# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

		ļ.							
Submiss	ion Identifica	ation Number (SID)							
Taxpayer's	name				S	ocial securi	ty numbe	er	
SUSHM	ITHA PAT	LOLLA				730-88	- -0977		
Spouse's n		-			S	pouse's soc			r
D	T. D.	I . C	V	04	) (F. I.		11		
Part I			x Year Ending Decemb	er 31, 202	22 (Enter ye	ear you a	re auti	norizing	.)
		nly on lines 1 through 5.	e lines 1, 2, 3, and 5 blank.						
		•	e iiries 1, 2, 3, and 5 biank. 				11	0.0	3,194.
	ujusteu gros otal tax    .						2		2,167.
			s) W-2 and Form(s) 1099 .				3		,239.
		•					4		2,072.
	mount you o	· · · · · · · · · · · · · · · · · · ·					5		.,012.
Part II		er Declaration and Sig	nature Authorization (I	Be sure you	get and kee	ер а сор		our retu	ırn)
Under per my knowly return (ori to send m for any de Agent to i payment authorizat payment, business taxes to personal i Electronic Taxpaye	nalties of perjuedge and bel ginal or amen by return to the leay in process initiate an ACH of my federal tion is to remail must contadays prior to the receive confid dentification refunds Withdower's PIN: chell authorize signature or I will enter n	ury, I declare that I have examine, it is true, correct, and conded) I am now authorizing. I ce IRS and to receive from the sing the return or refund, and it electronic funds withdrawal axes owed on this return and, ain in full force and effect untot the U.S. Treasury Financia the payment (settlement) date ential information necessary number (PIN) below is my significant consent.  **CK* one box only**  GLOBAL TAXES LLC  ERO finant in the income tax return (original).	ined a copy of the income tax mplete. I further declare that consent to allow my intermedia IRS (a) an acknowledgement (c) the date of any refund. If a (direct debit) entry to the finar or a payment of estimated ta til I notify the U.S. Treasury Fal Agent at 1-888-353-4537. It also authorize the financial to answer inquiries and resonature for the income tax returns are ginal or amended) I am now the income tax return (origyour return is filed using the	return (original of the amounts in ate service provide of receipt or reapplicable, I authorized institution at x, and the finance in ancial Agent to Payment cancel institutions involve issues related in the content of the enter or a wauthorizing.	r amended) I a Part I above a der, transmitte son for rejecti orize the U.S. ccount indicat ial institution t o terminate th dation reques lyed in the pro det to the payr nended) I am r generate my	m now autre the amore, or electron of the transverse ed in the transverse debit the e authorizits must be occasing or ment. I furnow author	horizing ounts fronic returnansmiss and its draws prepared in the electric fithe electric front grant front grant	, and to the omethor the interpretation of this acceptance of this acceptance of the interpretation is a constant of the interpretation of the interpretat	he best of icome tax ator (ERO) he reason Financial fitware for ount. This (cancel) a er than 2 ayment of e that the cable, my
	below. hature ►	Sushmitha Patlolla	,		Date >				e ran iii
· ·									
-		k one box only							
	I authorize		rm name	_ to enter or	generate my		<u> </u>		as my
	signature or		rm name ginal or amended) I am nov	w authorizing				igits, but all zeros	
	I will enter n	ny PIN as my signature on	the income tax return (orig your return is filed using the	ginal or amende					
Spouse's	s signature <b>&gt;</b>	•			Date ►				
-	-	Practition	er PIN Method Returns	Only—continu	ue below				
Part III	Certific	ation and Authenticati	on — Practitioner PIN	Method Only	'				
ERO's E	FIN/PIN. En	ter your six-digit EFIN follo	wed by your five-digit self-	-selected PIN.	2 2 2	4 9 Don't ent	6 6 er all zer		3 9
authorized	d to file for ta	x year indicated above for th	ch is my signature for the ele le taxpayer(s) indicated above b. <b>1345,</b> Handbook for Authoriz	e. I confirm that	I am submittii	ng this retu	urn in ac	ccordance	
ERO's si	gnature ►				Date ►				
			ust Retain This Form -			0-			
		on't Submit T	This Form to the IRS Ur	niess Reques	stea 10 Do	50			

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

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

Filing Status Check only			_	d filing separately (M		Head of		`	, _	spou	ifying sun	J
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. II you cr	iecke	ea trie non or	QSS DOX	, ente	rtne	Crilia S	nameıi ti	ie quainying
Your first name		, ,	Last nar	ne						our so	cial securit	ty number
SUSHMITH			PATL								88-097	-
		first name and middle initial	Last nar									curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. ı	no.	F	Presider	ntial Election	on Campaign
301 WOOL	CRE	EEK RD,					#10	7			ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	е	ZIP code					ntly, want \$3 Checking a
WHEELING	3				ΙL		60090		k	ox belo	w will not	change
Foreign country	/ name		F	oreign province/state/c	county	y	Foreign po	stal co	de )	our tax	or refund.	_
District	Λ± 0.00	ovetime devine 2000 did vove (a) reco	-iva (aa i	- ************************************		ant for area	mt. 0 . 000	.i.o.o.)	/h	v) a a II	You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	`		-		,	,	•	,	Yes	⊠ No
Standard		eone can claim:  You as a de								,		
Deduction	_	Spouse itemizes on a separate return										
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before c	lanua	rv 2.	1958	☐ Is bl	lind
Dependents	-			(2) Social security		(3) Relationsh	(4) (1)					instructions):
If more		rst name Last name		number		to you	P	hild ta		1		her dependents
than four												
dependents,												
see instructions and check	· —											
here $\square$												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	10	01,743.
	b	Household employee wages not re	•	` '						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep		` ,	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	,				· · ·			1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>					1	01 840
	<u>z</u>	Add lines 1a through 1h		· · · · · ·				•		1z	1 10	01,743.
Attach Sch. B	2a	'	2a			axable interest		•		2b		
if required.	3a_		3a			rdinary divide		•		3b		1.
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	_	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	τ		· .	6b		
Married filing separately,	C 7	If you elect to use the lump-sum e		,		,		•	. 님	7		
\$12,950	7	Capital gain or (loss). Attach Sched						•	. ப	7		12 550
Married filing jointly or	8 9	Other income from Schedule 1, lin		This is your <b>total inc</b>				•		9		13 <b>,</b> 550.
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche		-				•			+ - '	88,194.
\$25,900	11	Subtract line 10 from line 9. This is						•		10	-	00 104
Head of household,	12	Standard deduction or itemized						•		12		88,194. 12,950.
\$19,400 If you checked	13	Qualified business income deducti				 5-Δ		•		13	+	14,300.
any box under	14	Add lines 12 and 13						•		14	+ .	12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		75 <b>,</b> 244.
see instructions.	-			,					-			,

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16		12,1	67.
Credits	17	Amount from Schedule 2, lin	ie 3					17			
	18	Add lines 16 and 17						18		12,1	67.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		12,1	67.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23			0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24		12,1	.67.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				<b>25a</b> 14	,239.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d		14,2	39.
If you have a	26	2022 estimated tax payment						26			
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ie 15			31					
	32	Add lines 27, 28, 29, and 31				ındable credits		32			
	33	Add lines 25d, 26, and 32. T	-					33	,	14,2	39.
Defund	34	If line 33 is more than line 24						34		2,0	72.
Refund	35a	Amount of line 34 you want				•	. 🗆	35a		2,0	72.
Direct deposit?	b	Routing number 1 1 1					Savings				
See instructions.	d	Account number 8 0 5					J				
	36	Amount of line 34 you want			ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•				37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party Designee		you want to allow another structions	•		rn with the IRS?		omplete l	oelow.	× No		
		signee's me		Phone no.			onal identi ber (PIN)	fication		$\overline{}$	
Sign	Un	der penalties of perjury, I declare t lief, they are true, correct, and com		ed this return and		edules and stateme	nts, and to				
Here		ur signature	,	Date	Your occupation				nt you an	•	•
	. 0	a. o.g. a.a.			Tour occupation		Prote	ection P	IN, enter		
Joint return?					QUALITY EN	NGINEER-II	(see	inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	on			nt your sp		
your records.							I .	inst.)	ection PII	v, ente	r it nere
		one no. (919) 690-969	Ω	Email address	СПСПМТШЛ БУЦ	LOLLA@GMAIL.C					
		eparer's name	Preparer's signat		SUSHILLINA, PAT	Date	PTIN		Check i	if:	
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM			בווסיים יים די ז או		P0208	2703	l —	 If-empl	loved
Preparer				NAUNG PIAN	GOLIA TALLAM	02/11/2023			(678) 9		
Use Only			A CA E BDII VRD TTC	INICHTOR N	T 09916			ne no. (			1065

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

Firm's EIN

#### SCHEDULE 1 (Form 1040)

9

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SUSHMITHA PATLOLLA 730-88-0977 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . . . . . . . . . . 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -13,550. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a а 8b 8c Foreign earned income exclusion from Form 2555 . . . . . . . 8d 8e 8f Alaska Permanent Fund dividends . . . . . . . . . . . . . . . 8g 8i Activity not engaged in for profit income . . . . . . . . . . . . . 8i 8k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m 8n Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 80 Section 461(I) excess business loss adjustment . . . . . . . . . . . 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t **u** Wages earned while incarcerated 8u Other income. List type and amount:

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-13,550.

9

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)		-	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	0.4_			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

#### **SCHEDULE E** (Form 1040)

## **Supplemental Income and Loss**

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

Your social security number

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

SUSI	HMITHA PATLOLLA						730-8	8-0977	!
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Roy	yalties Schedule	<b>C</b> . See	instru	ctions. If you	are an indi	vidual, rep	oort farm
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? 5	See in:	structions .		. 🗌 Ye	es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Yo	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
Α	LALITHA NAGAR COLONY. NAGOLE, HYDERABA		<u> </u>	ΤΔ Τ1	NI 50	0068			
B	LALITHA WAGAR COLONI. WAGOLE, HIDERADA	יוו עד	LANGAL	NA I	LN JU	0000			
C									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	erty list rental	ed and		Fa	ir Rental Days		nal Use ays	QJV
Α	g personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quained joint venture. See institu	ICTIONS	).	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
						Propert			
Incon	ne:			Α		В			С
3	Rents received	3			00.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		· · ·					
13	Other interest	13							
14	Repairs	14		4,9	00.				
15	Supplies	15		3,5	00.				
16	Taxes	16							
17	Utilities	17		2,6	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,0	50.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	01		-13 <b>,</b> 5	5.0				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	21		13,55		(	)	(	
23a	Total of all amounts reported on line 3 for all rental prope				23a	1	500.	\ 	
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	1 4	4,050.		
24	Income. Add positive amounts shown on line 21. <b>Do no</b>						. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		•		nter t	otal losses he	-	(	13,550.
26	Total rental real estate and royalty income or (loss).								,
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter th	nis amount			-13,550.

# **Passive Activity Loss Limitations**

See separate instructions.

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

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service

SUSHMITHA PATLOLLA

Go to www.irs.gov/Form8582 for instructions and the latest information.

	<b>2022</b>
	Attachment Sequence No. <b>858</b>
Identify	ing number

730-88-0977

Par							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	Il Real Estate Activities With Active P ance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, cone amount from Pa	olumn (b)) art IV, column (c))	1b (	0. 13,550.) )	1d	-13,550.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ( 2c (	) )	2d	
3	Combine lines 1d and 2d. If this line all losses are allowed, including any losses on the forms and schedules no	prior year unallowe	ed losses entered	•	Report the	3	-13,550.
Part II	• Line 1d is a • Line 2d is a • Line 2d is a • Line 2d is a  on: If your filing status is married filing Instead, go to line 10.  t II Special Allowance for Rei	loss (and line 1d is separately and yo	ou lived with your	spouse at any tim	ne during the	year,	do not complete
ı uı	Note: Enter all numbers in Par			•			
4 5 6	Enter the <b>smaller</b> of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income <b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	d or the loss on ling rately, see instruction, but not less than	ne 3 ons n zero. See instruc		50,000.	4	13,550.
7 8 9 Part	Multiply line 7 by 50% (0.50). <b>Do not</b> e Enter the <b>smaller</b> of line 4 or line 8					8	24,128. 13,550.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11 Part	Total losses allowed from all passive out how to report the losses on your to Complete This Part Before	ax return				11	13,550.
rai	Complete This Part Belon						
	Name of activity	Currer	-	Prior years	Ove	rall ga	in or loss
	•	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss
LAL	ITHA NAGAR COLONY.	0.	13,550.				13,550.
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	13,550.				

BAA

Form 8582 (2022)

, ,									. 490 🗕
Part V Complete This Part Before	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			:
		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss
Name of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amou	nt Is	Shown on F	Part II,	, <b>Line 9.</b> S	ee instruc	tions.			
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a	) Loss	<b>(b)</b> Ra	ıtio	(c) Special allowance		(d) Subtract column (c) from column (a).
LALITHA NAGAR COLONY.		E Ln 22		13,550.	1.0000	0000	13,55	0.	0.
Total				13,550.	1.00	)	13,55	0.	0.
Part VII Allocation of Unallowed I	oss	ses. See instr					· ·		
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_OSS		( <b>b)</b> Ratio	(c	) Unallowed loss
Total		one					1.00		
Allowed Losses. Gee list	ucti	Form or sche	adula						
Name of activity		and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
Total		. <u></u>							

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

					MINI BUR JELI VIJA KIJA BUM BUM	LLO BALLINGUA, LA CAR		DO. LABO.
73	30-88-0977	1993				HAR DAY BY BURNEY		
SU	JSHMITHA		PATLC	LLA				
								30320A
30	1 WOOD CREEK	RD,		107				EKKENE III
WH	EELING	IL	60090	COOK		PROGRAFIA LE RUED		AKYAKATI II
			SUSHMITHA.F	PATLOLLA@GMAIL.	COM			
BF	Filing status: 🗵 S	single M	arried filing jo	ointly Married	filing separately  \text{Widowe}	d Head of	household	
C	<b>Check</b> If someone c	an claim you	, or your spou	se if filing jointly, a	as a dependent. See instruction	s. You	Spouse	
D C	<b>Check</b> the box if this	s applies to	you during 20	22: Nonresid	dent - <b>Attach</b> Sch. NR 🔲 Par	t-year resident -	Attach Sch.	NR
S	tep 2: Income			'			(Whole	dollars only)
1		d gross incon	ne from your f	ederal Form 1040	or 1040-SR, Line 11.		1	88,194.00
2				d income from yo	our federal Form 1040 or 1040	-SR, Line 2a.	2	.00
4	Other additions.  Total income. A						3 4	
S	tep 3: Base Inco							
5				ment plan incom				
6			•	e 1 of federal retuin foderal Form 10		5	.00	
	Schedule 1, Ln.		ieni inciuded i	in federal Form 10	040 01 1040-3h,	6	.00	
2 7	Other subtraction	ns. Attach S				6 7		
8 9	Add Lines 5, 6, Illinois base in			your subtractions			8 9	
$\sim$	tep 4: Exemption		act Line 6 ii0	III LINE 4.				
•			unt for voursel	f and vour spouse	e. See instructions.	a2,42	25.00	
	b Check if 65 c	or older: [	☐ You + ☐	Spouse # o	f checkboxes X \$1,000 =	b	.00	
V.	c Check if lega				f checkboxes X \$1,000 =	c	.00	
	Attach Sched			amount from Sch	edule IL-E/EIC, Step 2, Line 1.	d	0.00	
ra p	Exemption allo			rough 10d.			10	2,425 <u>.00</u>
' S	tep 5: Net Incom	e and Tax						
1	l Residents: Net						ND 44	05 760 00
l 12	Nonresidents a Residents: Mul				<b>net income</b> from Schedule NR.	Attach Schedule	NR. 11	85,769 <sub>.00</sub>
				Enter the tax from			12	4,246.00
10	•			ch Schedule 425		`	13	.00 4,246.00
14				ot be less than ze	ro.		14	4,240.00
S S	tep 6: Tax After N				Attach Schedule CR.	15	.00	
1 10					om Schedule ICR.	13	00	
	Attach Schedul					16	.00	
17 18				tach Schedule 12	299-C. Cannot exceed the tax amount	17	<u>.00</u> <b>18</b>	0.00
19				act Line 18 from L		on Line 14.	19	4,246.00
S	tep 7: Other Taxe	es						
20							20	.00
2	Use tax on inter in the instruction			ut-ot-state purcha	ases from UT Worksheet or U	I lable	21	0.00
22				Program Act and	sale of assets by gaming licens	see surcharges.	22	.00
23	=			-	, , ,	Ü	23	4,246.00



<b>24</b> To	otal tax from Page 1, Line 2	3.					24	4,246.00
Step 8	: Payments and Refund	lable Credit						
<b>25</b> Illin	ois Income Tax withheld. A	ttach Schedule IL-W	IT.			<b>25</b> 5,	,036 <u>.00</u>	
<b>26</b> Est	timated payments from Forr	ns IL-1040-ES and I	L-505-I,					
	luding any overpayment ap					26	.00	
	ss-through withholding. Atta					27	.00	
	ss-through entity tax credit.					28	.00	
	rned Income Credit from Scl	-			ichedule IL-E/El	C. <b>29</b>	.00	5 006
	al payments and refundal	ole credit. Add Lines	s 25 through	29.			30	5,036 <u>.00</u>
Step 9								700
	ine 30 is greater than Line 24						31	790.00
	ine 24 is greater than Line 30						32	.00
-	0: Underpayment of Est		-	ation	S			
	e-payment penalty for unde	•				33	.00	
_	Check if at least two-thire				-			
	Check if you or your spo			•	•	•		
c [	Check if your income was	not received evenly	during the y	/ear ar	nd you annual	ized your income	on Form IL-2210.	
الم	Attach Form IL-2210.	muinad ta fila an Illina	ا منامان بالمارية	l				
_	Check if you were not re- untary charitable donations			incom	ie iax return i	n the previous tax	-	
	tal penalty and donations					34	<u>.00</u> <b>35</b>	.00
			4.					
•	1: Refund or Amount y							
-	ou have an amount on Line	31 and this amount	is greater th	an Lin	e 35, subtract	Line 35 from Line		790.00
	s is your <b>overpayment</b> .	watermala dita via co			00 O i		36	790.00
	ount from Line 36 you want	-	ieck <b>one</b> box	CON LII	ne 38. See ins	structions.	37	
	noose to receive my refund	-						
a [	☑ direct deposit - Comple	te the information be	low if you ch	neck th	is box.			
	You may also contribute	Routing number	1 1 1 0	0	0 6 1 4	× Checki	ng or Savings	3
	to college savings funds here. See instructions!	Account number	8 0 5 3	2	8 5 5 1			
_			0   0   0   0		0   0   0   2			)
	paper check.							
<b>39</b> Am	ount to be <b>credited forward</b>	. Subtract Line 37 fro	om Line 36.	See in	structions.		39	.00
-	ou have an amount on Line							
	ou have an amount on Line							
sub	otract Line 31 from Line 35.	This is the <b>amount</b> y	<b>/ou owe</b> . Se	e instr	uctions.		40	.00
Step 1	2: Health Insurance Cl	neckbox and Sign	nature					
41 🗆		_		with o	other Illinois st	ate agencies in or	der to determine	
	your eligibility for health in							
-	ture - Note: If this is a joint re	•		_				
Under <sub>I</sub>	penalties of perjury, I state	that I have examine	d this return	and, t	to the best of	my knowledge, it	is true, correct, a	nd complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone n	umber
Here	Tour digriculture	2 4 10 (11111 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	opouco o o.g.			Date (IIIII/da/yyyy)		
	Drint/Time noid prepared no		Doid names	r'a alam	otuvo.	Dala ( /III )	(919) 690-	
Paid	Print/Type paid preparer's na		Paid prepare			Date (mm/dd/yyyy)	Check if Pa	aid Preparer's PTIN
Preparer	SYAM PRIYA RAM SAGAR GUPT		SYAM PRIYA K	AM SAGA	AR GUPTA TALLAM	02/11/2023		12082703
Use Only	Firm's name	AL TAXES LLC				Firm's FEIN	843171965	
		ROONEY CT E	BRUNSWIC:	KNJ 0	8816	Firm's phone	(678) 965-	9522
Third	Designee's name (please pri	nt)		Design	nee's phone nu	mber		Department may
Party				1	1		discuss this retu	
Designe				1	)			hown in this step.
	Refer to the 2	022 IL-1040 Ins	struction	s for	the addr	ess to mail ye	our return.	

IL-1040 Back (R-12/22) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 02/01/23 PRO





## Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

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

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

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

SU	SHMITHA PATLO	OLLA	7	3	0 _	8	8	0	9	7	7		
Yo	ur name as shown	on Form IL-1040	Your	Your Social Security number									
Column A Column B Form type Employer/Payer Identification Number			Federal W Distributio	Illinois \ Distribut	Column E Illinois Income Tax Withheld								
1	<u></u>	83-0675925 000	\$	101,743	<u>•00</u>	\$	101	,743 <b>•00</b>	<u>)</u>	\$	5 <b>,</b> 03	36 <b>•00</b>	
2			\$		<u>•00</u>	\$		<u>•00</u>	<u>)</u>	\$		<u>•00</u>	
3			\$		<u>•00</u>	\$		•00	<u>)</u>	\$		<u>•00</u>	
4			\$		<u>•00</u>	\$		<u>•00</u>	<u>)</u>	\$		<u>•00</u>	
5			\$		<u>•00</u>	\$		•00	<u>)</u>	\$		•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 S	Your spouse's Social Security number					
Column A	Column B	Column C	Column D	Column F				

Column A Form type	Column B Employer/Payer Identification Number	<b>Federal Wages</b>	umn C , Winnings, Gross compensation, etc.	Co Illinois Wage Distributions,	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** \$ 5,036.00

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





# **Illinois Department of Revenue**

					_								_							
Submission ID																				

Sten	1: Provide taxpayer information	·		nless it is requested for review.)
Otep	SUSHMITHA	PATLO	OLLA	7 3 0 _ 8 8 _ 0 9 7 7
	•	name (and last name if differen	nt) Last name	Social Security number
Print or	301 WOOD CREEK RD, 107			
type	Mailing address			Spouse's Social Security number
	WHEELING	IL	60090 ZIP	(919) 690-9699  Daytime phone number
	City	State		
	2: Complete information from		Choose one:	, <u> </u>
	Net income from Form IL-1040 or IL-1			1 <u>85,769</u>   <u>00</u> 2 <u>4,246</u>   <u>00</u>
	Tax from Form IL-1040 or IL-1040-X, I		ing OF anly (antor "O" if	
	Ilinois Income Tax withheld from Form Overpayment from Form IL-1040, Line		• (	4 790   00
	Total amount due from Form IL-1040,			5
	Filing status: X Single Married			/idowed Head of household
Ston	3: Complete direct deposit of r	ofund or cloatronic f	undo withdrowol info	venetion (Ontional)
withir <b>7</b> F		d by international funds. I		e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check.
				<del></del>
	Type of account: X Checking _			
	Date the payment is to be electronical			
	Electronic funds withdrawal amount: _	I_00_		
	Name on account:		<u> </u>	
Step	4: Taxpayer declaration and sig	nature (Sign only afte	er completing Step 2	and, if applicable, Step 3.)
×				lare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
	withdrawal as designated in the elec	ctronic portion of my 2025 processing of an electro	2 Illinois Original or Amen onic overpayment of taxe	gent to initiate an ACH electronic funds ided Individual Income Tax return. I authorize the s to receive confidential information
	I do not want direct deposit of my r	efund, or an electronic fo	unds withdrawal (direct d	ebit) of my balance due.
returr and a	n originator (ERO) are identical. To the baccompanying information may be sent accepted or rejected. If rejected, I authorized.	pest of my knowledge, my to IDOR by my ERO. I au	return is true, correct, and thorize IDOR to inform my	and the information I provided to my electronic decomplete. I consent that my return, this declaration, ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
here	Your signature	Date	Spouse's signature	e (if joint return, <b>both</b> must sign) Date
I decl		er's electronic Form IL-10 ts of this program and de	040 or IL-1040-X, the info eclare, under penalties of and complete.	ormation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the
	ERO's signature		02/11/2023 Date	Check if paid preparer: 🗵 (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-employed			Your PTIN
use only	245 ROONEY CT			8 8 - 2 1 4 5 4 8 7
Jilly	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	Daytime phone number

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

