Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number
	-
LAKSHMI MANIKANTA ANUMULA	424-73-6029
Spouse's name	Spouse's social security number
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.	
<b>1</b> Adjusted gross income	<b>1</b> 10,003.
<b>2</b> Total tax	<b>2</b> 0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 760.
4 Amount you want refunded to you	<b>4</b> 760.
5 Amount you owe	5

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

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

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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

		er fiv 't er							a	51	'n	y
3		6	(	C	2		9					
	L					L						

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

1	I will enter	r my l	PIN as my	/ signature	e on the i	income t	ax returr	n (original	or amend	l (bəb	am now	authorizin	g. Checl	this box	x only
_	if you are	ente	ring your	own PIN a	and your	return is	filed us	ing the P	ractitione	r PIN	method.	The ERO	must co	mplete F	Part III
	below.	ΝЛ	Q												
	below.		M							Dete	• • • • • • • • •	10004			

Your signature

Date	04/01/2024

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature 🕨	Date ►
Practitioner PIN Meth	od Returns Only—continue below
Part III Certification and Authentication – Pract	tioner 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 0 8 2 7 1

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 ►										
For Donorwork Doduction Act No				Earm 8879 (Bay 01 2021)							

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		202	2	OMB No. 1545-	0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of your s	ng separately (N pouse. If you cl	,			, ,	spor	lifying surviving use (QSS) name if the qualifying
Your first name		, ,	Last name						Vour oo	cial security number
										-
LAKSHMI		s first name and middle initial	ANUMULA Last name							73-6029 s social security number
n joint return, sj	Jouse s		Last name						Spouse	s social security number
Homo addrooo	(numbe	er and street). If you have a P.O. box, see	instructions					Apt. no.	Duratida	
	`	, , ,	instructions.					ъ. по.		ntial Election Campaigr nere if you, or your
<u>917 SOUT</u>				h alawa	0.1-	4-				if filing jointly, want \$3
		ce. If you have a foreign address, also co	mplete spaces	Delow.	Sta		ZIP o		to go to	this fund. Checking a
JEFFERSC		L'I'Y			MC	-	651			ow will not change
Foreign country	name		Foreigr	n province/state/	coun	ty	Foreig	in postal code	your tax	or refund.
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a rew	ard, award, or	payr	nent for prope	ty or	services); or	(b) sell,	You Spouse
Assets	exch	ange, gift, or otherwise dispose of a	ı digital asset	(or a financial i	nter	est in a digital a	asset)	? (See instru	ctions.)	🗌 Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spous	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you were	a dual-status	alier	1				
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents	s (see	instructions):	(2	2) Social security		(3) Relationshi	ip (4	) Check the bo	ox if quali	fies for (see instructions):
If more	<b>(1)</b> Fi	irst name Last name		number		to you		Child tax cr	redit	Credit for other dependents
than four										
dependents, see instructions	,									
and check	,									
here										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see instr	ructions) .					. 1a	10,003.
meonie	b	Household employee wages not re	eported on Fo	orm(s) W-2.					. 1b	1
Attach Form(s)	с	Tip income not reported on line 1a	(see instructi	ions)					. 1c	:
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted on Forn	n(s) W-2 (see ir	nstru	uctions)			. 1d	
W-2G and	е	Taxable dependent care benefits f	rom Form 244	41, line 26					. 1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Form	n 8839, line 29					. 1f	
If you did not	g	Wages from Form 8919, line 6							. 1g	
get a Form	h	Other earned income (see instructi	ons)						. 1h	0.
W-2, see	i	Nontaxable combat pay election (s	see instruction	ns)		<b>  1</b> i				
instructions.	z	Add lines 1a through 1h		· · · · ·					. 1z	10,003.
Attach Sch. B	2a		2a			axable interest			. 2b	
if required.	3a		3a		bC	Ordinary divider	nds .		. 3b	1
	4a	-	4a			axable amount			. 4b	
Standard	5a		5a			axable amount			. 5b	
Deduction for –	6a	Social security benefits	6a		bТ	axable amount			. 6b	
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection metho					[		
separately,	7	Capital gain or (loss). Attach Sche						[	7	
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin							. 8	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	10,003.
Qualifying spouse,	10	Adjustments to income from Sche				• · · · ·			. 10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11	
household,	12	Standard deduction or itemized	•	-					. 12	
\$19,400 • If you checked	13	Qualified business income deduction					• •		. 13	
any box under	14	Add lines 12 and 13					• •		. 13	
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer					 A		. 14 . 15	
see instructions.	15			51 -0 1115 15 y	Jui				. 15	0.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16		0.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		0.
	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		0.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	760.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d		760.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T						33		760.
Refund	34	If line 33 is more than line 24						34		760.
neiuna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆	35a		760.
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 2 9 1	0 3 5 5	6 7 2 3	5 9					
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe						
You Owe		For details on how to pay, g						37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	' See				
Designee	ins	structions	·			🗌 <b>Yes.</b> C	omplete l	oelow.	X No	
		signee's		Phone			onal identi	fication		
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here			piete. Deciaration	Date	Your occupation		1		nt you an Ide	-
	10	~  \/  K			Four occupation				IN, enter it h	2
Joint return?		1 lon		04/01/2024	SOFTWARE I	ENGINEER	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupat	tion			nt your spou	
Keep a copy for your records.								tity Prote inst.)	ection PIN, e	nter it here
<i>yea</i> . <i>receider</i>			•				,	1151.)		
		one no. (312) 687-906		Email address	LAKSHMIMANIK	ANTA260GMAIL.C			Charle !!	
Paid		eparer's name	Preparer's signat			Date	PTIN	0 7 0 0	Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	04/02/2024	P0208		Self-er	
Use Only		m's name GLOBAL TAX			(678) 965					
			Y CT E BRU	NSWICK N			Firm	's EIN		171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 07/23/23 PRO			Form <b>1</b>	040 (2022



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

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

В	LAK 917 JEF Fili	-73-6029 1992 SHMI MANIKANTA ANUMULA SOUTHWEST BLVD FERSON CITY MO 65109 LAKSHMIMANIKANTA26@GMAIL.COM ng status: Single Married filing jointly Married filing separately Widowed Hea		
		eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.		
D	Ch	eck the box if this applies to you during 2022: Nonresident - Attach Sch. NR 🗵 Part-year reside		
	Ste	p 2: Income	(Whole	e dollars only)
_	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2. Other additions. <b>Attach</b> Schedule M. <b>Total income</b> . Add Lines 1 through 3.	a. 2 3 4	10,003.00 .00 .00 10,003.00
T		p 3: Base Income		
	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 5	.00	
re	6	received if included in Line 1. <b>Attach</b> Page 1 of federal return. <b>5</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	
he	÷	Schedule 1, Ln. 1. 6	.00	
sm.	7	Other subtractions. Attach Schedule M. 7		0.0
for	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	8 9	<u>.00</u> 10,003 <sub>.00</sub>
660		p 4: Exemptions		
Staple W-2 and 1099 forms here	10	a Enter the exemption amount for yourself and your spouse. See instructions.       a       2         b Check if 65 or older:       You +       Spouse       # of checkboxes X \$1,000 = b       b         c Check if legally blind:       You +       Spouse       # of checkboxes X \$1,000 = c       c         d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.       Attach Schedule IL-E/EIC.       d         Exemption allowance. Add Lines 10a through 10d.       d	.00	2,425.00
S	Ste	p 5: Net Income and Tax		
		<i>Residents:</i> Net income. Subtract Line 10 from Line 9.		
	10	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sche	dule NR. <b>11</b>	4,548.00
	12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	12	225 <sub>.00</sub>
	13		12	.00
0-1	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	225.00
104	Ste	p 6: Tax After Nonrefundable Credits		
L-1	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
p	16	Property tax and K-12 education expense credit amount from Schedule ICR. <b>16</b>	.00	
k aı	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	
iec	18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
r ch	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	225.00
ino,		p 7: Other Taxes		
Staple your check and IL-1040-V	20	Household employment tax. See instructions.	20	.00
tap	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	21	0.00
S	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharg		.00
	23	Total Tax. Add Lines 19, 20, 21, and 22.	23	225 <sub>.00</sub>



24	Tota	al tax from Page 1, Line 2	3.															24	225.00
Ste	ep 8: F	Payments and Refund	able Credit																
25	Illinois	s Income Tax withheld. At	ttach Schedule IL-\	NIT.										2	5		297	.00	
26	Estim	nated payments from Forr	ns IL-1040-ES and	IL-5	505-	·I,													
	incluc	ding any overpayment app	plied from a prior ye	ear i	retu	rn.								2	6			.00	
27	Pass-	-through withholding. Atta	ch Schedule K-1-P	or k	<-1- <sup>-</sup>	T.								2	7_			.00	
28	Pass-	-through entity tax credit.	Attach Schedule K-	1-P	or k	<-1- <sup>-</sup>	T.							2	8			.00	
29	Earne	ed Income Credit from Sch	hedule IL-E/EIC, Ste	ep 4	, Lir	ne 8	. <b>A</b> i	ttach	Sch	ed	lule IL-E	E/EIC	С.	2	9			.00	
30	Total	payments and refundal	ble credit. Add Line	es 2	5 th	nrou	gh	29.										30	297.00
Ste	эр 9:Т	<b>Fotal</b>																	
31	If Line	e 30 is greater than Line 24	l, subtract Line 24 fr	om l	Line	30.												31	72.00
32	If Line	e 24 is greater than Line 30	), subtract Line 30 fr	om	Line	24.												32	.00
Ste	ep 10:	Underpayment of Est	imated Tax Pena	lty	and	d Do	on	atio	ns										
33	Late-	payment penalty for unde	prpayment of estimation	ated	tax									3	3_			.00	
		Check if at least two-third					e is	s fron	n far	m	ning.								
	b 🗌	Check if you or your spor	use are 65 or older	and	l pe	rma	ne	ntly l	iving	g i	in a nu	ursin	ng	hon	ne.				
	c 🗌	Check if your income was	s not received even	ly di	urin	g th	e y	vear a	and	yc	ou anr	nuali	ze	d yo	our	inc	ome on Fo	orm IL-2210.	
		Attach Form IL-2210.																	
	d 🗌	Check if you were not red	quired to file an Illin	ois	Indi	vidu	ıal	Inco	me <sup>-</sup>	Та	x retu	rn ir	n t	he p	rev	viou	ıs tax year.		
34	Volun	ntary charitable donations	Attach Schedule	G.										3	4		-	.00	
35	Total	penalty and donations.	Add Lines 33 and	34.														35	.00
Ste	p 11:	Refund or Amount y	ou owe																
	-	ء have an amount on Line ا		t is	area	ater	tha	anli	ne 3	35	subt	ract	Li	ne 3	5 f	rom	n Line 31		
•••	-	is your <b>overpayment</b> .		0	9.00						, 0001	aor						36	72.00
37		unt from Line 36 you want	refunded to you.	Cheo	ck o	ne h	าดช	on I	ine	3	8. See	inst	tru	ctio	ns.			37	72.00
		ose to receive my refund	-																
30		direct deposit - Comple	•		A/ if		ch	ook ·	thic	h	27								
	ar									T		_				1			
		You may also contribute to college savings funds	Routing number	0	8	1	9	0	4	8	8 0	8			×	С	hecking or	Savings	
		here. See instructions!	Account number	2	9	1	0	3	5	ţ	56	7	2	5		9			
							-			-			-						
	bП	paper check.																	
39		paper check.	. Subtract Line 37 f	rom	Lin	ie 36	6.8	See i	nstr	uc	ctions.							39	.00
	Amou	unt to be credited forward						See i	nstr	uc	ctions.							39	.00
	Amou If you	int to be <b>credited forward</b> have an amount on Line	32, add Lines 32 a	nd	35.	- 0	r -			uc	ctions.							39	.00
	Amou If you If you	unt to be <b>credited forward</b> I have an amount on Line I have an amount on Line	32, add Lines 32 a 31 and this amoun	nd and a tis	35. Iess	<b>- o</b> s tha	<b>r -</b> 1n l	Line	35,										
40	Amou If you If you subtra	unt to be <b>credited forward</b> have an amount on Line have an amount on Line act Line 31 from Line 35.	32, add Lines 32 a 31 and this amoun This is the <b>amount</b>	nd a t is <b>yo</b>	35. Iess <b>u ov</b>	- o s tha we. S	<b>r -</b> 1n l	Line	35,									39 40	.00
40	Amou If you If you subtra	unt to be <b>credited forward</b> I have an amount on Line I have an amount on Line	32, add Lines 32 a 31 and this amoun This is the <b>amount</b>	nd a t is <b>yo</b>	35. Iess <b>u ov</b>	- o s tha we. S	<b>r -</b> 1n l	Line	35,										

Signature - Note: If this is a joint return, both you and your spouse must sign below.

#### Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)		Daytime phone number		
Here								(312) 687	7-9069	
	Print/Type paid prepa	irer's name		Paid prepare	r's signature	Date (mm/dd/yyy	<i>y</i> )	Check if	Paid Preparer's PTIN	
Paid Preparer	SYAM PRIYA RAM SAGA	AR GUPTA TA	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	04/02/202	4	self-employed P02082703		
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN	►	843171965		
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522	
Third	Designee's name (pl	ease print)			Designee's phone nun	nber		Check if the Department may		
Party					( )			discuss this return with the the		
Designee				party designee shown in this step.						

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



٦	Illinois Department of Revo	enue
Į	2022 Schedule I	NR
<sup>2</sup> t	Attach to your Form IL-1040	

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

IL Attachment No. 2

	LAKSHMI MANIKANTA ANUMULA	4 2 4 _ 7 3 _ 6 0 2 9				
_	Your name as shown on your Form IL-1040	Your Social Security number				
S	Step 1: Provide the following information					
1	1 Were you, or your spouse if "married filing jointly," a full-year resident of	of Illinois during the tax year?				
	Yes X No If you answered "Yes," <b>STOP</b> you a	cannot use this form (see instructions).				
2	2 If you, or your spouse if "married filing jointly," were a part-year resider	nt during the tax year, tell us your residency dates for 2022.				
	<b>a</b> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <u>2</u> to <u>10</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <u>2</u> to <u>10</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <u>2</u> to <u>10</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <u>2</u> to <u>10</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <u>2</u> to <u>10</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <u>2</u> to <u>10</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>01</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>01</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>01</u> / <u>01</u> / <u>01</u> / <u>01</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>01</u> / <u>01</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>01</u> / <u>01</u> / <u>01</u> / <u>31</u> / <u>2</u> <u>2</u> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u>					
	<b>b</b> My spouse lived in <b>Illinois</b> from/ / <u>2</u> <u>2</u> to/ / <u>2</u> <u>2</u> Month Day Year Month Day Year					
3	3 If you were a resident of any of the states listed below during the tax y was in the military, or if you elected to use your service member spous					
	🗌 Iowa 📄 Kentucky 📄 Michigan 🗌	Wisconsin Military Spouse				
4	4 List any state other than Illinois or any states already indicated on Line Enter the two-letter abbreviation of that state.	e 2 or 3 above, that you claimed residency for tax purposes in 2022.				

# Step 2: Complete Form IL-1040

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

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

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

_				Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	10,003.00	6,003 <u>.00</u>
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
ome	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
ğ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
⊒	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	.00	.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	))		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total ind	come	. 20	6,003 <u>.00</u>
		Continue with Step 3 on Page 2			



# Schedule NR – Page 2

# Step 3: Continued

St	ер	3: Continued		umn A ral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	6,003.00
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
me	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)			.00
tol	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00	.00
	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	.00
D	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)		.00	.00
djustments			30		.00
<b>I</b> St	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	.00
Ē	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
Ž	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	10,003.00	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted group	ss income.	38	6,003.00

# Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
ents	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
١Ĕ	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
st	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	6,003.00
≓	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
₫		Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
ois		Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
.ĭ≦	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

# Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
		your Illinois base income.		46	6,003.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
<b>D</b>	47	Enter the base income from Form IL-1040, Line 9.	47	10,003.00	
ati	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
nlê		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 600	
Calculation	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,425.00	
Ca	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
-		allowance.		50	1,455.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.	$\rightarrow$	51	4,548.00
	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>	$\rightarrow$	52	225.00



Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

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

Use the reference for Column A shown in the chart below.							
Form Type	Form Type Letter Code for Form Type Column A		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	Ν				

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

LA	KSHMI MANIKA	NTA ANUMULA	4 2	4 _	7 3	_ (	6	0 2	29			
Yo	Your name as shown on Form IL-1040			Your Social S	Your Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C ges, Winnings, Gross s, Compensation, etc.	Illinois W Distributio		D nings, Gros ensation, e		Illinois	mn E Income ithheld		
1	W	84-5158047	\$	6,003 <b>₀00</b>	\$	6,0	)03 <b>.00</b>	\$_		297 <b>.00</b>		
2			\$	•00	\$		•00	\$_		•00		
3			\$	•00	\$		<u>•00</u>	\$_		•00		
4			\$	•00	\$		<u>•00</u>	\$_		•00		
5			\$	•00	\$		• <u>00</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 Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	u <b>mn C</b> Winnings, Gross ompensation, etc.	Illinois Wage	lumn D s, Winnings, Gross Compensation, etc.	111	Column E inois Income ax 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.

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

Illinois Department of Revenue		ubmission ID
2022 IL-8453 Illinois Individ (Do not mail Form IL-8453 to the Illinois I		
Step 1: Provide taxpayer information		
LAKSHMI MANIKANTA	ANUMULA	<u>4</u> <u>2</u> <u>4</u> <u>-</u> <u>7</u> <u>3</u> <u>-</u> <u>6</u> <u>0</u> <u>2</u> <u>9</u>
First name and middle initial Spouse's first name (and last name <b>Print</b> 917 SOUTHWEST BLVD	if different) Last name	Social Security number
Or		Spouse's Social Security number
type Mailing address JEFFERSON CITY MO	65109	(312) 687-9069
City State	ZIP	Daytime phone number
Step 2: Complete information from tax return	Choose one: 🗙 I	L-1040 🔲 IL-1040-X
1 Net income from Form IL-1040 or IL-1040-X, Line 11		<b>1</b> <u>4,548</u> ] <u>00</u>
2 Tax from Form IL-1040 or IL-1040-X, Line 14		<b>2</b> <u>225</u> <b>00</b>
3 Illinois Income Tax withheld from Form IL-1040 or IL-10		
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X		4 <u>72   00</u> 5   00
<ul> <li>5 Total amount due from Form IL-1040, Line 40 or IL-104</li> <li>6 Filing status: X Single Married filing jointly</li> </ul>		•
Step 3: Complete direct deposit of refund or electr		
7       Routing no. (RN):       0       8       1       9       0       4       8       0       8         8       Account no. (AN):       2       9       1       0       3       5       5       6         9       Type of account:       X       Checking       Savings		
<b>10</b> Date the payment is to be electronically withdrawn:		
11 Electronic funds withdrawal amount:I	<u>0</u>	
12 Name on account:		
Step 4: Taxpayer declaration and signature (Sign or	nly after completing Step 2 an	id, if applicable, Step 3.)
I consent that my refund may be directly deposited a correct. If I have filed a joint return, this is an irrevoca		
I authorize the Illinois Department of Revenue (IDOF withdrawal as designated in the electronic portion of r financial institutions involved in the processing of an necessary to answer inquiries and resolve issues re	my 2022 Illinois Original or Amende electronic overpayment of taxes to	ed Individual Income Tax return. I authorize the
I do not want direct deposit of my refund, or an elect	tronic funds withdrawal (direct deb	it) of my balance due.
Under penalties of perjury, I declare the information on my electric return originator (ERO) are identical. To the best of my knowled and accompanying information may be sent to IDOR by my ER been accepted or rejected. If rejected, I authorize IDOR to iden $\sqrt{\frac{2}{2}}$	dge, my return is true, correct, and co RO. I authorize IDOR to inform my Ef ntify the reason(s) so the return may	omplete. I consent that my return, this declaration, RO and/or the transmitter when my return has
Sign V M 04/01/20		f joint return, <b>both</b> must sign) Date
Step 5: Electronic return originator (ERO) and paid I declare that I have examined this taxpayer's electronic Form information. I have followed all requirements of this program taxpayer's return and accompanying information are true, co	m IL-1040 or IL-1040-X, the inform and declare, under penalties of p	nation on this Form IL-8453, and accompanying
	04/02/2024	Check if paid preparer: 🔀 (See instructions.)
ERO's signature	Date	· · · — ·

ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			<u>P02_0_8_2_7_0_3</u> Your PTIN
only	245 ROONEY CT Mailing address			$\underbrace{8}_{\text{Federal employer identification number (FEIN)}} \underbrace{8}_{\text{Federal employer identification number (FEIN)}} \underbrace{4}_{\text{Federal employer identification number (FEIN)}}$
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	Daytime phone number

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

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

