Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Subm	ission Identification Number (SID)				
Taxpaye	er's name	Social secur	ity num	ber	
SAN	DEEP BODDU	786-63	8-008	0	
Spouse	's name	Spouse's so			r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	Vear Voll	are all	thorizina	1
	whole dollars only on lines 1 through 5.	year you	ale au	iti iorizirig.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1 1	84	,419.
2	Total tax		2		,342.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,635.
4	Amount you want refunded to you		4		,293.
5	Amount you owe		5		, _ , _ ,
Part		eep a cop	y of y	your retu	rn)
my know return to send for any Agent to payme authori payme business taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by	e are the anter, or electricion of the second of the secon	ronic re transmi and its tax preje e entry zation. be recei of the e	from the incepturn original sistem, (b) the designated paration soft to this according revoke (ived no late lectronic packnowledge	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		ov DINI	0	0 8 0	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ei		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. Signature ▶ Date ▶				
Your s	signature ► Date ►	04/05/2	023		
Spaur	pe'a DINI, ahaak ana hay anh				
Spous	se's PIN: check one box only	av DINI			
	I authorize to enter or generate r	,	ater five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spous	e'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. 5 1	8 9 5 Don't en	2 3	1 9 8	9
		2011 (611	an 2	00	
authori	If that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in	accordance	
ERO's	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status	\mathbf{X}	Single Married filing jointly	Marrie	ed filing separately (N	ИFS)	☐ Head of	house	hold (HO	H) [ifying survi	ving
Check only one box.		u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you c	heck	ed the HOH or	QSS	box, ent	er the		use (QSS) name if the	e qualifying
Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial security	number
SANDEEP			BODD	U					7	786-6	53-0080	
	oouse's	first name and middle initial	Last nar						-			urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	F	resider	ntial Election	n Campaign
920 SWEE	TFLO	OWER DR									nere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP o	ode			if filing joint this fund. C	
HOFFMAN	ESTA	ATES			II	1	601	L69		0	ow will not o	0
Foreign country	name		F	oreign province/state/	count	У	Forei	gn postal c	ode y	our tax	or refund.	Ü
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) reca ange, gift, or otherwise dispose of a	,	·			•		,	,	Yes	⊠ No
Standard		eone can claim: You as a de						, ,				
Deduction		Spouse itemizes on a separate retur	•									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spe	ouse	: Was bor	n bef	ore Janu	ary 2,	1958	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check t	he box	if qualif	ies for (see i	nstructions):
If more	(1) Fi	rst name Last name		number		to you		Child t	ax cred	dit	Credit for oth	er dependents
than four]
dependents, see instructions	s ——											<u>] </u>
and check												<u> </u>
here												<u>] </u>
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	9	4 , 875.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep		()	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruct	,				ή.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>						
	Z	Add lines 1a through 1h								1z		4,875.
Attach Sch. B	2a	'	2a			axable interest				2b		
if required.	3a		3a			rdinary divide				3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a		5a			axable amoun				5b		
Single or	6a	,	6a	a a de a al a de a de a de a		axable amoun	τ			6b		
Married filing separately,	c	If you elect to use the lump-sum e		•	•	,			. 📙	-		
\$12,950	7	Capital gain or (loss). Attach Sche							. Ш	7	1	0.456
 Married filing jointly or 	8	Other income from Schedule 1, lin								8		0,456.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	+ 8	4,419.
\$25,900	10	Adjustments to income from Sche								10	+	4 44 0
 Head of household, 	11	Subtract line 10 from line 9. This is	•	-						11		4,419.
\$19,400	12	Standard deduction or itemized		•	,					12	1	2,950.
If you checked any box under	13	Qualified business income deducti								13	+	0.050
Standard Deduction,	14	Add lines 12 and 13								14		2,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our 1	axable incom	ie .			15		1,469.

Form 1040 (202)	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	11,342.
Credits	17	Amount from Schedule 2, lin	ne 3				[17	
	18	Add lines 16 and 17						18	11,342.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0			[22	11,342.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	11,342.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 15	6,635.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15 , 635.
.,	26	2022 estimated tax paymen						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27	Ì		
attach Sch. EIC.	28	Additional child tax credit from							
	29	American opportunity credit				28			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	,	•	•		+	33	15,635.
	34	If line 33 is more than line 24						34	4,293.
Refund	35a	Amount of line 34 you want				•	1	35a	4,293.
Direct deposit?	b	Routing number 1 2 1			c Type:		Savings	000	
See instructions.		Account number 3 2 5							
	36	Amount of line 34 you want				36			
Amount	37					00			
You Owe	31	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	•	•		38		31	
Third Party		you want to allow another							
Designee		structions					omplete be	elow.	X No
Doolgilloo		signee's		Phone		-	onal identific		
		me		no.			ber (PIN)		
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	d accompanying scl	nedules and stateme	nts, and to t	the best	t of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all information	on of which	prepare	r has any knowledge.
TICIC	Yo	ur signature		Date	Your occupation				nt you an Identity
1					SOFTWARE	EMDOI VEE	(see ir		N, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hath must sian	Date	Spouse's occupa		,		nt your spouse an
Keep a copy for	Ор	ouse's signature. If a joint return, i	botti must sign.	Date	opouse's occupa	1011			ection PIN, enter it here
your records.							(see in	ıst.)	
	Ph	one no. (408) 707-813	3	Email address	BODSA04@G	MAIL.COM			
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/06/2023	P02082	703	Self-employed
Preparer	Fin	m's name GLOBAL TA	XES LLC				Phone		678) 965-9522
Use Only	Fire		Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.a	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)
3									

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SANDEEP BODDU

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

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

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

Your social security number 786-63-0080

Par	t I Additional Income	·		
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-10,456.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e	-	
f	Income from Form 8889	8f	-	
g	Alaska Permanent Fund dividends	8g	-	
h	Jury duty pay	8h	-	
į	Prizes and awards	8i	-	
j	Activity not engaged in for profit income	8j	-	
k	Stock options	8k	-	
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see	0		
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n 8o	-	
o a	Section 951A(a) inclusion (see instructions)	8p	-	
	Taxable distributions from an ABLE account (see instructions)	8g		
q r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form	OI	-	
3	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	03 (
٠	a nongovernmental section 457 plan	8t		
ш	Wages earned while incarcerated	8u	-	
z				
_	Cuter moorne. List type and amount.	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040. 1040-SR		_	-10,456.

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

Name(s) shown on return

Your social security number

SANI	DEEP BODDU						786-6	3-0080	1
Par									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.	+ - C1 -		10000	. !				- V IN-
	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es U No
1a	Physical address of each property (street, city, state, ZIF	cod	e)						
Α	F 501 BLOSSOMS APARTMENTS 3RD LANE KRI	SHN	A NAGA	GUNT	UR,A	NDHRA PRA	ADESH :	IN 522	006
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair in				Fa	ir Rental Days	Persor	al Use	QJV
Α	gersonal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f			В		303			
C	qualified joint venture. See instru	ctions	S.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Lanc	1	7	Self-Rental			
	Multi-Family Residence 4 Commercial	tai	6 Roya			Other (descr	rihe)		
	Walti Falliny Nesidence 4 Commercial		. Tioye	aitios					
						Properti	es:		
Incor				Α		В			С
3	Rents received	3		6	62.				
4	Royalties received	4							
-	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,4	15.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,6	92.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			63.				
15	Supplies	15		1,7	54.				
16	Taxes	16							
17	Utilities	17		2,8	94.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,1	18.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must			10 4	г.с				
	file Form 6198	21	'	-10,4	56.				
22	Deductible rental real estate loss after limitation, if any,		,		٠. ١	,	,	,	,
00	on Form 8582 (see instructions)	22		10,45		()	()
23a	Total of all amounts reported on line 3 for all rental proper				23a		662.		
b	Total of all amounts reported on line 4 for all royalty properties of all amounts reported on line 4 for all royalty properties.				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	11	,118.		
24	Income. Add positive amounts shown on line 21. Do no		•				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estat							(10,456.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a		•						_10 /56
	SCHEDULE LIFORM HIGHII LINE'S LITRAMAICA INCILIDA TRIC OF	nound	In the to	ו מח וגו	ne /11	OD DAGE 7	26		- 1 11 /1 5 6

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

7	36-63-0080 1986 11.11.11.11.11.11.11.11.11.11.11.11.11.		
S	ANDEEP BODDU (1991) (1991) (1991)		
9	20 SWEETFLOWER DR	47163186641	X (EXAMPLE IIII
Н	OFFMAN ESTATES IL 60169 COOK	A DESIGNATION	MANAS MACINI
	BODSA04@GMAIL.COM		
В	Filing status: 🗵 Single 🗌 Married filing jointly 🔲 Married filing separately 🔲 Widowed 🔲 Head of	household	
С	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. \square You \square	Spouse	
D	Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR 🔲 Part-year resident -	- Attach Sch	. NR
5	tep 2: Income	(Whol	e dollars only)
1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	84,419.00
3		2 3	.00 .00
4		4	84,419.00
Ĺ	tep 3: Base Income		
5	· · · · · · · · · · · · · · · · · · ·	0.0	
<u>.</u> 6	received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	
	Schedule 1, Ln. 1. Other subtractions. Attach Schedule M.	.00	
2 7			00
5 8	•	8 9	84,419.00
	tep 4: Exemptions		
•	a Enter the exemption amount for yourself and your spouse. See instructions. a 2,4		
ğ	b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c		
	d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.		
2	Attach Schedule IL-E/EIC. d	0.00	2,425.00
2 5	Exemption allowance. Add Lines 10a through 10d.	10	2,425.00
	tep 5: Net Income and Tax 1 Residents: Net income. Subtract Line 10 from Line 9.		
•	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR. 11	81,994.00
1	2 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	40	4,059.00
1	Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	12 13	00.
	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	4,059.00
5 5	tep 6: Tax After Nonrefundable Credits		
4	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
<u> </u>	6 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 16	.00	
7	7 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	0
j 1	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	18 19	0.00 4,059.00
_	tep 7: Other Taxes		
<u></u>	Household employment tax. See instructions.	20	.00
2	, ,	21	0.00
Š 2	in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	21 22	.00
_	3 Total Tax. Add Lines 19, 20, 21, and 22.	23	4,059.00



24 To	tal tax from Page 1, Li	ine 23.					24	4,059.00	
Step 8:	: Payments and Re	fundable Credit							
		ld. Attach Schedule IL-W Forms IL-1040-ES and II				25 4,	696 <u>.00</u>		
		nt applied from a prior yea				26	.00		
27 Pas	s-through withholding.	Attach Schedule K-1-P o	r K-1-T.			27	.00		
28 Pas	s-through entity tax cre	edit. Attach Schedule K-1-	-P or K-1-T.			28	.00		
		n Schedule IL-E/EIC, Step			chedule IL-E/EIC	. 29	.00		
		ındable credit. Add Lines	25 through	29.			30	4,696.00	
Step 9:									
	•	ne 24, subtract Line 24 from					31	637 <u>.00</u>	
	-	ne 30, subtract Line 30 from					32	.00	
_		f Estimated Tax Penalt	=	ations	S				
		underpayment of estimate		,		33	.00		
_		o-thirds of your federal gro			-	- hama			
_		r spouse are 65 or older a e was not received evenly	-	-	-	-	n Form II -221	0	
C L	Attach Form IL-221		during the y	cai aii	id you ariridaliz	zea your income of	II I ()IIII IL-22 I	0.	
dГ		ot required to file an Illino	is Individual I	Incom	e Tax return in	the previous tax v	ear.		
	_	tions. Attach Schedule G				34	.00		
		ions. Add Lines 33 and 34					35	.00	
Step 1	1: Refund or Amou	int you owe							
36 If yo	ou have an amount on	Line 31 and this amount	is greater tha	ın Line	e 35, subtract I	Line 35 from Line	31.		
-	s is your overpayment		3		,		36	637 _{.00}	
37 Am	ount from Line 36 you	want refunded to you . Ch	neck one box	on Lir	ne 38. See inst	ructions.	37	637 _{.00}	
38 I ch	oose to receive my ref	fund by							
a [direct deposit - Co	mplete the information be	low if you ch	eck th	is box.				
	You may also contribu	Routing number	1 2 1 0	0	0 3 5 8	X Checkin	g or Savir	ngs	
	to college savings fun here. See instruction	nds					g orour	.95	
	riere. See iristruction	Account number	3 2 5 0	6	1 3 2 8	1 9 2			
b [paper check.								
39 Am	ount to be credited for	ward. Subtract Line 37 fro	om Line 36. S	See ins	structions.		39	.00	
40 If yo	ou have an amount on	Line 32, add Lines 32 an	d 35. - or -						
If yo	ou have an amount on	Line 31 and this amount	is less than L	ine 35	5,				
sub	tract Line 31 from Line	e 35. This is the amount y	ou owe . See	e instri	uctions.		40	.00	
Step 1	2: Health Insuranc	e Checkbox and Sign	ature						
41 🗆	Check this box if IDO	R may share your income	information	with o	ther Illinois sta	ite agencies in ord	er to determin	ne	
_		lth insurance benefits. Se							
		oint return, both you and yo state that I have examined				ny knowledge, it is	s true, correct	t, and complete.	
Sign	Your signature	Date (mm/dd/yyyy)	Snouse's sign	ature		Date (mm/dd/yyyy)	Daytime phone	a number	
Here	Tour dignature	Date (minda/yyyy)	opodoo o oigii	ataro		Date (IIIII/dd/yyyy)			
	Print/Type paid prepare	r's name	Paid preparer	'e eiana	ature	Date (mm/dd/ssss)	(408) 707	7-8133	
Paid	SYAM PRIYA RAM SAGAR				R GUPTA TALLAM	Date (mm/dd/yyyy) 04/06/2023		Paid Preparer's PTIN	
Preparer			OTTHE TIME IN	mi NUCU	TV OOT IVI IVIIIIII				
Use Only		LOBAL TAXES LLC			0.01.6	Firm's FEIN	84317196		
Third			BRUNSWICK			Firm's phone	(678) 965		
Third Party	Designee's name (pleas	ise print)		Desigr	nee's phone num	nber	Check if the Department may		
Designee						discuss this return with the third party designee shown in this step.			
		ne 2022 IL-1040 Ins	structions	s for	the addre	ee to mail vo		5 2.15[6]	
	rielei lu lii	<i>_u</i>	, ii ubiibiik	, 101	and addic	oo to man yu	ai i C tuiii.		

IL-1040 Back (R-12/22) DR______ AP____ RR DC IR ID ID: 3WM REV 02/01/23 PRO





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

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

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

SA	NDEEP BODDU			7	8 6	5 <u> </u>	6 3	3 _	0	0	8	0		
You	ur name as shown	on Form IL-1040		Your S	Your Social Security number									
Column A Column B Form type Employer/Payer Identification Number			Federal Wag		IMN C Winnings, Gross ompensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld				
1	W	81-0658690 000 5	_ \$	94,875	<u>00</u>	\$	94,	, 875 •00		\$	4,69	<u>•00</u>		
2			_ \$	•	<u>00</u>	\$		•00		\$		<u>•00</u>		
3			- \$	•	<u>00</u>	\$		<u>•00</u>		\$		<u>•00</u>		
4			_ \$	•	<u>00</u>	\$		<u>•00</u>		\$		<u>•00</u>		
5			_ \$	•	<u>00</u>	\$		•00		\$		<u>•00</u>		

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

Your spouse's Social Security number Your spouse's name as shown on Form IL-1040 Column B Column C Column D Column E Column A Employer/Payer Federal Wages, Winnings, Gross Illinois Wages, Winnings, Gross Illinois Income Form type Distributions, Compensation, etc. Distributions, Compensation, etc. Tax Withheld **Identification Number**

	 		,	· · · · p - · · · · · · · · · · · ·	
6	 _ \$	•00	\$	•00	\$ • <u>00</u>
7	 _ \$	•00	\$	•00	\$ •00
8	 - \$	•00	\$	•00	\$ <u>•00</u>
9	 _ \$	•00	\$	•00	\$ <u>•00</u>
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 \$ 4,696.00

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





Illinois Department of Revenue

]_								_							
Submission ID																

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

8	(Do not mail Form	n IL-8453 to the Illinois Depa	artment of Revenue u	3	ew.)
Step	1: Provide taxpayer in SANDEEP	nformation BODI	OI I	7 0 6 6 3	0 0 8 0
	First name and middle initial	Spouse's first name (and last name if differ		$\frac{7}{\text{Social}} \frac{8}{\text{Security number}} \frac{3}{\text{Security number}} - \frac{3}{\text{Security number}} = \frac{3}{$	
Print	920 SWEETFLOWER I	DR		, <u> </u>	
or type	NA 321 L.I.			Spouse's Social Security number	
	HOFFMAN ESTATES	IL	60169	<u>(408)</u> 707-8133	
	City	State	ZIP	Daytime phone number	
Step	2: Complete informat	tion from tax return	Choose one:	(IL-1040 IL-1040-X	
1 1	Net income from Form IL-	1040 or IL-1040-X, Line 11		_	81,994 00
	Tax from Form IL-1040 or			2	4,059 00
		d from Form IL-1040 or IL-1040-X	• '	f none) 3	4,696 <u>00</u> 637 00
		L-1040, Line 36 or IL-1040-X, Line m IL-1040, Line 40 or IL-1040-X, I		4	<u> </u>
		Married filing jointly Marr		6 blodesupply bead of bowed!	11
		eposit of refund or electronic			
withir 7 F 8 A 9 1 10 E	The United States or thos Routing no. (RN): $\frac{1}{2}$ Account no. (AN): $\frac{3}{2}$ Characteristics of Account: $\frac{3}{2}$ Characteristics of Accoun	electronically withdrawn:/_			
		on and signature (Sign only a	fter completing Step 2	and if applicable Step 3.)	
×	I consent that my refun correct. If I have filed a I authorize the Illinois D withdrawal as designate financial institutions inv necessary to answer in	d may be directly deposited as designing return, this is an irrevocable as department of Revenue (IDOR) and and in the electronic portion of my 20 olved in the processing of an elect quiries and resolve issues related posit of my refund, or an electronic	signated in Step 3 and decappointment of the other sed its designated financial and 22 Illinois Original or Ameronic overpayment of taxes to the payment.	clare the information on Lines 7 the pouse as an agent to receive the agent to initiate an ACH electronic nded Individual Income Tax return. es to receive confidential information	refund. funds I authorize the
L Unde	_ ·	are the information on my electronic	•		ny electronic
returr and a been	n originator (ERO) are ident accompanying information r accepted or rejected. If reje	ical. To the best of my knowledge, may be sent to IDOR by my ERO. I a seted, I authorize IDOR to identify the	ny return is true, correct, an uthorize IDOR to inform my	d complete. I consent that my return y ERO and/or the transmitter when r	n, this declaration, ny return has
Sign		04/05/2023 Date	Spouss's signatur	re (if joint return, both must sign)	Date
	Your signature Mr.		· · · · · ·		Date
I decl inforr	are that I have examined nation. I have followed all	originator (ERO) and paid pre this taxpayer's electronic Form IL- requirements of this program and nying information are true, correct	1040 or IL-1040-X, the infection declare, under penalties of	ormation on this Form IL-8453, an	
			04/06/2023	Check if paid preparer: 🗵 (S	See instructions.)
	ERO's signature		Date	· · · — ·	•
ERO	GLOBAL TAXES LLC	f amalayad		$\frac{P}{V_{\text{OUT}}} \frac{0}{P_{\text{TAL}}} = \frac{2}{0} \frac{0}{8} = \frac{2}{2}$	2 7 0 3
use	Firm's name or your name if self	-employea		Your PTIN	
only	245 ROONEY CT Mailing address			_ <u>8 8 - 2 1 4 5</u> Federal employer identification num	
	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).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

