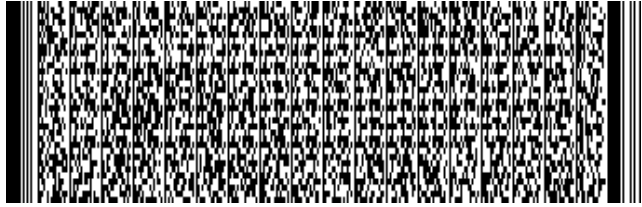


2300411514



Georgia Form **500** (Rev. 06/22/22)

Individual Income Tax Return

Georgia Department of Revenue

**2022** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER  
1. AKSHAY SAI 743-72-3071

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX  
KOLLI

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

2. 4236 N BLOOMINGTON AVENUE

APT NO 201

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE  
3. ARLINGTON HEIGHTS IL 60004

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 3

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.



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**YOUR SOCIAL SECURITY NUMBER**  
 743-72-3071

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. 63976  
 (Do not use **FEDERAL TAXABLE INCOME** If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..... 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.  
 (See IT-511 Tax Booklet)

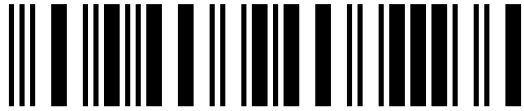
b. Self: 65 or over?	Blind?	Total	x 1,300=	11b.
Spouse: 65 or over?	Blind?			

c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.  
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.

a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.
b. Less adjustments: (See IT-511 Tax Booklet) .....	12b.
c. Georgia Total Itemized Deductions.....	12c.

13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



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**YOUR SOCIAL SECURITY NUMBER**  
 743-72-3071

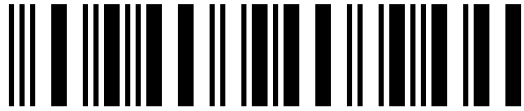
14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total .....	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)....	15a.	1344
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	1344
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....	16.	20
17. Low Income Credit	17a.	17b.
17c.		
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....	18.	
19. Credits used from IND-CR Summary Worksheet .....	19.	
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	22.	20

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
X W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
810721921								
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
3200487NT								
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
1538								
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
70								

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**This Page (3) is required for processing**



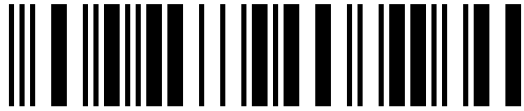
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**YOUR SOCIAL SECURITY NUMBER**  
 743-72-3071

**Page 4**

(INCOME STATEMENT D)			(INCOME STATEMENT E)			(INCOME STATEMENT F)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN	
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
23. Georgia Income Tax Withheld on Wages and 1099s .....	23.							70
(Enter Tax Withheld Only and include W-2s and/or 1099s)								
24. Other Georgia Income Tax Withheld.....	24.							
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)								
25. Estimated Tax paid for 2022 and Form IT-560 .....	25.							
26. Schedule 2B Refundable Tax Credits.....	26.							
(Cannot be claimed unless filed electronically)								
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.							70
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.							
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.							50
30. Amount to be credited to 2023 ESTIMATED TAX .....	30.							0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.							
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.							
33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.							
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.							
35. Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.							
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) .....	36.							
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.							
38. Realizing Educational Achievement Can Happen (REACH) Program .....	38.							
(No gift of less than \$1.00)								





2307411514

YOUR SOCIAL SECURITY NUMBER

743-72-3071

**2022** (Approved software version)

**DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X**

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 63976	1. WAGES, SALARIES, TIPS, etc 62438	1. WAGES, SALARIES, TIPS, etc 1538
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS) 0	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 63976	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 62438	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 1538
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040 0	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 63976	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 62438	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 1538
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage.....	9. 2.40	% Not to exceed 100%
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a. 5400	
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a.	2700
11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b .....	12.	8100
13. *Multiply Line 12 by Ratio on Line 9 and enter result.....	13.	194
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14.	1344



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

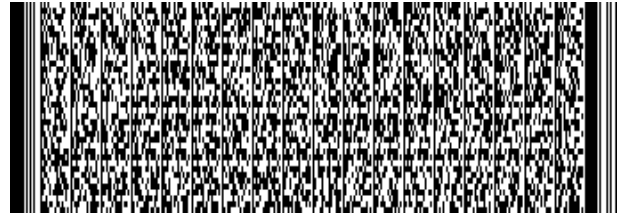
or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

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

743-72-3071 1996

AKSHAY SAI

KOLLI



4236 N BLOOMINGTON AVENUE 201

ARLINGTON HEIGHTS IL 60004 COOK

AKSHAY.SAI1414@GMAIL.COM

**B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household

**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse

**D** Check the box if this applies to you during 2022:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income**

(Whole dollars only)

<b>1</b>	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	<b>1</b>	63,976.00
<b>2</b>	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b>	.00
<b>3</b>	Other additions. Attach Schedule M.	<b>3</b>	.00
<b>4</b>	<b>Total income.</b> Add Lines 1 through 3.	<b>4</b>	63,976.00

**Step 3: Base Income**

<b>5</b>	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	<b>5</b>	.00
<b>6</b>	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b>	.00
<b>7</b>	Other subtractions. Attach Schedule M.	<b>7</b>	.00
<b>8</b>	Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b>	.00
<b>9</b>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	63,976.00

**Step 4: Exemptions**

<b>10 a</b>	Enter the exemption amount for yourself and your spouse. See instructions.	<b>a</b>	2,425.00
<b>b</b>	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>b</b>	.00
<b>c</b>	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>c</b>	.00
<b>d</b>	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	<b>d</b>	0.00
	<b>Exemption allowance.</b> Add Lines 10a through 10d.	<b>10</b>	2,425.00

**Step 5: Net Income and Tax**

<b>11</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	<b>11</b>	60,071.00
<b>12</b>	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b>	2,974.00
<b>13</b>	Recapture of investment tax credits. Attach Schedule 4255.	<b>13</b>	.00
<b>14</b>	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	<b>14</b>	2,974.00

**Step 6: Tax After Nonrefundable Credits**

<b>15</b>	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	<b>15</b>	.00
<b>16</b>	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	<b>16</b>	.00
<b>17</b>	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	<b>17</b>	.00
<b>18</b>	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b>	0.00
<b>19</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	<b>19</b>	2,974.00

**Step 7: Other Taxes**

<b>20</b>	Household employment tax. See instructions.	<b>20</b>	.00
<b>21</b>	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	<b>21</b>	0.00
<b>22</b>	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b>	.00
<b>23</b>	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	<b>23</b>	2,974.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 2,974.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 3,090.00
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 3,090.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 116.00
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. 36 116.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 116.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

Routing number 1 1 1 0 0 0 6 1 4 X Checking or Savings
Account number 5 9 3 7 3 3 9 3 1

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

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

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

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

AKSHAY SAI KOLLI

Your name as shown on your Form IL-1040

7 4 3 - 7 2 - 3 0 7 1

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 03 / 10 / 22 to 12 / 31 / 22 I lived in Texas from 01 / 01 / 22 to 03 / 09 / 22  
 Month Day Year Month Day Year State Month Day Year Month Day Year  
**b** My spouse lived in **Illinois** from \_\_\_ / \_\_\_ / 22 to \_\_\_ / \_\_\_ / 22, and \_\_\_\_\_ from \_\_\_ / \_\_\_ / 22 to \_\_\_ / \_\_\_ / 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>63,976.00</u>	<u>62,438.00</u>
<b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>.00</u>	<u>.00</u>
<b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>.00</u>	<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>.00</u>	<u>.00</u>
<b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>.00</u>	<u>.00</u>
<b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>.00</u>	<u>.00</u>
<b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>.00</u>	<u>.00</u>
<b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>.00</u>	<u>.00</u>
<b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>.00</u>	<u>.00</u>
<b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>.00</u>	<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>.00</u>	<u>.00</u>
<b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>.00</u>	<u>.00</u>
<b>17</b> Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>.00</u>	<u>.00</u>
<b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>.00</u>	<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>.00</u>	<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>.00</u>	<u>62,438.00</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>	62,438.00
	<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> 0.00	0.00
	<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>	0.00
	<b>37</b> Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b> 63,976.00	
	<b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	62,438.00

**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>	62,438.00
	<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>	62,438.00
	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> 63,976.00	
	<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> 0.976	
	<b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b> 2,425.00	
	<b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	2,367.00
	<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>	60,071.00
	<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>	2,974.00



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)

AKSHAY SAI KOLLI

Your name as shown on Form IL-1040

7 4 3 - 7 2 - 3 0 7 1  
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	45-5349819 000 9	\$ 62,438.00	\$ 62,438.00	\$ 3,090.00
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)

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.	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 \$ 3,090.00

➔ 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

AKSHAY SAI KOLLI 7 4 3 - 7 2 - 3 0 7 1
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
4236 N BLOOMINGTON AVENUE 201
Mailing address Spouse's Social Security number
ARLINGTON HEIGHTS IL 60004 (469) 562-8303
City State ZIP Daytime phone number

Step 2: Complete information from tax return

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

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 60,071 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 2,974 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 3,090 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 116 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately [ ] Widowed [ ] Head of household

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

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

7 Routing no. (RN): 1 1 1 0 0 0 6 1 4
8 Account no. (AN): 5 9 3 7 3 3 9 3 1
9 Type of account: [X] Checking [ ] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

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

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[ ] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[ ] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

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

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

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

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

ERO's signature Date 02/28/2023 Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC
Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3
245 ROONEY CT Your PTIN
Mailing address 8 8 - 2 1 4 5 4 8 7
E BRUNSWICK NJ 08816 Federal employer identification number (FEIN)
City State ZIP (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.

