

**IRS e-file Signature Authorization**

OMB No. 1545-0074

▶ **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 <u>PRATHYUSHA YELURI</u>	Social security number 738-52-7121
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>	90,875.
<b>2</b> Total tax . . . . .	<b>2</b>	12,761.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	14,408.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	1,647.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

**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 

2	7	1	2	1
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 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ y.prathyusha Date ▶ 02/28/2023

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

I authorize \_\_\_\_\_ to enter or generate my PIN 

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

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  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:

Your first name and middle initial PRATHYUSHA		Last name YELURI		Your social security number 738-52-7121	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 941 SKYLINE LOOP				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. CENTERTON			State AR	ZIP code 72719	
Foreign country name		Foreign province/state/county		Foreign postal code	

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 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

**Dependents** (see instructions):

If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
				Child tax credit	Credit for other dependents
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b>	100,595.
	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>	
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>	0.
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . .	<b>1i</b>	
	<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b>	100,595.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>			
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>		
<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>	-9,720.	
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	90,875.	
<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>		
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	90,875.	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,950.	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	12,950.	
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b>	77,925.	

Attach Sch. B if required.

**Standard Deduction for—**

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under **Standard Deduction**, see instructions.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	12,761.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	12,761.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	12,761.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	12,761.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	14,408.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	14,408.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) No	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	14,408.	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,647.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,647.
	<b>b</b>	Routing number 071000013 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 798375569		
<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address PRATHYUSHAUIDEV@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/28/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**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  
PRATHYUSHA YELURI

Your social security number  
738-52-7121

**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>	-9,720.
<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 ABLE 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>	-9,720.

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

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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.

OMB No. 1545-0074

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

Name(s) shown on return

PRATHYUSHA YELURI

Your social security number

738-52-7121

**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)

<b>A</b>	H NO:11-10-740/20/7 RAPARTHI NAGAR KHAMMAM, TELANGANA IN 507001
<b>B</b>	
<b>C</b>	

<b>1b</b> Type of Property (from list below)	<b>2</b> 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
<b>A</b> 3		185	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> 680.		
<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> 1,015.		
<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> 1,131.		
<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> 2,954.		
<b>15</b> Supplies . . . . .	<b>15</b> 2,800.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 2,500.		
<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> 10,400.		
<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> -9,720.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 9,720. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 680.		
<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> 10,400.		
<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> ( 9,720. )		
<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> -9,720.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-9,720.

Schedule E (Form 1040) 2022

**Health Savings Accounts (HSAs)**

Attach to Form 1040, 1040-SR, or 1040-NR.  
 Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.  
 If both spouses have HSAs, see instructions.  
 738-52-7121

PRATHYUSHA YELURI

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2 0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	6 3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	7 0.
8	Add lines 6 and 7 . . . . .	8 3,650.
9	Employer contributions made to your HSAs for 2022 . . . . .	9 220.
10	Qualified HSA funding distributions . . . . .	10
11	Add lines 9 and 10 . . . . .	11 220.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 3,430.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18
19	Qualified HSA funding distribution . . . . .	19
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21

# 2022 AR1000NR

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Nonresident and Part Year Resident



# P1

#### CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2022 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_ •

PROSERIES

TAXPAYER INFORMATION	Primary's legal first name • PRATHYUSHA		MI •	Last name • YELURI		Check if • <input type="checkbox"/> Deceased		Primary's social security number • 738-52-7121		
	Spouse's legal first name •		MI •	Last name •		Check if • <input type="checkbox"/> Deceased		Spouse's social security number •		
	Mailing address (number and street, P.O. box or rural route) • 941 SKYLINE LOOP							<input type="checkbox"/> Check if address is outside U.S.		
	City • CENTERTON		State or province • AR		ZIP • 72719		Foreign country name			
	Primary email				Secondary email					
	<b>ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN</b>				• <input checked="" type="checkbox"/> <b>NONRESIDENT:</b>		• <input type="checkbox"/> <b>PART YEAR RESIDENT:</b> Dates lived in AR:			
					List state of residence: ILLINOIS		From: _____ To: _____			
	• <input type="checkbox"/> We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.									
	• <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.					• <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension				
	DL# / State ID		Your state		Issue date		Expiration date			
WDL38B65203B		WA		10/06/2018		07/19/2023				
DL# / State ID		Spouse state		Issue date		Expiration date				
FILING STATUS	1. • <input checked="" type="checkbox"/> Single (Or widowed before 2022 or divorced at end of 2022)					4. • <input type="checkbox"/> Married filing separately on the same return				
	2. • <input type="checkbox"/> Married filing joint (Even if only one had income)					5. • <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____				
3. • <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____					6. • <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____					
PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf • <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)									
	<input type="checkbox"/> Spouse • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf									
	Multiply number of boxes checked .....7A <input type="checkbox"/> X \$29 = <span style="float: right; border: 1px solid black; padding: 2px;">29.00</span>									
	<b>Dependents (Do not list yourself or spouse)</b>									
	First name		Last name		Dependent's social security number		Dependent's relationship to you			
	1.									
	2.									
	3.									
	4.									
	5.									
7B. Multiply number of <b>DEPENDENTS</b> from above.....7B • <input type="checkbox"/> X \$29 = <span style="float: right; border: 1px solid black; padding: 2px;">00</span>										
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) .....7C • <input type="checkbox"/> X \$500 = <span style="float: right; border: 1px solid black; padding: 2px;">00</span>										
7D. <b>TOTAL PERSONAL TAX CREDITS:</b> (Add lines 7A, 7B, and 7C. Enter total here and on line 34) .....7D <span style="float: right; border: 1px solid black; padding: 2px;">29.00</span>										





Primary SSN 738-52-7121

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
<b>ROUND ALL AMOUNTS TO WHOLE DOLLARS</b>					
<b>INCOME</b>	8. Wages, salaries, tips, etc: (Attach W-2s) ..... 8	● 100,595.00	●	● 48,698.00	
	9. Military pay: Primary ● [ ] 00 Spouse ● [ ] 00				
	10. Interest income: (If over \$1,500, attach AR4) ..... 10	● [ ] 00	● [ ] 00	● [ ] 00	
	11. Dividend income: (If over \$1,500, attach AR4) ..... 11	● [ ] 00	● [ ] 00	● [ ] 00	
	12. Alimony and separate maintenance received: ..... 12	● [ ] 00	● [ ] 00	● [ ] 00	
	13. Business or professional income: (Attach federal Sch. C) ..... 13	● [ ] 00	● [ ] 00	● [ ] 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) .. 14	● [ ] 00	● [ ] 00	● [ ] 00	
	15. Other gains or (losses): (See instructions) ..... 15	● [ ] 00	● [ ] 00	● [ ] 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ... 16	● [ ] 00	● [ ] 00	● [ ] 00	
	17. Military retirement: Primary ● [ ] 00 Spouse ● [ ] 00				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [ ] 00 Taxable ● [ ] 00 Less \$6,000	18A ● [ ] 00		● [ ] 00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [ ] 00 Taxable ● [ ] 00 Less \$6,000	18B ● [ ] 00	● [ ] 00	● [ ] 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) ..... 19	● -9,720.00	● [ ] 00	● 0.00	
	20. Farm income: (Attach federal Sch. F) ..... 20	● [ ] 00	● [ ] 00	● [ ] 00	
	21. Unemployment: ..... 21	● [ ] 00	● [ ] 00	● [ ] 00	
	22. Other income/depreciation differences: (Attach Form AR-OI) ..... 22	● [ ] 00	● [ ] 00	● [ ] 00	
	23. <b>TOTAL INCOME:</b> (Add lines 8 through 22) ..... 23	● 90,875.00	● [ ] 00	● 48,698.00	
	24. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ) ..... 24	● [ ] 00	● [ ] 00	● [ ] 00	
	25. <b>ADJUSTED GROSS INCOME:</b> (Subtract line 24 from line 23) ..... 25	● 90,875.00	● [ ] 00	● 48,698.00	
	<b>TAX COMPUTATION</b>	26. Select tax table: (Select only one) ..... 26			
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3) ..... 27	● 2,270.00	● [ ] 00	
		28. <b>NET TAXABLE INCOME:</b> (Subtract line 27 from line 25) ..... 28	● 88,605.00	● [ ] 00	
		29. <b>TAX:</b> (Enter tax from tax table) ..... 29	● 3,867.00		
		30. Combined tax: (Add amounts from line 29, columns A and B) ..... 30			3,867.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) ..... 31			● [ ] 00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) ..... 32				● [ ] 00	
33. <b>TOTAL TAX:</b> (Add lines 30 through 32) ..... 33			● 3,867.00		
<b>TAX CREDITS</b>	34. Personal tax credit(s): (Enter total from line 7D) ..... 34			● 29.00	
	35. Child care credit: (Attach AR2441) ..... 35			● [ ] 00	
	36. Other credits: (Attach AR1000TC) ..... 36			● [ ] 00	
	37. <b>TOTAL CREDITS:</b> (Add lines 34 through 36) ..... 37			● 29.00	
	38. <b>NET TAX:</b> (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) ..... 38			● 3,838.00	
<b>APPORTIONMENT</b>	38A. Enter the amount from line 25, Column C: ..... 38A			● 48,698.00	
	38B. Enter the total amount from line 25, Columns A and B: ..... 38B			● 90,875.00	
	38C. Divide line 38A by 38B: (See instructions) ..... 38C		0.535879		
	38D. <b>APPORTIONED TAX LIABILITY:</b> (Multiply line 38 by line 38C) ..... 38D			● 2,057.00	



Primary SSN 738-52-7121

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) ..... 39	●	2,209.	00	
	40. Estimated tax paid or credit brought forward from 2021: ..... 40	●		00	
	41. Payment made with extension: (See instructions) ..... 41	●		00	
	42. <b>AMENDED RETURNS ONLY</b> - Previous payments: (See instructions) ..... 42	●		00	
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) ..... 43	●		00	
	44. <b>TOTAL PAYMENTS:</b> (Add lines 39 through 43) ..... 44	●	2,209.	00	
	45. <b>AMENDED RETURNS ONLY</b> - Previous refund: (See instructions) ..... 45	●		00	
46. Adjusted total payments: (Subtract line 45 from line 44) ..... 46	●	2,209.	00		
REFUND OR TAX DUE	47. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If line 46 is greater than line 38D, enter difference) ..... 47	●	152.	00	
	48. Amount to be applied to 2023 estimated tax: ..... 48	●		00	
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) ..... 49	●		00	
	50. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract lines 48 and 49 from line 47) ..... <b>REFUND</b> 50	●	☺	152.	00
	51. <b>AMOUNT DUE:</b> (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A) ..... <b>TAX DUE</b> 51	●	☹		00
	52A. <b>UEP:</b> Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● Penalty 52B ●				00
52C. Add lines 51 and 52B: (See instructions) ..... <b>TOTAL DUE</b> 52C	●			00	
DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>				
	<b>Routing number 1</b> ● 0 7 1 0 0 0 1 3	<b>Account number 1</b> ● 7 9 8 3 7 5 5 6 9	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	<b>Direct deposit 1 amt.</b> ● 152. 00	
	<b>Routing number 2</b> ●	<b>Account number 2</b> ●	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<b>Direct deposit 2 amt.</b> ● 00	
PLEASE SIGN HERE	<b>PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</b>				
	Primary's signature	Date	Telephone	<b>May the Arkansas Revenue Division discuss this return with the preparer?</b>	
Spouse's signature	Date	Telephone			
PAID PREPARER	Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/28/2023		PTIN/ID number ● 843171965		
	Preparer's name GLOBAL TAXES LLC		Telephone (678) 965-9522		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	For Department Use Only				
	Address 245 ROONEY CT		City E BRUNSWICK		
State NJ		ZIP 08816			
E-mail SYAM@GTAXFILE.COM					
<b>PAY ONLINE:</b> Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.		<b>Refund:</b> Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000			
<b>PAY BY MAIL: (See instructions)</b>		<b>Tax Due/No Tax:</b> Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144			
<b>PAY BY CREDIT CARD: (See instructions)</b>					



**ARKANSAS INDIVIDUAL INCOME TAX  
DECLARATION FOR ELECTRONIC FILING**

Primary's Legal First Name and Middle Initial ● PRATHYUSHA		Last Name ● YELURI	Primary's Social Security Number ● 738-52-7121
Spouse's Legal First Name and Middle Initial		Last Name	Spouse's Social Security Number ●
Mailing Address (Number and Street, P.O. Box or Rural Route) 941 SKYLINE LOOP			Telephone ● (425) 906-9355
City CENTERTON	State or Province AR	ZIP 72719	<input type="checkbox"/> Check if address is outside U.S. Foreign Country

**PART I - TAX RETURN INFORMATION** (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	90,875.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2		00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	●	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	152.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00

**PART II - DECLARATION OF TAXPAYER**

6a.  I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.

6b.  I do not want direct deposit of my refund or I am not receiving a refund.

6c.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2022 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

**Sign Here**

Primary's Signature	Date	Spouse's Signature	Date
---------------------	------	--------------------	------

**PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

**ERO'S Use Only**

ERO'S Signature	02/28/2023	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	Your SSN or PTIN
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK NJ	08816	88-2145487
Firm's name and address				FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**Paid Preparer's Use Only**

Preparer's Signature	02/28/2023	Check if self-employed <input type="checkbox"/>	P02082703
SYAM PRIYA RAM SAGAR GUPTA TALLAM	245 ROONEY CT	E BRUNSWICK NJ	08816 84-3171965
Firm's name and address			
FEIN			



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

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

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

738-52-7121 1994  
 PRATHYUSHA YELURI



941 SKYLINE LOOP  
 CENTERTON AR 72719  
 PRATHYUSHAUDEV@GMAIL.COM

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

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

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

**Step 2: Income**

(Whole dollars only)

<b>1</b>	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	<b>1</b>	90,875.00
<b>2</b>	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b>	.00
<b>3</b>	Other additions. Attach Schedule M.	<b>3</b>	.00
<b>4</b>	<b>Total income.</b> Add Lines 1 through 3.	<b>4</b>	90,875.00

**Step 3: Base Income**

<b>5</b>	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	<b>5</b>	.00
<b>6</b>	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b>	.00
<b>7</b>	Other subtractions. Attach Schedule M.	<b>7</b>	.00
<b>8</b>	Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b>	.00
<b>9</b>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	90,875.00

**Step 4: Exemptions**

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

**Step 5: Net Income and Tax**

<b>11</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	<b>11</b>	88,450.00
<b>12</b>	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b>	4,378.00
<b>13</b>	Recapture of investment tax credits. Attach Schedule 4255.	<b>13</b>	.00
<b>14</b>	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	<b>14</b>	4,378.00

**Step 6: Tax After Nonrefundable Credits**

<b>15</b>	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	<b>15</b>	2,057.00
<b>16</b>	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	<b>16</b>	.00
<b>17</b>	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	<b>17</b>	.00
<b>18</b>	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b>	2,057.00
<b>19</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	<b>19</b>	2,321.00

**Step 7: Other Taxes**

<b>20</b>	Household employment tax. See instructions.	<b>20</b>	.00
<b>21</b>	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	<b>21</b>	0.00
<b>22</b>	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b>	.00
<b>23</b>	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	<b>23</b>	2,321.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 2,321.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 2,449.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 2,449.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 128.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 128.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 128.00

38 I choose to receive my refund by

a Direct deposit - Complete the information below if you check this box.

Form with routing number 071000013, account number 798375569, and checkboxes for Checking or Savings.

b Paper check.

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

Step 12: Health Insurance Checkbox and Signature

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

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

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

Signature and preparer information table with fields for signatures, dates, phone numbers, and firm details.

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



# 2022 Schedule CR Credit for Tax Paid to Other States

Attach to your Form IL-1040



## Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; **and**
- you paid income tax to another state on income you earned while you were an Illinois resident; **and**
- the income subject to the other state's tax is included in your Illinois base income; **and**
- you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should **not** file this schedule if

- you were a **nonresident** of Illinois during the entire tax year; **or**
- you did **not** pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

**Note** If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

## Step 1: Provide the following information

PRATHYUSHA YELURI

Your name as shown on your Form IL-1040

7 3 8 - 5 2 - 7 1 2 1  
Your Social Security number

## Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



**Illinois residents:** In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

**Part-year residents:** In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

	Column A Total	Column B Non-Illinois Portion
	(Whole dollars only)	(Whole dollars only)

Read the instructions before completing this step.

Income	1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	1	100,595.00	48,698.00
	2	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	2	.00	.00
	3	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	3	.00	.00
	4	Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	4	.00	
	5	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	5	.00	
	6	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	6	.00	.00
	7	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	7	.00	.00
	8	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	8	.00	.00
	9	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	9	.00	
	10	Pensions and annuities (federal Forms 1040 or 1040-SR, Line 5b)	10	.00	
	11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	11	-9,720.00	0.00
	12	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	12	.00	.00
	13	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	13	.00	.00
	14	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	14	.00	
	15	Other income. <b>See instructions.</b> (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Identify each item. _____	15	.00	.00
	16	Add Columns A and B, Lines 1 through 15.	16	90,875.00	48,698.00

Continue with Step 2 on Page 2 →

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.



<b>Column A</b>	<b>Column B</b>
<b>Total</b>	<b>Non-Illinois Portion</b>
(Whole dollars only)	(Whole dollars only)

	17 Enter the amounts from Page 1, Line 16.	17	90,875.00	48,698.00
<hr/>				
Adjustments to Income	18 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	18	.00	.00
	19 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	19	.00	.00
	20 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	20	.00	.00
	21 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	21	.00	.00
	22 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	22	.00	.00
	23 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)	23	.00	.00
	24 Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 17)	24	.00	.00
	25 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	25	.00	.00
	26 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	26	.00	.00
	27 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	27	.00	.00
	28 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	28	.00	.00
	29 RESERVED	29		
	30 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	30	.00	.00
31 Other adjustments. <b>See instructions.</b>	31	.00	.00	
32 Add Columns A and B, Lines 18 through 31.	32	.00	.00	
33 Subtract Columns A and B, Line 32 from Line 17.	33	90,875.00	48,698.00	

### Step 3: 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.

<b>Column A</b>	<b>Column B</b>
<b>Form IL-1040 Total</b>	<b>Non-Illinois Portion</b>
(Whole dollars only)	(Whole dollars only)

Illinois Adjustments	34 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	34	.00	.00	
	35 Other additions (Form IL-1040, Line 3)	35	.00	.00	
	36 Add Columns A and B, Lines 33, 34, and 35.	36	90,875.00	48,698.00	
	<hr/>				
	37 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	37	.00	.00	
	38 Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	38	.00		
	39 Other subtractions (Form IL-1040, Line 7)	39	.00	.00	
40 Add Columns A and B, Lines 37 through 39.	40	.00	.00		
41 Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	41	90,875.00	48,698.00		

Continue to Page 3 →



### Step 4: Figure your Schedule CR decimal

	Column A	Column B
<b>Decimal</b> 42 Enter the amount from Line 41, Column A and Column B.	42 90,875.00	48,698.00
43 Divide Column B, Line 42 by Column A, Line 42 (round to three decimal places). Enter the appropriate decimal. If Column B, Line 42 is greater than Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53.	→	43 0.536

### Step 5: Part-year residents only (Full year residents, go to Step 6.)

<b>Part-Year Only</b> 44 Enter the base income from your Form IL-1040, Line 9.	44	.00
45 Divide Column A, Line 42 by Line 44 (round to 3 decimal places). Enter the appropriate decimal. If Column A, Line 42 is greater than Line 44, enter 1.000.	45	
46 Enter the exemption amount from Form IL-1040, Line 10.	46	.00
47 Multiply Line 45 by Line 46.	47	.00
48 Subtract Line 47 from Column A, Line 42.	48	.00
49 Multiply Line 48 by 4.95% (.0495). Enter this amount on Step 6, Line 52, and continue on to Step 6, Line 50.	49	.00

### Step 6: Figure your credit

<b>Credit for Tax Paid to Other States</b> 50 If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin		
51 Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include <b>only</b> : • State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2. • City or local government withholding from Form W-2 when a tax return is not required to be filed.	51	2,057.00
52 <b>Illinois Residents:</b> Enter your Illinois tax due from Form IL-1040, Line 12. <b>Part-year Residents:</b> Enter the amount from Step 5, Line 49.	52	4,378.00
53 Enter the decimal amount from Step 4, Line 43 here.	53	0.536
54 Multiply Line 52 by Line 53.	54	2,347.00
55 Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on Form IL-1040, Line 15. This is your tax credit.	55	2,057.00

→ **Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.** ←





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)

PRATHYUSHA YELURI

7 3 8 - 5 2 - 7 1 2 1  
Your Social Security number

Your name as shown on Form IL-1040

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	26-4787307	\$ 41,401.00	\$ 41,401.00	\$ 1,929.00
2 W	68-0635304 000	\$ 10,496.00	\$ 10,496.00	\$ 520.00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

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

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

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 2,449.00

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