and amounts. Includes lines 1a through 1z. Total amount from Form(s) W-2, box 1: 115,906.

Table for tax-exempt interest, qualified dividends, and IRA distributions. Includes sub-rows 2a-2b, 3a-3b, 4a-4b.

Standard Deduction for—
• Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.

Table for other income and deductions. Includes lines 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Total taxable income: 79,578.

<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>	9,138.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	9,138.
	<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>	9,138.
	<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>	9,138.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	12,848.
	<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>	12,848.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> NO	<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>	12,848.	

<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>	3,710.
	<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>	3,710.
	<b>b</b>	Routing number <u>2 1 1 3 9 1 8 2 5</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <u>4 6 1 9 5 9 6 2</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 ENGINEERING MANAGER	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 HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. (626) 800-7434 Email address RAGAVA.KF199@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/21/2023	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 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RAGAVA REDDY SAMA & TEJA SRI GUDURU

Your social security number  
661-31-3307

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	183.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-10,611.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-10,428.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment  
Sequence No. **09**

Name of proprietor <b>TEJA SRI GUDURU</b>		Social security number (SSN) <b>087-15-7291</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>AMAZON PAYMENTS, INC.</b>	<b>B</b> Enter code from instructions <b>4 4 5 1 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>TEJA SRI GUDURU</b>	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) <b>5403 CHATEAU, Apt. 4</b> City, town or post office, state, and ZIP code <b>ROLLING MEADOWS, IL 60008</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2022, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	29,956.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	29,956.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	29,956.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	29,956.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	437.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	1,031.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	1,359.
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	500.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	310.
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	26,136.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>				183.
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.



**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b>	Materials and supplies . . . . .	<b>38</b>
<b>39</b>	Other costs . . . . .	<b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 09/15/2022

**44** Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

**a** Business 699    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 8,301

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  Yes     No

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  Yes     No

**47a** Do you have evidence to support your deduction? . . . . .  Yes     No

**b** If "Yes," is the evidence written? . . . . .  Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Inventory Expense	13,290.
Dues & Subscription, CostCO	60.
Interest Paid on Credit Cards	292.
Amazon withhled fees-SERVICES, SHIPPING	8,888.
Total Product Refunds EXPENSE	1,787.
Shipping Credit Refunds EXPENSE	9.
TAXES PAID TO IRS	1,810.
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 26,136.

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **13**

Name(s) shown on return

RAGAVA REDDY SAMA & TEJA SRI GUDURU

Your social security number

661-31-3307

**Part I Income or Loss From Rental Real Estate and Royalties**

**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.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** H.NO 1-179, (VI) AREGUEDEM, (M) CHOUTUPPAL (DI) YAADHADRI, TELANGANA IN 508252

**B**  
**C**

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
				A	B	A	B	A	B
<b>A</b>	3			210		0		<input type="checkbox"/>	
<b>B</b>								<input type="checkbox"/>	
<b>C</b>								<input type="checkbox"/>	

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:		Properties:		
		A	B	C
<b>3</b>	Rents received . . . . .	510.		
<b>4</b>	Royalties received . . . . .			
<b>Expenses:</b>				
<b>5</b>	Advertising . . . . .			
<b>6</b>	Auto and travel (see instructions) . . . . .			
<b>7</b>	Cleaning and maintenance . . . . .	950.		
<b>8</b>	Commissions . . . . .			
<b>9</b>	Insurance . . . . .			
<b>10</b>	Legal and other professional fees . . . . .			
<b>11</b>	Management fees . . . . .	1,400.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)			
<b>13</b>	Other interest . . . . .			
<b>14</b>	Repairs . . . . .	2,100.		
<b>15</b>	Supplies . . . . .	2,860.		
<b>16</b>	Taxes . . . . .			
<b>17</b>	Utilities . . . . .	1,680.		
<b>18</b>	Depreciation expense or depletion . . . . .	2,131.		
<b>19</b>	Other (list) _____			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	11,121.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	-10,611.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	( 10,611. )		
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	510.		
<b>23b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .			
<b>23c</b>	Total of all amounts reported on line 12 for all properties . . . . .			
<b>23d</b>	Total of all amounts reported on line 18 for all properties . . . . .	2,131.		
<b>23e</b>	Total of all amounts reported on line 20 for all properties . . . . .	11,121.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .			
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	( 10,611. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result 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 . . . . .	-10,611.		



# Passive Activity Loss Limitations

See separate instructions.

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

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

RAGAVA REDDY SAMA & TEJA SRI GUDURU

Identifying number

661-31-3307

## Part I 2022 Passive Activity Loss

**Caution:** Complete Parts IV and V before completing Part I.

### Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .	<b>1a</b>	0.	
<b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .	<b>1b</b>	( 10,611.)	
<b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . .	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		-10,611.

### All Other Passive Activities

<b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .	<b>2a</b>		
<b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .	<b>2b</b>	( )	
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . .	<b>2c</b>	( )	
<b>d</b> Combine lines 2a, 2b, and 2c . . . . .	<b>2d</b>		

<b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . .	<b>3</b>		-10,611.
--	----------	--	----------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

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

## Part II Special Allowance for Rental Real Estate Activities With Active Participation

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	<b>4</b>	10,611.
<b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>5</b>	150,000.
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	<b>6</b>	116,089.
<b>7</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	33,911.
<b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>8</b>	16,956.
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	10,611.

## Part III Total Losses Allowed

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .	<b>10</b>	0.
<b>11</b> <b>Total losses allowed from all passive activities for 2022.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . .	<b>11</b>	10,611.

## Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
H.NO 1-179, (VI) AREGUDEM,	0.	10,611.			10,611.
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c	0.	10,611.			

For Paperwork Reduction Act Notice, see instructions.

BAA

REV 03/09/23 PRO

Form **8582** (2022)

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c					

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
H.NO 1-179, (VI) AREGUEDEM,	E Ln 22	10,611.	1.00000000	10,611.	0.
<b>Total</b>		10,611.	1.00	10,611.	0.

**Part VII Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	

**Part VIII Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b>				

**Additional Information From 2022 Federal Tax Return****Schedule C (AMAZON PAYMENTS,INC.): Profit or Loss from Business****Line 25****Itemization Statement**

<b>Description</b>	<b>Amount</b>
UTILITES BILL	92.
PHONE EXPENSE	217.53
<b>Total</b>	<b>310.</b>

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return**

**2022**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Due April 18, 2023  
Place "X" in box  
if amending

Your Social Security Number  661  31  3307

Spouse's Social Security Number  087  15  7291

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  RAGAVA REDDY Initial  Last name  SAMA Suffix

If filing a joint return, spouse's first name  TEJA SRI Initial  Last name  GUDURU Suffix

Present address (number and street or rural route)

5403 CHATEAU 4  Place "X" in box if you are married filing separately.

City  ROLLING MEADOWS State  IL ZIP/Postal code  60008

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2022.

County where you lived  03 County where you worked  03 County where spouse lived  03 County where spouse worked  03

**Round all entries**

- |   |                                      |  |
|---|--------------------------------------|--|
| 1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____            | <b>Indiana Income</b>                | <input type="text"/> 1 <input type="text"/> 45388 <input type="text"/> .00 |
| 2. Enter amount from Schedule B, line 6, and enclose Schedule B _____   | <b>Indiana Add-Backs</b>             | <input type="text"/> 2 <input type="text"/> .00                            |
| 3. Add line 1 and line 2 _____  |                                      | <input type="text"/> 3 <input type="text"/> 45388 <input type="text"/> .00 |
| 4. Enter amount from Schedule C, line 12, and enclose Schedule C _____  | <b>Indiana Deductions</b>            | <input type="text"/> 4 <input type="text"/> .00                            |
| 5. Subtract line 4 from line 3 _____  |                                      | <input type="text"/> 5 <input type="text"/> 45388 <input type="text"/> .00 |
| 6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D _____                   | <b>Indiana Exemptions</b>            | <input type="text"/> 6 <input type="text"/> 860 <input type="text"/> .00   |
| 7. Subtract line 6 from line 5 _____  | <b>Indiana Adjusted Gross Income</b> | <input type="text"/> 7 <input type="text"/> 44528 <input type="text"/> .00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____ |                                      | <input type="text"/> 8 <input type="text"/> 1438 <input type="text"/> .00  |
| 9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____           |                                      | <input type="text"/> 9 <input type="text"/> 779 <input type="text"/> .00   |
| 10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) _____  |                                      | <input type="text"/> 10 <input type="text"/> .00                           |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____  | <b>Indiana Taxes</b>                 | <input type="text"/> 11 <input type="text"/> 2217 <input type="text"/> .00 |

12. Enter credits from Schedule F, line 12 (enclose schedule)   .00
13. Enter offset credits from Schedule G, line 8 (enclose schedule)   .00
14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits**   .00
15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes**   .00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)   .00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16   .00
18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment**   .00
19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).

Enter your county code  county tax to be applied \_\_ \$   .00

Spouse's county code  county tax to be applied \_\_ \$   .00

Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$   .00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) \_\_\_\_\_   .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A \_\_\_\_\_   .00

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund**   .00

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type:  Checking  Savings  Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) \_\_\_\_\_   .00

24. Penalty if filed after due date (see instructions) \_\_\_\_\_   .00

25. Interest if filed after due date (see instructions) \_\_\_\_\_   .00

26. **Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe**   .00

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. See instructions if paying by credit card.

**Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

\_\_\_\_\_  
Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40PNR

Your Social Security Number

RAGAVA REDDY SAMA & TEJA SRI GUDURU

661

31

3307

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	115906.00	1B	45388.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C _____	7A	183.00	7B	0.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Taxable IRA distribution _____	10A	.00	10B	.00
11. Taxable pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-10611.00	12B	0.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). ( <b>Do not</b> include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	105478.00	21B	45388.00





**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet \_\_\_\_\_ 21C  .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_\_ 21D 0.430

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Reserved for future use _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> .00	35B	<input type="text"/> .00

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 \_\_\_\_\_ 36A 105478.00 36B 45388.00



Name(s) shown on Form IT-40PNR

Your Social Security Number

RAGAVA REDDY SAMA & TEJA SRI GUDURU

661 31 3307

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000    1 2000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  x \$1000   2  .00  
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
  - who was under the age of 19 by Dec. 31, 2022; or
  - who is a full-time student who was under the age of 24 by Dec. 31, 2022; and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.  x \$1500   3  .00

4. Place "X" in box(es) below if, by December 31, 2022

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000   4  .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500   5  .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6  x \$3000   6  .00  
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6    7 2000 .00

8. Enter the number from Schedule A, Proration Section, line 21D   8 0.430

9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6  **Total Exemptions**   9 860 .00

Name(s) shown on Form IT-40PNR

Your Social Security Number

RAGAVA REDDY SAMA & TEJA SRI GUDURU

661 31 3307

**Round all entries**

1. Indiana state tax withheld: See instructions _____	1	1449	.00
2. Indiana county tax withheld: See instructions _____	2	785	.00
3. Estimated tax paid for 2022: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line <b>A-3</b> _____ Box A <input type="text"/>			.00
Enter number from Schedule A, Proration Section, line 21D _____ Box B <input type="text"/>			
Multiply Box A by Box B, enter total here _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Adoption Credit _____	10		.00
11. 2022 Additional Automatic Taxpayer Refund: See instructions _____	11		.00
12. Add lines 1 through 11. Enter total here and on Form IT-40PNR, line 12 _____ <b>Total Credits</b>	12	2234	.00

**Schedule IN-DONATE**

**Important:** The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name <input type="text"/>	code no. <input type="text"/>	1a	<input type="text"/>	.00
b. Enter fund name <input type="text"/>	code no. <input type="text"/>	1b	<input type="text"/>	.00
c. Enter fund name <input type="text"/>	code no. <input type="text"/>	1c	<input type="text"/>	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>		2	<input type="text"/>	.00



Name(s) shown on Form IT-40PNR

Your Social Security Number

RAGAVA REDDY SAMA & TEJA SRI GUDURU

661 31 3307

**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2022. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2022	06 01 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2022	12 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	IL	06 01 2022	12 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	IN	01 01 2022	05 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A	IL	06 01 2022	12 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2B	IN	01 01 2022	05 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2022? Place "X" in appropriate box. Yes  No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died *during* 2022, enter date of death (MM/DD).

Taxpayer's date of death   2022 Spouse's date of death   2022

**Authorization: Sign Form IT-40PNR after reading the following statement.**

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime

telephone number

Your email

address

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State  ZIP Code

Preparer's signature



Name(s) shown on Form IT-40PNR

Your Social Security Number

RAGAVA REDDY SAMA & TEJA SRI GUDURU

661 31 3307

**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2022.**

	Column A - Yourself	Column B - Spouse's
1. Enter the amount from IT-40PNR, line 7 (see instructions if you lived in a reciprocal state but worked in Indiana). <b>Note:</b> If both you and your spouse lived in the same county on January 1, enter the entire amount on line 1A only (see instructions) _____	1A 44528.00	1B .00
2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022 _____	2A .0175000	2B .
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____	3A 779.00	3B .00
4. Add lines 3A and 3B. Enter the total here. <b>Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.</b> Otherwise, enter the total here and on line 7 below. _____		4 779.00
5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____		5 .00
6. Multiply line 5 by .0181 and enter total here _____		6 .00
7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____		7 779.00

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2022, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2022**

	Column A - Yourself	Column B - Spouse's
1. Enter your principal employment income (see instructions) _____	1A .00	1B .00
2. Enter deductions. See the complete list of allowable deductions in the instructions _____	2A .00	2B .00
3. Subtract line 2 from line 1 _____	3A .00	3B .00
4. Enter some or all of the exemptions from line 9 of Schedule D (see instructions) _____	4A .00	4B .00
5. Subtract line 4 from line 3 (if less than zero, leave blank) _____	5A .00	5B .00
6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2022 _____	6A .	6B .
7. Multiply the income on line 5 by the rate on line 6 _____	7A .00	7B .00
8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____		8 .00





Name(s) shown on Form IT-40/IT-40PNR/IT-40RNR

Your Social Security Number

RAGAVA REDDY SAMA & TEJA SRI GUDURU

661313307

	<b>A</b> Social Security Number	<b>B</b> Form Code	<b>C</b> Employer or Payer ID Number	<b>D</b> State Income	<b>E</b> State Tax Withheld	<b>F</b> Local Income	<b>G</b> Local Tax Withheld	<b>H</b> Locality Code
1	661313307	W	0137490852 001	4538800	144900	4538800	785000	03
2				00	00	00	00	
3				00	00	00	00	
4				00	00	00	00	
5				00	00	00	00	
6				00	00	00	00	
7				00	00	00	00	
8				00	00	00	00	
9				00	00	00	00	
10				00	00	00	00	
11				00	00	00	00	
12				00	00	00	00	
13				00	00	00	00	
14				00	00	00	00	
15				00	00	00	00	
16				00	00	00	00	
17				00	00	00	00	
18				00	00	00	00	
19				00	00	00	00	
20				00	00	00	00	
21				00	00	00	00	
22				00	00	00	00	
23				00	00	00	00	
24				00	00	00	00	
25				00	00	00	00	
26	Add lines 1 through 25 column E. Enter total on line 1 of IT-40 Schedule 5, or line 1 of IT-40PNR Schedule F, or line 7 of IT-40RNR.				144900			
27	Add lines 1 through 25 column G. Enter total on line 2 of IT-40 Schedule 5, or line 2 of IT-40PNR Schedule F, or line 8 of IT-40RNR.						78500	

**Schedule IN-W Reference Chart**

Form Type	Form Code	Form Type	Form Code	Form Type	Form Code
W2/W2C	W	1099R	R	1099G	U
W2G	G	1099M	M	1099NEC	N







24 Total tax from Page 1, Line 23. 24 3,339.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 3,361.00
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 3,361.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 22.00
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 22.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 22.00
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 1 1 3 9 1 8 2 5 X Checking or Savings
Account number 4 6 1 9 5 9 6 2

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.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer and Third Party Designee.

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



Illinois Department of Revenue  
**2022 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident  
 Computation of Illinois Tax**

IL Attachment No. 2

RAGAVA REDDY SAMA & TEJA SRI GUDURU  
 Your name as shown on your Form IL-1040

6 6 1 - 3 1 - 3 3 0 7  
 Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.  
 a I lived in **Illinois** from 06 / 01 / 22 to 12 / 31 / 22 I lived in Indiana from 01 / 01 / 22 to 05 / 31 / 22  
 Month Day Year Month Day Year State Month Day Year Month Day Year  
 b My spouse lived in **Illinois** from 06 / 01 / 22 to 12 / 31 / 22, and Indiana from 01 / 01 / 22 to 05 / 31 / 22  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**Step 2: Complete Form IL-1040**

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

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

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

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	<u>5</u> 115,906.00	<u>70,518.00</u>
<b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> .00	<u>.00</u>
<b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> .00	<u>.00</u>
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
<b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
<b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> 183.00	<u>183.00</u>
<b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> .00	<u>.00</u>
<b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
<b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
<b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> -10,611.00	<u>0.00</u>
<b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
<b>17</b> Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> .00	<u>.00</u>
<b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
<b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<b>20</b>	<u>70,701.00</u>

Continue with Step 3 on Page 2 →



**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	<b>21</b> Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b>	70,701.00
	<b>22</b> Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	<b>22</b> .00	.00
	<b>23</b> Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	<b>23</b> .00	.00
	<b>24</b> Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	<b>24</b> .00	.00
	<b>25</b> Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	<b>25</b> .00	.00
	<b>26</b> Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	<b>26</b> .00	.00
	<b>27</b> Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	<b>27</b> .00	.00
	<b>28</b> Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	<b>28</b> .00	.00
	<b>29</b> Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	<b>29</b> .00	.00
	<b>30</b> Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	<b>30</b> .00	.00
	<b>31</b> IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	<b>31</b> .00	.00
	<b>32</b> Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	<b>32</b> .00	.00
	<b>33</b> RESERVED	<b>33</b>	
	<b>34</b> Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	<b>34</b> .00	.00
	<b>35</b> Other adjustments (see instructions)	<b>35</b> .00	.00
	<b>36</b> Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b>	.00
	<b>37</b> Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b> 105,478.00	
	<b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	70,701.00

**Step 4: 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	Column B Illinois Portion
<b>Illinois Adjustments</b>	<b>39</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b> .00	.00
	<b>40</b> Other additions (Form IL-1040, Line 3)	<b>40</b> .00	.00
	<b>41</b> Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b>	70,701.00
	<b>42</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b> .00	.00
	<b>43</b> Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	<b>43</b> .00	.00
	<b>44</b> Other subtractions (Form IL-1040, Line 7)	<b>44</b> .00	.00
	<b>45</b> Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b>	.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	<b>46</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	<b>46</b>	70,701.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
	<b>47</b> Enter the base income from Form IL-1040, Line 9.	<b>47</b> 105,478.00	
	<b>48</b> Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b> 0.670	
	<b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b> 4,850.00	
	<b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	3,250.00
	<b>51</b> Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11.	<b>51</b>	67,451.00
	<b>52</b> Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your <b>tax</b> .	<b>52</b>	3,339.00



Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

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

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	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)

RAGAVA REDDY SAMA

Your name as shown on Form IL-1040

6 6 1 - 3 1 - 3 3 0 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	36-3707712	\$ 70,518.00	\$ 70,518.00	\$ 3,361.00
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)

TEJA SRI GUDURU

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

0 8 7 - 1 5 - 7 2 9 1

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 \$ 3,361.00

➔ 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

Form fields for Step 1: RAGAVA REDDY, TEJA SRI GUDURU, SAMA, Social Security number 661-31-3307, Mailing address 5403 CHATEAU 4, ROLLING MEADOWS, IL 60008, Spouse's Social Security number 087-15-7291, (626) 800-7434

Step 2: Complete information from tax return

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

Form fields for Step 2: 1 Net income 67,451.00, 2 Tax 3,339.00, 3 Illinois Income Tax withheld 3,361.00, 4 Overpayment 22.00, 5 Total amount due 0.00, 6 Filing status: [X] Married filing jointly

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.

Form fields for Step 3: 7 Routing no. (RN): 211391825, 8 Account no. (AN): 46195962, 9 Type of account: [X] Checking, 10 Date the payment is to be electronically withdrawn: / /, 11 Electronic funds withdrawal amount: 0.00, 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. [ ] 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 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.

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.

Form fields for Step 5: ERO's signature, Date 03/21/2023, Check if paid preparer: [X] (See instructions.), ERO use only: GLOBAL TAXES LLC, Firm's name or your name if self-employed, Mailing address 245 ROONEY CT, E BRUNSWICK, NJ 08816, Your PTIN P 02082703, Federal employer identification number (FEIN) 88-2145487, (678) 965-9522, 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.

