

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br>SRIRAM K NALLANIDGAL | Social security number<br>042-13-5423          |
| Spouse's name<br>DEEPIKA SAMUDRALA      | Spouse's social security number<br>963-95-0999 |

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

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |         |
|---|---|---------|
| 1 Adjusted gross income . . . . .   | 1 | 98,424. |
| 2 Total tax . . . . .   | 2 | 7,292.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 5,931.  |
| 4 Amount you want refunded to you . . . . .                               | 4 |         |
| 5 Amount you owe . . . . .  | 5 | 1,361.  |

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

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 5 | 4 | 2 | 3 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 0 | 9 | 9 | 9 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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

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

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

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

Personal information section including name (SRIRAM K), last name (NALLANIDGAL), social security number (042-13-5423), spouse's name (DEEPIKA), spouse's SSN (963-95-0999), and home address (625 PARKWAY BLVD, COPPELL, TX 75019).

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

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

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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Lists dependents SADGUNA and SADBHAAV, both sons.

Main income table with columns for line numbers and amounts. Includes sections for Income (1a-1z), Attach Sch. B (2a-3a), Standard Deduction (4a-6a), and Total Income (7-15). Total taxable income is 72,524.



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SRIRAM K NALLANIDGAL & DEEPIKA SAMUDRALA

Your social security number  
042-13-5423

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -13,345. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -13,345. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

SRIRAM K NALLANIDGAL & DEEPIKA SAMUDRALA

Your social security number

042-13-5423

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

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

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

**A** HNO 14-81/139/10 RAGHAVENDRA COLONY BEERAMGUDA, AMEENPUR SANGAREDDY TELANGANA IN 502032

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 632.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 2,663.       |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 2,758.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,952.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,715.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,889.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>             |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 13,977.     |   |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b> -13,345.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 13,345. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 632.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>            |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 13,977.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 13,345. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> -13,345.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -13,345.

Schedule E (Form 1040) 2022



**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

SRIRAM K NALLANIDGAL & DEEPIKA SAMUDRALA

042-13-5423

**Part I Child Tax Credit and Credit for Other Dependents**

|  |   |           |          |         |
|--|---|-----------|----------|---------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  |           | <b>1</b> | 98,424. |
| <b>2a</b>  | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |         |
| <b>b</b>   | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |         |
| <b>c</b>   | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |         |
| <b>d</b>   | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |         |
| <b>3</b>   | Add lines 1 and 2d . . . . .  | <b>3</b>  | 98,424.  |         |
| <b>4</b>   | Number of qualifying children under age 17 with the required social security number . . . . .   | <b>4</b>  | 0        |         |
| <b>5</b>   | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  |          |         |
| <b>6</b>   | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 2        |         |
| <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.                |   |           |          |         |
| <b>7</b>   | Multiply line 6 by \$500 . . . . .  | <b>7</b>  | 1,000.   |         |
| <b>8</b>   | Add lines 5 and 7 . . . . .   | <b>8</b>  | 1,000.   |         |
| <b>9</b>   | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000. |         |
| <b>10</b>  | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | <b>10</b> | 0.       |         |
| <b>11</b>  | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |         |
| <b>12</b>  | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 1,000.   |         |
| <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. |   |           |          |         |
| <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.  |   |           |          |         |
| <b>13</b>  | Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 8,292.   |         |
| <b>14</b>  | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .  | <b>14</b> | 1,000.   |         |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|            |  |            |    |
|------------|--|------------|----|
| <b>15</b>  | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>   |            |    |
| <b>16a</b> | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .   | <b>16a</b> | 0. |
| <b>b</b>   | Number of qualifying children under 17 with the required social security number: _____ x \$1,500.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16b</b> |    |
|            | <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.  |            |    |
| <b>17</b>  | Enter the <b>smaller</b> of line 16a or line 16b . . . . .   | <b>17</b>  |    |
| <b>18a</b> | Earned income (see instructions) . . . . .   | <b>18a</b> |    |
| <b>b</b>   | Nontaxable combat pay (see instructions) . . . . .   | <b>18b</b> |    |
| <b>19</b>  | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b>  |    |
| <b>20</b>  | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,500 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | <b>20</b>  |    |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>21</b> | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . . |           |  |
| <b>22</b> | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .  | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .   | <b>23</b> |  |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }  | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .   | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.  | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

|           |  |  |  |
|-----------|--|--|--|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . |  |  |
|-----------|--|--|--|



**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

|  |   |
|--|---|
| Taxpayer name(s) shown on return<br>SRIRAM K NALLANIDGAL & DEEPIKA SAMUDRALA | Taxpayer identification number<br>042-13-5423   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM                         | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|  | Yes                                 | No                                  | N/A                      |
|--|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____  |                                     |                                     |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |







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

S K NALLANIDGAL & D SAMUDRALA

Your name as shown on your Form IL-1040

0 4 2 - 1 3 - 5 4 2 3

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 01 / 01 / 22 to 05 / 31 / 22 I lived in Texas from 06 / 01 / 22 to 12 / 31 / 22  
 Month Day Year Month Day Year State Month Day Year Month Day Year  
**b** My spouse lived in **Illinois** from 01 / 01 / 22 to 05 / 31 / 22, and Texas from 06 / 01 / 22 to 12 / 31 / 22  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.

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

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

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

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

|   | Column A<br>Federal Total | Column B<br>Illinois Portion |
|---|---------------------------|------------------------------|
| <b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)  | <u>5</u> 111,384.00       | <u>58,250.00</u>             |
| <b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)   | <u>6</u> 385.00           | <u>0.00</u>                  |
| <b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)   | <u>7</u> .00              | <u>.00</u>                   |
| <b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)  | <u>8</u> .00              | <u>.00</u>                   |
| <b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)   | <u>9</u> .00              | <u>.00</u>                   |
| <b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)  | <u>10</u> .00             | <u>.00</u>                   |
| <b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)   | <u>11</u> .00             | <u>.00</u>                   |
| <b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)  | <u>12</u> .00             | <u>.00</u>                   |
| <b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)   | <u>13</u> .00             | <u>.00</u>                   |
| <b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)  | <u>14</u> .00             | <u>.00</u>                   |
| <b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)  | <u>15</u> -13,345.00      | <u>0.00</u>                  |
| <b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)  | <u>16</u> .00             | <u>.00</u>                   |
| <b>17</b> Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)  | <u>17</u> .00             | <u>.00</u>                   |
| <b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)  | <u>18</u> .00             | <u>.00</u>                   |
| <b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)<br>Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B. | <u>19</u> .00             | <u>.00</u>                   |
| <b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.  | <b>20</b> 58,250.00       | <u>58,250.00</u>             |

Continue with Step 3 on Page 2 →





**Step 3: Continued**

|                              |  | Column A<br>Federal Total | Column B<br>Illinois Portion |
|------------------------------|--|---------------------------|------------------------------|
| <b>Adjustments to Income</b> | 21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.   | <b>21</b>                 | 58,250.00                    |
|                              | 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)   | <b>22</b>                 | .00                          |
|                              | 23 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                          |
|                              | 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)  | <b>24</b>                 | .00                          |
|                              | 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)   | <b>25</b>                 | .00                          |
|                              | 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)  | <b>26</b>                 | .00                          |
|                              | 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)  | <b>27</b>                 | .00                          |
|                              | 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)  | <b>28</b>                 | .00                          |
|                              | 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)  | <b>29</b>                 | .00                          |
|                              | 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)   | <b>30</b>                 | .00                          |
|                              | 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)   | <b>31</b>                 | .00                          |
|                              | 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)   | <b>32</b>                 | .00                          |
|                              | 33 RESERVED  | <b>33</b>                 | .00                          |
|                              | 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)  | <b>34</b>                 | .00                          |
|                              | 35 Other adjustments (see instructions)  | <b>35</b>                 | .00                          |
|                              | 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.  | <b>36</b>                 | .00                          |
|                              | 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.  | <b>37</b>                 | 98,424.00                    |
|                              | 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.  | <b>38</b>                 | 58,250.00                    |

**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<br>Form IL-1040 Total | Column B<br>Illinois Portion |
|-----------------------------|---|--------------------------------|------------------------------|
| <b>Illinois Adjustments</b> | 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)   | <b>39</b>                      | .00                          |
|                             | 40 Other additions (Form IL-1040, Line 3)   | <b>40</b>                      | .00                          |
|                             | 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.                                 | <b>41</b>                      | 58,250.00                    |
|                             | 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)   | <b>42</b>                      | .00                          |
|                             | 43 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                          |
|                             | 44 Other subtractions (Form IL-1040, Line 7)  | <b>44</b>                      | .00                          |
|                             | 45 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> | 46 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> | 58,250.00 |
|                         | 47 Enter the base income from Form IL-1040, Line 9.   | <b>47</b> | 98,424.00 |
|                         | 48 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> | 0.592     |
|                         | 49 Enter your exemption allowance from your Form IL-1040, Line 10.  | <b>49</b> | 9,700.00  |
|                         | 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.   | <b>50</b> | 5,742.00  |
|                         | 51 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> | 52,508.00 |
|                         | 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 <b>tax</b> . | <b>52</b> | 2,599.00  |



**Illinois Department of Revenue**  
**2022 Schedule IL-E/EIC**  
 Attach to your Form IL-1040



**Illinois Exemption and Earned Income Credit**

IL Attachment No. 30

**Read this information first**

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

**Note** → If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

**Step 1: Provide the following information**

S K NALLANIDGAL & D SAMUDRALA

Your name as shown on your Form IL-1040

0 4 2 - 1 3 - 5 4 2 3

Your Social Security number

**Illinois Dependent Exemption Allowance**

**Step 2: Dependent information**

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

| Dependent's first name | Dependent's last name | Social Security number | Dependent's relationship to you | Dependent's date of birth (mm/dd/yyyy) | Full time student        | Person with disability   | Number of months living with you | Eligible for Earned Income Credit |
|------------------------|-----------------------|------------------------|---------------------------------|--|--------------------------|--------------------------|----------------------------------|-----------------------------------|
| SADGUNA                | NALLANIDGAL           | 963-95-1029            | Son                             | 04/20/2012                             | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
| SADBHAAV               | NALLANIDGAL           | 963-95-1058            | Son                             | 08/04/2015                             | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
|                        |                       |                        |                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
|                        |                       |                        |                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
|                        |                       |                        |                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
|                        |                       |                        |                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
|                        |                       |                        |                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
|                        |                       |                        |                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
|                        |                       |                        |                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |
|                        |                       |                        |                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |

1 Multiply the total number of dependents you are claiming by \$2,425. 2 X \$2,425

Enter the result here and on Form IL-1040, Line 10d.

1 4,850.00

**Continue to Page 2 to calculate Illinois Earned Income Credit**







# Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.  
Note → If you are not claiming a qualifying child, do not complete the table below.

## Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

| Child's first name | Child's last name | Social Security number | Child's relationship to you | Child's date of birth (mm/dd/yyyy) | Full time student        | Person with disability   | Number of months living with you |
|--------------------|-------------------|------------------------|-----------------------------|------------------------------------|--------------------------|--------------------------|----------------------------------|
|                    |                   |                        |                             |                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
|                    |                   |                        |                             |                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
|                    |                   |                        |                             |                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
|                    |                   |                        |                             |                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
|                    |                   |                        |                             |                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
|                    |                   |                        |                             |                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
|                    |                   |                        |                             |                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
|                    |                   |                        |                             |                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                  |

**1** Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. **1** \_\_\_\_\_ .00

**2** Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3.  
If you report an amount on Line 2, you must answer the question in Line 2a below. **2** \_\_\_\_\_ .00

**2a** Does your occupation require a city, state, or county issued professional license, registration, or certification? **2a** Yes  No

**2b** If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

| Issuing Agency | License, Registration, or Certification Number |
|----------------|--|
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |

**3** If you are filing your 2022 federal return as married filing jointly but are filing your 2022 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. **3** \_\_\_\_\_ .00

**3a** If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. **3a** \_ \_ \_ - - - - -

**4** Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? **4** Yes  No

## Step 4: Figure your Illinois Earned Income Credit

**5** Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. **5** \_\_\_\_\_ .00

**6** Multiply the amount on Line 5 by 18% (.18). **6** \_\_\_\_\_ .00

**7** **Illinois residents:** Enter 1.0. **Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48. **7** \_\_\_\_\_ ●

**8** Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.  
Enter this amount here and on your Form IL-1040, Line 29. **8** \_\_\_\_\_ .00

**Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act**



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)

SRIRAM K NALLANIDGAL

Your name as shown on Form IL-1040

0 4 2 - 1 3 - 5 4 2 3  
Your Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W                   | 22-3641325 000 4                                    | \$ 111,384.00   | \$ 58,250.00   | \$ 2,162.00                                 |
| 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)

DEEPIKA SAMUDRALA

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

9 6 3 - 9 5 - 0 9 9 9  
Your spouse's Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>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 \$ 2,162.00

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



Illinois Department of Revenue

Submission ID boxes

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

SRIRAM K DEEPIKA SAMUDRALA NALLANIDGAL 0 4 2 - 1 3 - 5 4 2 3
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
625 PARKWAY BLVD 1024 9 6 3 - 9 5 - 0 9 9 9
Mailing address Spouse's Social Security number
COPPELL TX 75019 (510) 241-6120
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 52,508 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 2,599 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 2,162 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 437 | 00
6 Filing status: [ ] Single [X] Married filing jointly [ ] Married filing separately [ ] Widowed [ ] Head of household

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

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

7 Routing no. (RN):
8 Account no. (AN):
9 Type of account: [ ] 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.)

- [ ] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
[ ] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal...
[X] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete.

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

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

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

ERO's signature Date 03/09/2023 Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Date
245 ROONEY CT Your PTIN
E BRUNSWICK NJ 08816 Federal employer identification number (FEIN)
(678) 965-9522
City State ZIP Daytime phone number

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

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

