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.

Submission Identification Number (SID)

| Taxpayer's name | Social security number |
|---|---------------------------------|
| BALAJI PULLURI | 771-69-6929 |
| Spouse's name | Spouse's social security number |
| | |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter | r 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 | 1 103,694. |
| 2 Total tax | 2 15,610. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 17,798. |
| 4 Amount you want refunded to you | 4 2,188. |
| 5 Amount you owe | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I | 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

| X | I authorize | GLOBAL | TAXES | ERO firm name | to enter or generate my PIN | Er |
|-------------------|----------------|--------|-------|---------------|------------------------------|----|
| $\mathbf{\nabla}$ | مسايره والجريم | | | TTO | to enter an exercise out DIN | 19 |

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| Ent dor | er fiv i't en | ve dig iter a | gits, all ze | but ros | aomy |

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

I will enter my PIN as my signature on the income tax return (original or amended) I am 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

| to enter of | or generate | my PIN |
|-------------|-------------|--------|

Enter five digits, but don't enter all zeros

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am 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 > | Da | ate 🖡 | | | | | | |
|---|---------|-------|----|--|------|-----|------|---|
| Practitioner PIN Method Returns Only—co | ontinue | bel | ow | | | | | |
| Part III Certification and Authentication – Practitioner PIN Method | Only | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected | PIN. | 5 | 1 | | | 3 1 | 8 | 9 |

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 | re ► Date ► | | | | | | | | | | |
|---|-------------|------------------|--------------------------|--|--|--|--|--|--|--|--|
| ERO Must Retain This F Don't Submit This Form to the | - | | | | | | | | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 03/22/23 PRO | Form 8879 (Rev. 01-2021) | | | | | | | | |

| 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 No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Yes No Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name Immber Immber <th>1040</th> <th></th> <th>Internal Revenue Servi S. Individual Income Tax</th> <th></th> <th>urn 2</th> <th>202</th> <th>2</th> <th>OMB No. 1545</th> <th>-0074</th> <th>IRS Use O</th> <th>nly—D</th> <th>o not w</th> <th>rite or staple i</th> <th>in this space.</th> | 1040 | | Internal Revenue Servi S. Individual Income Tax | | urn 2 | 202 | 2 | OMB No. 1545 | -0074 | IRS Use O | nly—D | o not w | rite or staple i | in this space. |
|--|---------------------|----------|--|------------------|--------------------|-------------|--------------|----------------|--------|--------------|---------------|---------|------------------|----------------|
| One box If you checked the MFS box, enter the name of your spouse. If you checked the HOH or GSS box, enter the child's name if the qualifying person is a child but noy your dependent: Your for name and middle initial Last name Your social social yourly number BALAUT YOU for name and middle initial Last name Spouse's social social yourly number Joint Daving, spouse's first name and middle initial Last name Spouse's social social yourly number Z3550 BOCA_PTELLO_TER Apl. no. Presidential Election Campaign City, town, or post office. If you have a PO. too, soo instructions. VA 2014 bit Foreign country name Foreign province/stateCountry Foreign country came Torongo notal code State ZZ code Spouse infining light, want 35 Soouse infining light, want 35 Last name State ZZ code Spouse infining light, want 35 Last name Image: State social social your infining light asset or a digital asset for a digital asset for a digital asset for a digital asset for a digital asset or a digital asset for a digital asset or a digital asset form in thor of the social social your infining light and the social social your infinit your a disocial social your infining light and the | - | XS | Single Married filing jointly |] Marrie | d filing sepa | arately (N | 1FS) | Head of | house | hold (HOH) |) | | | /iving |
| BALAJI PULLURI 771-69-6929 If jeint num, spoce's first name and middle initial Last name Societ's social security number Home address journber and attend; if you have a P.O. box, see instructions. Act no. Presidential Election Campaign Check here if you or your City, town, or post office. If you have a foreign address, also complete spaces below. State 21P code You Spoces filing jority, want S3 to go to think checkings, gift, or otherwise dispose of a digital asset or a nancial Interest in a digital asset? Societ acoust You Spoces filing jority, want S3 to go to think checkings, gift, or otherwise dispose of a digital asset or nancial Interest in a digital asset? You Spoces filing jority, want S3 to go to think checkings, gift, or otherwise dispose of a digital asset or hancial Interest in a digital asset? You Spoces Standard Someone can claim: You as a dependent Your spoces a dependent Your spoces You spoce You spoce ad digital asset or the intructions; You asset adependent Your spoces You for the weak for the intructions; You as a dependent intructions; You spoce ad digital asset or the intructions; You asset adependent intructions; You asset de | | - | | - | our spouse. | . If you ch | neck | ed the HOH o | QSS | box, enter | the c | | | ne qualifying |
| If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P-0. box, see instructions. Apt. no. Presidential Election Campaign 23550 BOCA FIELD TER Colt, town, or port office. If you have a foreign address, also complete spaces below. State ZP node 2014 as Colt, town, or port office. If you have a foreign address, also complete spaces below. State ZP node Foreign country name Foreign province/state/scountry Foreign province/state/sco | Your first name | and mi | ddle initial | Last nan | ne | | | | | | Y | our so | cial securit | y number |
| Home address (number and streed; If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign State 23550 DCCA FIELD TER Check here if you, or your spouse filling jointly, want 35 City, tow, or post office. If you have a foreign address, also complete spaces below. State 2P code box below will not change box below will not change Foreign country same Foreign province/state/acounty Foreign province/state/acounty Foreign province/state/acounty Foreign province/state/acounty Image province/s | BALAJI | | | PULL | URI | | | | | | 7 | 71-6 | <u> 59-692</u> | 9 |
| 23550 BOCA FIELD TEX Check here if you have a foreign address, also complete spaces below. State ZIP code Check here if you have a foreign address, also complete spaces below. VA ZUP code box below will not change by our tax or iffing proty, want Sa by OLD ASSEDUR VA ZU148 box below will not change by our tax or iffing proty, want Sa by OLD box below will not change by our tax or iffing proty, want Sa by OLD box below will not change by our tax or iffing proty, want Sa by OLD Digital Asset of the function of the vise dispose of a digital asset of or a financial interest in a digital asset (7 (See instructions)) Yee Yee No Standard Someone can claim: You as dependent Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness Yee No Age/Blindness You: Were bom before January 2, 1958 Are bind Spouse: Was bom before January 2, 1958 Is bind Dependents Issee instructions; (1) First name Last name Inumber Chick tax credit Credit dependent Dependents Issee instructions; (2) Social security (3) Feating address Issee instructions; | lf joint return, sp | ouse's | first name and middle initial | Last nar | ne | | | | | | S | ouse' | s social sec | curity number |
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| W-2, see instructions. i 1i 1i Attach Sch. B 2a Add lines 1a through 1h 1z 112,794. Attach Sch. B 2a Tax-exempt interest 2a b 1b 1z 112,794. Attach Sch. B 2a Tax-exempt interest 2a b Definition 2b 195. Attach Sch. B 2a Qualified dividends 3a 5. b Ordinary dividends 3b 6. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 6b 6a Social security benefits 6a b Taxable amount 6b 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 425. 8 -9,726. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 10 103, 694. 10 9 103, 694. 11 103, 694. 12 12, 950. 12 12, 950. 11 10, 694. | | | Other earned income (see instructi | ions) . | | | | | | | | | | 0. |
| Instructions. z Add lines 1a through 1h 112,794. Attach Sch. B 2a Tax-exempt interest 1z 112,794. Attach Sch. B 2a Tax-exempt interest 2b 195. if required. 3a Qualified dividends 3a 5. b Ordinary dividends 3b 6. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 6c 6a Social security benefits 6a b Taxable amount 5b 6b 6a Social security benefits 6a b Taxable amount 6b 7 4a Deduction for- 6a Social security benefits 6a b Taxable amount 6b 512,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 425. 8 Other income from Schedule 1, line 10 7 425. 8 -9,726. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 103, 694. 10 Subtract line 10 fr | | i | Nontaxable combat pay election (s | see instru | uctions) . | | | 1i | | | | | | |
| Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 195. if required. 3a Qualified dividends 3a 5. b Ordinary dividends 3b 6. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b • Single or Married filing separately, \$12,950 F Capital gain or (loss). Attach Schedule D if required. If not required, check here 5c 7 425. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 425. 8 Other income from Schedule 1, line 10 9 103, 694. 9 103, 694. 10 10 10 10 9 103, 694. 11 103, 694. 12 12, 950. 14 12, 950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. < | | z | | | | | | | | | | 1z | 11 | 12,794. |
| 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 425. 8 -9,726. 9 103,694. 9 103,694. 9 103,694. 10 11 103,694. 12 19,400 11 Standard deduction or itemized deductions (from Schedule A) 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. 14 12,950. 14 Add lines 12 and 13 Subtract line 14 from line 11.< | Attach Sch. B | 2a | Tax-exempt interest | 2a | | | b Ta | axable interes | t. | | | 2b | | 195. |
| Standard Deduction for- 5a Pensions and annuities | if required. | 3a | Qualified dividends | 3a | | 5. | b 0 | rdinary divide | nds . | | | 3b | | 6. |
| Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 425. 8 Other income from Schedule 1, line 10 7 425. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 103, 694. 10 Adjustments to income from Schedule 1, line 26 10 10 9 Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 103, 694. 11 103, 694. 12 12, 950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. 14 12, 950. 14 12, 950. 14 12, 950. | | 4a | IRA distributions | 4a | | | b Ta | axable amoun | t | | | 4b | | |
| Single or Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing generated filing jointly or Qualifying surviving spouse, \$25,900 Married filing jointly or Qualifying surviving spouse, \$25,900 Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying Married filing jointly or Qualifying Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying Married filing jointly or Qualifying Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income Married filing jointly or Qualified business income deductions (from Schedule A) Married filing jointly or Married filing Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A Married filing jointly or Married filing jointly or definition form line 11. If zero or less enter -0- This is your taxable income | Standard | 5a | Pensions and annuities | 5a | | | b Ta | axable amoun | t | | | 5b | | |
| Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . | | 6a | Social security benefits | 6a | | | b Ta | axable amoun | t | | | 6b | | |
| \$12,950 7 Capital gain of (loss). Attach Schedule D in required. In four required, check here 1 42.5. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 10.3, 694. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 10.3, 694. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. • If you checked any box under Standard 14 12,950. 14 12,950. • If you checked any box under Standard 15 90.744 | Married filing | с | If you elect to use the lump-sum e | lection m | nethod, che | eck here (| see | instructions) | | | | | | |
| Married filing jointly or Qualifying spouse, surviving spouse, specific definition of the spe | | 7 | Capital gain or (loss). Attach Schee | dule D if | required. If | not requ | ired | , check here | | | | 7 | | 425. |
| Qualifying surviving spouse, \$25,900 9 103,694. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 103,694. 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. 14 12,950. 14 12,950. 15 Subtract line 14 from line 11 11 f zero or less enter -0- 15 90 744 | Married filing | 8 | Other income from Schedule 1, line | e10. | | | | | | | | 8 | | -9,726. |
| \$25,900 10 Adjustments to income non-schedule 1, me 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 103,694. 12 12 12,950. 12 12,950. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. 14 12,950. 14 12,950. 14 12,950. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 90,744 | Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | , and 8. 1 | This is your | total inc | ome | ə | | | | 9 | 10 |)3,694. |
| • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 103,694. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard Deduction, Deduction, Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. 14 12,950. 14 12,950. 14 12,950. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 90,744 | | 10 | Adjustments to income from Sche | dule 1, li | ne 26 . | | | | | | | 10 | | |
| \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. 14 Add lines 12 and 13 . . 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 90 744 | Head of | 11 | Subtract line 10 from line 9. This is | s your ad | ljusted gro | ss incon | ne | | | | | 11 | 10 |)3,694. |
| • If you checked any box under Standard Deduction, 13 0. 14 Add lines 12 and 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income. 15 90.744 | | 12 | Standard deduction or itemized | deducti | ons (from S | Schedule | A) | | | | | 12 | | 12,950. |
| Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 90 744 | If you checked | 13 | Qualified business income deduction | ion from | Form 8995 | or Form | 899 | 5-A | | | | 13 | | 0. |
| | Standard | 14 | | | | | | | | | | 14 | | |
| | | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -0 | This is yo | our t | axable incon | ne. | | • | 15 | | 30,744. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | Page 2 |
|------------------------------------|---------|--|-----------------------|-------------------------|---------------------------------------|---------------|--------|---------------------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Fo | rm(s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 15,610. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 15,610. |
| | 19 | Child tax credit or credit for other depend | ents from Scheo | lule 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 les | s, enter -0 | | | [| 22 | 15,610. |
| | 23 | Other taxes, including self-employment ta | x, from Schedul | e 2, line 21 . | | [| 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | [| 24 | 15,610. |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| | а | Form(s) W-2 | | | 25a 17 | ,798. | | |
| | b | Form(s) 1099 | | | 25b | | | |
| | с | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 17,798. |
| | 26 | 2022 estimated tax payments and amoun | | | | [| 26 | · |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 88 | | | 28 | | | |
| | 29 | American opportunity credit from Form 88 | | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are ye | | | - | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your | | | | · · · | 33 | 17,798. |
| | 34 | If line 33 is more than line 24, subtract line | | | | | 34 | 2,188. |
| Refund | 35a | Amount of line 34 you want refunded to | | | | | 35a | 2,188. |
| Direct deposit? | b | Routing number 1 1 1 0 0 0 | | | | Savings | | , |
| See instructions. | d | Account number 4 8 8 0 6 4 | | | | Janige | | |
| | 36 | Amount of line 34 you want applied to yo | | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the a | | | | | | |
| You Owe | 37 | For details on how to pay, go to <i>www.irs</i> . | | | | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | - | | 38 | | 01 | |
| Third Party | | you want to allow another person to c | | | | | | |
| Designee | | | | | | mplete be | low. | X No |
| Decignee | De | signee's | Phone | | | nal identific | | |
| | nar | | no. | | numb | er (PIN) | | |
| Sign | | der penalties of perjury, I declare that I have exan | | | | | | |
| Here | bel | ef, they are true, correct, and complete. Declaration | on of preparer (othe | er than taxpayer) is ba | ased on all informatio | | • | , , |
| | Yo | ur signature | Date | Your occupation | | | | t you an Identity N, enter it here |
| Joint return? | | | | SOFTWARE 1 | FNCINFFR | (see in | | |
| See instructions. | Sp | ouse's signature. If a joint return, both must sign | Date | Spouse's occupat | | If the I | RS sen | t your spouse an |
| Keep a copy for | op | | Buto | | | | | ction PIN, enter it here |
| your records. | | | | | | (see in | st.) | |
| | Ph | one no. (901) 359-7912 | Email address | BALAJIPULL | URI@GMAIL.CO | М | | |
| Paid | Pre | parer's name Preparer's sig | nature | | Date | PTIN | | Check if: |
| | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY | A RAM SAGAR | GUPTA TALLAM | 04/05/2023 | P02082 | 703 | Self-employed |
| Preparer | Firi | n's name GLOBAL TAXES LLC | | | · · · · · · · · · · · · · · · · · · · | Phone | no. (| 678)965-9522 |
| Use Only | Firi | n's address 245 ROONEY CT E B | RUNSWICK N | J 08816 | | Firm's | EIN | 84-3171965 |
| Go to www.irs.go | ov/Forn | 1040 for instructions and the latest information. | | BAA | REV 03/22/23 PRO | | | Form 1040 (2022 |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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 2 '(() Attachment

| Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information. | | Sequence No. 01 |
|--|----------|------------------------|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| BALAJI PULLURI | 771-69 | -6929 |
| Part 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. Att | ach Schedule E . | 5 | -9,726. |
| 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 | | |
| ĥ | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | | 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 | | 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 | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | | 10 | -9,726. |

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

Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income | | | | |
|-----|---|-----------------|--------|---------|----------------------|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-b | asis gove | rnment | | |
| | 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) | 1a | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | |
| | | 4b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | | 1c | | | |
| d | | 4d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | |
| | | 1e | | _ | |
| f | | 4f | | | |
| g | , | 1g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | _ | | | |
| | | 4h | | - | |
| i | Attorney fees and court costs you paid in connection with an award | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | | 4i | | - | |
| 1 | • | 4j | | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 1k | | - | |
| Z | Other adjustments. List type and amount: | | | | |
| 05 | | 4z | | 05 | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . E | | | 06 | |
| | | | | 26 | |
| | BAA | REV 03/22/23 PR | 0 | Schedul | e 1 (Form 1040) 2022 |

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.



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

Your social security number 771-69-6929

BALAJI PULLURI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X No **Yes** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss fron Form(s) 8949, Part line 2, column (g) | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|--|--|-----|---|
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 4,121. | 3,096. | | 38. | 1,113. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | • | | rusts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | Carryover | 6 | () | | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | • | () | , , | 7 | 1,113. |

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

| lines This | his form may be easier to complete if you round off cents to (sales price) Cost to gain Form(s) | | (g) Adjustme to gain or los Form(s) 8949, line 2, colun | s from Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) | |
|---------------|--|--------------------|---|--------------------|---|-----------------------|
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | 433. | 1,121. | | | -688. |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | 11 | |
| 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 | 14 | () | | | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back | - | | | 15 | -688. |
| For F | Paperwork Reduction Act Notice, see your tax return instruction | | | | Schedu | le D (Form 1040) 2022 |

Schedule D (Form 1040) 2022

| Part | III Summary | |
|------|--|----------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 425. |
| | • If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | |
| 17 | Are lines 15 and 16 both gains? | |
| | 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 smaller of: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 () |
| | 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. | |

REV 03/22/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Sales and Other Dispositions of Capital Assets

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.



Internal Revenue Service Name(s) shown on return

PULLURI

BALAJI

Department of the Treasury

771-69-6929

Social security number or taxpayer identification number

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate 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). | |
| Robinhood Securities LLC | 01/01/22 | 12/31/22 | 4,101. | 3,096. | W | 88. | 1,093. | |
| Apex Clearing | 01/01/22 | 12/13/22 | 20. | 0. | | | 20. | |
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| | | | | | | | | |
| 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 (| al here and inc is checked), lir | lude on your ne 2 (if Box B | 4.121. | 3,096. | | 88. | 1,113. | |

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.

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

| Form 8949 (2022) | Attachment Seque |
|------------------|------------------|
| | |

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

Attachment Sequence No. **12A** Page **2**

Social security number or taxpayer identification number

771-69-6929

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 transactions reported on Form(s) 1099-B showing basis was reported to the IRS (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 not reported to you on Form 1099-B

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see Column (e) in the separate instructions. | See the separate instructions. | | (e)If you enter an amount in column (g) enter a code in column (f).Cost or other basis tee the Note below ind see Column (e) in the separate instructions.See the separate instructions.(f)(g) Code(s) from(g) Amount of | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|--|--|--------------------------------|-------|---|--|---|
| Robinhood Securities LLC | 01/01/22 | 12/31/21 | 433. | 1,121. | | | -688. | | |
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| | | | | | | | | | |
| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). | | 433. | 1,121. | | | -688. | | | |

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.

REV 03/22/23 PRO

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

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

| 2022 | |
|------------|--|
| Attachment | |

| iternal I | Revenue Service | | Go to www | v.irs.gov/ScheduleE fo | r instru | uctions a | nd the la | itest ir | formation. | | Sequen | ce No. | 13 | |
|-----------|---------------------|----------|----------------|--|----------|-----------|-----------|----------|----------------|---------------|-------------|----------|----------|--|
| ame(s) | shown on return | | | | | | | | | Your soci | al security | numbei | | |
| ALA | JI PULLURI | | | | | | | | | 771-6 | 9-6929 | | | |
| Part | | or Los | s From Rei | ntal Real Estate ar | nd Ro | yalties | | | | | | | | |
| | Note: If you | are in t | he business of | renting personal proper 835 on page 2, line 40. | rty, use | Schedul | e C. See | e instru | ctions. If you | are an indi | vidual, rep | ort farn | n | |
| | | | | hat would require you | to file | Form(s) | 10992.5 | See ing | tructions | | | s X | No | |
| | | | | ed Form(s) 1099? | | | | | | | | | No | |
| | | | | | | | | | | | 10 | | 110 | |
| 1a | | | | (street, city, state, ZI | | • | | | | | | | | |
| Α | 4-1-85/A MA | AIN F | ROAD SIR | CILLA TELANGAN | NA II | 1 5053 | 01 | | | | | | | |
| B | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | |
| 1b | Type of Property | | | ental real estate prope | | | | Fa | ir Rental | | nal Use | Q | JV | |
| | (from list below) |) | | ort the number of fair se days. Check the Q | | | | | Days | Da | ays | | | |
| <u>A</u> | 3 | | | the requirements to | | | A | | 365 | | 0 | | <u> </u> | |
| B | | | | int venture. See instru | | | B | | | | | | <u> </u> | |
| С | | | | | | | C | | | | | L | | |
| | of Property: | | 0.14 | | | | | - | | | | | | |
| | Single Family Res | | | ation/Short-Term Ren | ital | 5 Lan | | | Self-Rental | | | | | |
| 21 | Multi-Family Resi | Idence | 4 Con | nmercial | | 6 Roy | alties | 8 | Other (deso | cribe) | | | | |
| | | | | | | | | | Proper | ties: | | | | |
| com | e: | | | | | | Α | | В | | | С | | |
| 3 | Rents received | | | | 3 | | 5 | 84. | | | | | | |
| 4 | Royalties receive | ed. | | | 4 | | | | | | | | | |
| pen | ses: | | | | | | | | | | | | | |
| 5 | Advertising . | | | | 5 | | | | | | | | | |
| 6 | Auto and travel | (see in | structions) | | 6 | | | | | | | | | |
| 7 | Cleaning and ma | aintena | ance | | 7 | | 8 | 49. | | | | | | |
| 3 | Commissions | | | | 8 | | | | | | | | | |
| 9 | Insurance | | | | 9 | | | | | | | | | |
|) | Legal and other | profes | sional fees | | 10 | | | | | | | | | |
| 1 | Management fee | es. | | | 11 | | 1,2 | 44. | | | | | | |
| 2 | | | | c. (see instructions) | 12 | | | | | | | | | |
| 3 | Other interest | | | | 13 | | | | | | | | | |
| 1 | Repairs | | | | 14 | | 3,1 | 74. | | | | | | |
| 5 | Supplies | | | | 15 | | 3,1 | 59. | | | | | | |
| 6 | Taxes | | | | 16 | | | | | | | | | |
| 7 | Utilities | | | | 17 | | 1,8 | 84. | | | | | | |
| 3 | Depreciation exp | pense | or depletion | | 18 | | | | | | | | | |
| 9 | Other (list) | | | | 19 | | | | | | | - | | |
|) | Total expenses. | Add li | nes 5 throug | n 19 | 20 | | 10,3 | 10. | | | | | | |
| 1 | | | | and/or 4 (royalties). If | | | | | | | | | | |
| | result is a (loss), | , see ir | structions to | find out if you must | | | | | | | | | | |
| | file Form 6198 | | | | 21 | | -9,7 | 26. | | | | | | |
| 2 | | | | fter limitation, if any, | | | | | | | | | | |
| | on Form 8582 (s | see ins | tructions) . | | 22 | (| 9,72 | 26.) | (|) | (| |) | |
| Ba | Total of all amou | unts re | ported on line | e 3 for all rental prope | erties | | | 23a | | 584. | | | | |
| b | Total of all amou | unts re | ported on line | e 4 for all royalty prop | perties | | | 23b | | | | | | |
| С | Total of all amou | unts re | ported on line | e 12 for all properties | | | | 23c | | | | | | |
| d | Total of all amou | unts re | ported on line | e 18 for all properties | | | | 23d | | | | | | |
| е | Total of all amou | unts re | ported on line | e 20 for all properties | | | | 23e | 1 | 0,310. | | | | |
| 1 | Income. Add p | ositive | amounts sho | own on line 21. Do no | ot inclu | ide any l | osses | | | | | | | |
| 5 | Losses. Add roy | alty los | ses from line | 21 and rental real esta | te loss | es from l | ine 22. E | Enter to | otal losses he | ere 25 | (| 9,72 | 26.) | |
| 6 | Total rental rea | al esta | te and roval | ty income or (loss). | Comb | ine lines | 24 and | 25. E | nter the res | ult | | | | |

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

.

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

| OMB No. 1545-2294 |
|-------------------|
| |
| 20 22 |
| Attachment |
| Sequence No. 55 |

Name(s) shown on return

BALAJI PULLURI

Your taxpayer identification number

771-69-6929

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name (b) Taxpayer identification num | | (c) Qualified business income or (loss) | | |
|----------|--|---|---|-------------------------|--|
| | | | | | |
| i | | | | | |
| | | | | | |
| ii | | | | | |
| iii | | | | | |
| | | | | | |
| iv | | | | | |
| | | | | | |
| v | | | | | |
| | | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | | | | |
| 3 | Qualified business net (loss) carryforward from the prior year | | | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | ——————————————————————————————————————— | | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 | | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) | | | | |
| | (see instructions) | 1. | | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior | | | | |
| | year |) | | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | - | | | |
| 9 | or less, enter -0 | 1. | 9 | Ο. | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 10 | 0. | |
| 11 | Taxable income before qualified business income deduction (see instructions) 11 90,7 | - | | <u>0 .</u> | |
| 12 | Net capital gain (see instructions) | 5. | | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0 | 39. | | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 | 18,148. | |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amoun | | | | |
| | the applicable line of your return (see instructions) | - | 15 | 0. | |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0 | | 16 | (0.) | |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater t zero, enter -0 | | 17 | (0.) | |
| For Priv | vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/22/23 PRO | I | | Form 8995 (2022) | |

Illinois Department of Revenue 2022 Form IL-1040 Individual Income Tax Return

or for fiscal year ending ____/___

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

| E | BAL 235 ASH Fili | 50 BOCA FIELD TE BURN N ng status: 🔀 Single [| /A 20148 BALAJIPULLURI@GMAI ☐ Married filing jointly ☐ Mar | L.COM ried filing separately Widowe | | | |
|---------------------------------|---------------------------|--|---|---|------------------|------------------|--|
| | | | | esident - Attach Sch. NR | | | NR |
| - | | | | | t your rooldonit | | le dollars only) |
| _ | 5te 1 2 3 4 | | Schedule M. | 040 or 1040-SR, Line 11. n your federal Form 1040 or 1040 |)-SR, Line 2a. | 1 2 3 4 | 103,694.00 .00 .00 103,694.00 |
| ↓ | Ste 5 | p 3: Base Income Social Security benefits | s and certain retirement plan inc | ome | | | |
| Ø | c | received if included in L | ine 1. Attach Page 1 of federal | return. | 5 | .00 | |
| her | 6 | Schedule 1, Ln. 1. | payment included in federal Forr | n 1040 or 1040-SR, | 6 | .00 | |
| ms. | 7 | Other subtractions. Atta | | | 7 | .00 | 00 |
|) foi | 8 9 | | This is the total of your subtracti Subtract Line 8 from Line 4. | UNS. | | 8 9 | .00 103,694 _{.00} |
| 1099 | | p 4: Exemptions | | | | | |
| Staple W-2 and 1099 forms here | 10 | b Check if 65 or older: c Check if legally blind d If you are claiming de Attach Schedule IL-E | I: ☐ You + ☐ Spouse pendents, enter the amount from | <pre>buse. See instructions. # of checkboxes X \$1,000 = # of checkboxes X \$1,000 = Schedule IL-E/EIC, Step 2, Line 1.</pre> | с | .00 | 2,425 _{.00} |
| S | Ste | p 5: Net Income and | | | | | |
| ↑ | 11 | Residents: Net incom Nonresidents and par | e. Subtract Line 10 from Line 9. | bis net income from Schedule NR. | Attach Schedule | NR. 11 | 13,464.00 |
| | | Nonresidents and par | rt-year residents: Enter the tax | from Schedule NR. | X | 12 | 00.000 |
| 7-0 | 13 14 | | nt tax credits. Attach Schedule | | | 13 14 | .00 066 <u>.00</u> |
| 040 | Ste | p 6: Tax After Nonref | undable Credits | | | | |
| IL-1 | 15 | | ther state while an Illinois reside | | 15 | .00 | |
| pu | 16 | Attach Schedule ICR. | education expense credit amou | it from Schedule ICR. | 16 | .00 | |
| ck ê | 17 | | hedule 1299-C. Attach Schedul | | 17 | .00 | 0.00 |
| che | 18 19 | | ole credits. Subtract Line 18 fro | s. Cannot exceed the tax amount m Line 14. | on Line 14. | 18 19 | 0 <u>.00</u> 666.00 |
| our | Ste | p 7: Other Taxes | | | | | |
| le y | 20 21 | Household employmen | | rahaaaa from LIT Warkabaat ar LI | T Tabla | 20 | .00 |
| Staple your check and IL-1040-V | 21 | in the instructions. Do r | | rchases from UT Worksheet or U | | 21 | 0.00 |
| | 22 | | | nd sale of assets by gaming licen | see surcharges. | 22 | <u>.00</u> 666 _{.00} |
| • | 23 | Total Tax. Add Lines 19 | 9, 20, 21, and 22. | | | 23 | .00 |



| 24 | Total tax from Page 1, Line 23. | 24 | 666.00 | | | | | | |
|-----------------------------------|---|---------------------------|--------------------------------|--|--|--|--|--|--|
| Ste | Step 8: Payments and Refundable Credit | | | | | | | | |
| 25 | 5 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25682.00 | | | | | | | | |
| 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 | <u>00</u> | | | | | | | |
| 28 | Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 | <u>00</u> | | | | | | | |
| 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 | 682.00 | | | | | | |
| Ste | ep 9: Total | | | | | | | | |
| 31 | If Line 30 is greater than Line 24, subtract Line 24 from Line 30. | 31 | 16.00 | | | | | | |
| 32 | If Line 24 is greater than Line 30, subtract Line 30 from Line 24. | 32 | .00 | | | | | | |
| Ste | ep 10: Underpayment of Estimated Tax Penalty and Donations | | | | | | | | |
| 33 | Late-payment penalty for underpayment of estimated tax. 33 | <u>)0</u> | | | | | | | |
| | 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 | m 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. | | | | | | | | |
| 24 | | | | | | | | | |
| | | <u>)0</u> | | | | | | | |
| 35 | Total penalty and donations. Add Lines 33 and 34. | <u>)0</u> 35 | .00 | | | | | | |
| 35 | • | | .00 | | | | | | |
| 35 Ste | Total penalty and donations. Add Lines 33 and 34. | | | | | | | | |
| 35 Ste | Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe | | 16.00 | | | | | | |
| 35 Ste 36 | Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. | 35 | | | | | | | |
| 35 Ste 36 37 | Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe 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. | | 16.00 | | | | | | |
| 35 Ste 36 37 | Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe 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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. | | 16.00 | | | | | | |
| 35 Ste 36 37 | Total penalty and donations. Add Lines 33 and 34. P 11: Refund or Amount you owe 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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. | 35 36 37 | 16.00 | | | | | | |
| 35 Ste 36 37 | Total penalty and donations. Add Lines 33 and 34. Total penalty and donations. Add Lines 33 and 34. P 11: Refund or Amount you owe 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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. I choose to receive my refund by a I direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds Routing number 1 1 0 0 2 5 X Checking or | | 16.00 | | | | | | |
| 35 Ste 36 37 | Total penalty and donations. Add Lines 33 and 34. Total penalty and donations. Add Lines 33 and 34. Phase of the second structure of th | 35 36 37 | 16.00 | | | | | | |
| 35 Ste 36 37 | Total penalty and donations. Add Lines 33 and 34. Total penalty and donations. Add Lines 33 and 34. P 11: Refund or Amount you owe 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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. I choose to receive my refund by a I direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds Routing number 1 1 1 0 0 0 0 2 5 X Checking or | 35 36 37 | 16.00 | | | | | | |
| 35 Ste 36 37 38 | Total penalty and donations. Add Lines 33 and 34. Total penalty and donations. Add Lines 33 and 34. P 11: Refund or Amount you owe 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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. I choose to receive my refund by A Moting number 1 1 1 0 0 0 0 2 5 X Checking or Lock this box. You may also contribute to college savings funds here. See instructions! Noting number 1 1 1 0 0 0 0 2 5 X Checking or Account number 4 8 8 0 6 4 4 7 8 6 0 1 | 35 36 37 | 16.00 | | | | | | |
| 35 Ste 36 37 38 39 | Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe 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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. I choose to receive my refund by a I direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! Routing number 1 1 1 0 0 0 0 2 5 × Checking or Account number 4 8 8 0 6 4 4 7 8 6 0 1 b paper check. Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. | 35 36 37 Savings | 16 <u>.00</u> 16 <u>.00</u> | | | | | | |
| 35 Ste 36 37 38 39 | Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe 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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 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 1 1 1 0 0 0 0 2 5 × Checking or Account number 4 8 8 0 6 4 4 7 8 6 0 1 b □ paper check. Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. If you have an amount on Line 32, add Lines 32 and 35 or - | 35 36 37 Savings | 16 <u>.00</u> 16 <u>.00</u> | | | | | | |
| 35 Ste 36 37 38 39 | Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe 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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. I choose to receive my refund by a I direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! Routing number 1 1 1 0 0 0 0 2 5 × Checking or Account number 4 8 8 0 6 4 4 7 8 6 0 1 b paper check. Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. | 35 36 37 Savings | 16 <u>.00</u> 16 <u>.00</u> | | | | | | |

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.

| Sign | Your signature | | Date (mm/dd/yyyy) | Spouse's sig | nature | Date (mm/dd/yyy | y) | Daytime phone | e number | |
|----------------------|-----------------------------------|------------------------------|-------------------|-------------------------|--|-------------------|-----------|---|----------------------|--|
| Here | | | | | | | | (901) 359 | -7912 | |
| | Print/Type paid preparer's name | | | Paid prepare | r's signature | Date (mm/dd/yyyy) | | Check if | Paid Preparer's PTIN | |
| Paid | SYAM PRIYA RAM SAGAR GUPTA TALLAM | | | SYAM PRIYA R | SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 | | | self-employed | P02082703 | |
| Preparer Use Only | Firm's name GLOBAL TAXES LLC | | | | Firm's FEIN | | 843171965 | | | |
| obe only | Firm's address | 's address > 245 ROONEY CT H | | | BRUNSWICKNJ 08816 | | | (678) 965 | -9522 | |
| Third | Designee's name (please print) | | | Designee's phone number | | mber | | Check if the Department may discuss this return with the third party designee shown in this step. | | |
| Party | | | | | | | | | | |
| Designee | | | | () | | | | | | |

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



| ٦ | Illinois Department of Rev | venue |
|---|----------------------------|-------|
| } | 2022 Schedule | NR |

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax

IL Attachment No. 2

| | BALAJI PULLURI | 7 7 1 _ 6 9 _ 6 9 2 9 |
|---|--|---|
| _ | Your name as shown on your Form IL-1040 | Your Social Security number |
| S | Step 1: Provide the following information | |
| 1 | Were you, or your spouse if "married filing jointly," a full-year resider | it of Illinois during the tax year? |
| | Yes X No If you answered "Yes," STOP yo | ou cannot use this form (see instructions). |
| 2 | If you, or your spouse if "married filing jointly," were a part-year resid | lent during the tax year, tell us your residency dates for 2022. |
| | a I lived in Illinois from// 2 2 to// 2 2 Month Day Year Month Day Year | lived in from/ / 2 2 to/ / 2 2 State Month Day Year Month Day Year |
| | b My spouse lived in Illinois from// <u>2</u> <u>2</u> to// <u>2</u> Month Day Year Month Day Ye | |
| 3 | If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo | x year, if you were in Illinois only to accompany your spouse who buse's state of residence for tax purposes, check the appropriate box. |
| | 🗌 Iowa 📄 Kentucky 📄 Michigan | Wisconsin Military Spouse |
| 4 | List any state other than Illinois or any states already indicated on L Enter the two-letter abbreviation of that state. | ine 2 or 3 above, that you claimed residency for tax purposes in 2022. |
| | | |

Step 2: Complete Form IL-1040

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

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

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

| _ | | | | Federal Total | Column B Illinois Portion |
|------|----|---|------|--------------------|------------------------------|
| | 5 | Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) | 5_ | 112,794 <u>.00</u> | 13,787 <u>.00</u> |
| | 6 | Taxable interest (federal Form 1040 or 1040-SR, Line 2b) | 6_ | 195.00 | 0.00 |
| | 7 | Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) | 7_ | 6 <u>.00</u> | 0.00 |
| | 8 | Taxable refunds, credits, or offsets of state and local income taxes | | | |
| | | (federal Form 1040 or 1040-SR, Schedule 1, Line 1) | 8_ | .00 | .00 |
| | 9 | Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) | 9_ | .00 | .00 |
| | 10 | Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) | 10 _ | .00 | .00 |
| | 11 | Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) | 11 _ | 425.00 | 0.00 |
| | 12 | Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) | 12 _ | .00 | .00 |
| ne | 13 | Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) | 13 _ | .00 | .00 |
| come | 14 | Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) | 14 _ | .00 | .00 |
| Ĕ | 15 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | | | |
| | | (federal Form 1040 or 1040-SR, Schedule 1, Line 5) | 15 _ | -9,726 <u>.00</u> | 0.00 |
| | 16 | Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) | 16 _ | .00 | .00 |
| | 17 | Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) | 17 _ | .00 | .00 |
| | 18 | Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) | 18 _ | .00 | .00 |
| | 19 | Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9 | 9) | | |
| | | Include winnings from the Illinois State Lottery as Illinois income in Column B. | 19 _ | .00 | .00 |
| | 20 | Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in | come | . 20 | 13,787.00 |
| | | Continue with Step 3 on Page 2 | | | |



Schedule NR – Page 2

Step 3: Continued

| St | ер | 3: Continued | Column A Federal Total | | Column B Illinois Portion |
|--------|----|--|---------------------------|------|------------------------------|
| | 21 | Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20. | | 21 | 13,787.00 |
| | 22 | Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | 22 | .00 | .00 |
| | 23 | Certain business expenses of reservists, performing artists, and fee-basis | | | |
| | | government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | 23 | .00 | .00 |
| | 24 | Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) | 24 | .00 | .00 |
| Je | 25 | Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, | | | |
| oD | | Schedule 1, Line 14) | 25 | .00 | .00 |
| Income | 26 | Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) | 26 | .00 | .00 |
| | 27 | ······································ | ~= | | |
| ; to | | | 27 | .00 | .00 |
| ents | | Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | | .00 | .00 |
| e | | Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) | | .00 | .00 |
| đ | 30 | | 30 | .00 | .00 |
| djustm | 31 | | 31 | .00 | .00 |
| | | Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) | 32 | .00 | .00 |
| ∢ | 33 | RESERVED | 33 | | |
| | 34 | Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) | 34 | .00 | .00 |
| | 35 | Other adjustments (see instructions) | 35 | .00 | .00 |
| | 36 | Add Column B, Lines 22 through 35. This is the Illinois portion of your federal | | | |
| | | adjustments to income. | | 36 | .00 |
| | 37 | Enter your adjusted gross income as reported on your Form IL-1040, Line 1. | 37 103,69 | 4.00 | |
| | 38 | Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro | ss income. | 38 | 13,787.00 |

Step 4: Figure your Illinois additions and subtractions

| the | e inst | mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step. | | Column A Form IL-1040 Total | Column B Illinois Portion |
|------|--------|---|----|--------------------------------|------------------------------|
| at a | 39 | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) | 39 | .00 | .00 |
| | 40 | Other additions (Form IL-1040, Line 3) | 40 | .00 | .00 |
| | 41 | Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. | | 41 | 13,787.00 |
| | 42 | Federally taxed Social Security and retirement income (Form IL-1040, Line 5) | 42 | .00 | .00 |
| | 43 | Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, | | | |
| i.c | ? | Schedule 1, Line 1. (Form IL-1040, Line 6) | 43 | .00 | .00 |
| | 44 | Other subtractions (Form IL-1040, Line 7) | 44 | .00 | .00 |
| | 45 | Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. | | 45 | .00 |

Step 5: Figure your Illinois income and tax

| | 46 | Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is | | | |
|--------------|----|---|---------------|------------|-----------|
| | | your Illinois base income. | | 46 | 13,787.00 |
| S | | If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. | | | |
| | 47 | Enter the base income from Form IL-1040, Line 9. | 47 | 103,694.00 | |
| ati | 48 | Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate | | | |
| Ĩ | | decimal. If Line 46 is greater than Line 47, enter 1.000. | 48 | 0 • 133 | |
| Calculations | 49 | Enter your exemption allowance from your Form IL-1040, Line 10. | 49 | 2,425.00 | |
| S S | 50 | Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption | | | |
| - | | allowance. | | 50 | 323.00 |
| Тах | 51 | Subtract Line 50 from Line 46. This is your Illinois net income. | | | |
| | | Enter the amount here and on your Form IL-1040, Line 11. | \rightarrow | 51 | 13,464.00 |
| | 52 | 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 tax. | \rightarrow | 52 | 666.00 |



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 th | 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 | W-2G WG | | I | | | | | | | | |
| 1099-R | R | 1042-S | S | | | | | | | | |
| 1099-G | G | 1099-B | В | | | | | | | | |
| 1099-MISC | М | 1099-K | К | | | | | | | | |
| 1099-OID | 0 | 1099-NEC | Ν | | | | | | | | |

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

| ΒA | LAJI PULLUR | I | | 7 | 7 | 1 _ | 6 | 9 _ | 6 | 9 | 2 | 9 |
|--|------------------|------------------|-----------------------------|---------|--|-----|---|--------|---|----|-----|--------------|
| You | ur name as shown | Your | Your Social Security number | | | | | | | | | |
| Column A Column B Form type Employer/Payer Identification Number | | | Federal Wa Distributio | | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | | | | Column E Illinois Income Tax Withheld | | | |
| 1 | W | 58-2137105 000 0 | _ \$ | 112,794 | • <u>00</u> | \$ | | 13,787 | <u>00</u> | \$ | 682 | 2 •00 |
| 2 | | | \$ | | •00 | \$ | | | <u>00</u> | \$ | | • <u>00</u> |
| 3 | | | - \$ | | •00 | \$ | | | <u>00</u> | \$ | | •00 |
| 4 | | | _ \$ | | • <u>00</u> • | \$ | | | <u>00</u> | \$ | | • <u>00</u> |
| 5 | | | _ \$ | | • <u>00</u> | \$_ | | | <u>00</u> | \$ | | • <u>00</u> |

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

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

Your spouse's Social Security number

| Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | | Illinois Wage | Diumn D es, Winnings, Gross , Compensation, etc. | | |
|-----------------------|---|--|-----|---------------|---|----|-----|
| 6 | | - \$ | •00 | \$ | •00 | \$ | •00 |
| 7 | | - \$ | •00 | \$ | •00 | \$ | •00 |
| 8 | | - \$ | •00 | \$ | •00 | \$ | •00 |
| 9 | | - \$ <u> </u> | •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.

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

| | | | | | 1 | | | | | | |
|--|---|--|--|---------------------------------------|------------------------------------|------------|-----------------------------|-------------|---------|----------|-------|
| S Illinois | Departm | ent of Revenue | e 💷 | | l-LL | | - | | | | |
| S / | | 3 Illinois Indi IL-8453 to the Illing | | | ax Elec | | - | | | on | |
| Step 1: Provide | taxpayer inf | ormation | | | | | | | | | |
| BALAJI | | | PULLUR | | | 7 7 | | <u>6_9_</u> | 6 | 9_2 | 2_9 |
| First name and r Print 23550 BOC | | pouse's first name (and last ER | name if different) | Last name |) | Social Sec | curity number | _ | | | |
| or type Mailing address | | | | | | Spouse's S | Social Securi | ty number | | | |
| ASHBURN | | VZ | ł | 20148 | ; | (901) | 359-79 | 12 | | | |
| City | | Sta | ate | ZIP | | Daytime pl | hone number | r | | | |
| Step 2: Complete information from tax return Choose one: X IL-1040 IL-1040-X | | | | | | | | | | | |
| 1 Net income fro | m Form IL-10 | 40 or IL-1040-X, Line | 11 | | | | - | 1 | 13 | ,464 | 00 |
| 2 Tax from Form | IL-1040 or IL | -1040-X, Line 14 | | | | | | 2 | | 666 | 00 |
| 3 Illinois Income | Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) | | | | | | 3 | | 682 | 00 | |
| 4 Overpayment | from Form IL- | 1040, Line 36 or IL-104 | 40-X, Line 35 | | | | | 4 | | 16 | 00 |
| | | IL-1040, Line 40 or IL | , | | | | | 5 | | | 00 |
| 6 Filing status: | X_Single | _ Married filing jointly | Married f | iling separate | lyWid | owed | Head of he | ousehold | | | |
| To initiate a payme does not support in within the United Si 7 Routing no. (R | ternational AC ternational AC tates or those N): $\frac{1}{2}$ | posit of refund or electronsaction, the information of transactions. IDOR where the transactions is the transaction of transaction of the transaction of transaction of the transaction of transaction | mation in this vill only perform onal funds. Ele | Step must b m direct transa | e included actions (<i>e.g</i> | within the | electronic posit) with f | financial i | nstitut | tions lo | cated |
| 8 Account no. (A | N): <u>4</u> 8 | 8 0 6 4 4 | 7 8 6 (|) <u>1</u> | | · | | | | | |
| 9 Type of accourt | Type of account: X Checking Savings | | | | | | | | | | |
| 10 Date the paym | Date the payment is to be electronically withdrawn:/_/_/ | | | | | | | | | | |

11 Electronic funds withdrawal amount: ______ 00_

12 Name on account:

- -

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

I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

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

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

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

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

| ERO use | ERO's signature | | 04/05/2023 Date | Check if paid preparer: 🛛 (See instructions.) | | |
|------------|---|-------|--------------------|--|--|--|
| | GLOBAL TAXES LLC Firm's name or your name if self-employed | | | P 0 2 0 8 2 7 0 3 | | |
| | | | | 8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN) | | |
| | E BRUNSWICK | NJ | 08816 | (678) 965-9522 | | |
| | City | State | ZIP | Daytime phone number | | |

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

