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

Submission Identification Number (SID) Taxpayer's name Social security number VIDYADHAR REDDY LEKKALA 777-15-8682 Spouse's name Spouse's social security number 348-06-2707 RAJASRI PINGILI 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. 128,569. 2 11,822. 3 18,327. 6,505. 5 5 . 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 Ú.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 8 X | I authorize | GLOBAL TAXES | LLC to enter or generate my PIN as my Enter five digits, but ERO firm name don't enter all zeros 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. Your signature ► Date ▶ Spouse's PIN: check one box only X | I authorize | GLOBAL TAXES | LLC to enter or generate my PIN as my ERO firm name Enter five digits, but 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 ▶ Practitioner PIN Method Returns Only—continue below Certification and Authentication — Practitioner PIN Method Only Part III 2 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

ERO's signature ▶

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

|--|

OMB No. 1545-0074

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

Filing Status Check only		Single X Married filing jointly	Marrie	ed filing separately (MFS)	☐ Head of	hous	ehold (HC)H) [lifying surv use (QSS)	viving
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you	check	ed the HOH or	QSS	S box, ent	ter the	e child's	name if th	ne qualifying
Your first name	and mi	ddle initial	Last nar	ne						Your so	cial securit	y number
VIDYADHA	r re	EDDY	LEKK.	ALA						777-1	15-8682	2
If joint return, sp	ouse's	first name and middle initial	Last nar	me						Spouse'	s social sec	curity number
RAJASRI			PING	ILI						348-0	06-270	7
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ntial Election	on Campaigr
427 TOWN	PLA	ACE CIRCLE									nere if you,	
		ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	ite	ZIP	code				tly, want \$3 Checking a
BUFFALO	GROV	/E			II	_	60	089			ow will not	
Foreign country	name		F	oreign province/state	/coun	ty	Fore	ign postal	code	your tax	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-				Yes	⊠ No
Standard		eone can claim:						, ,				
Deduction		Spouse itemizes on a separate retur	•			•						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	rn be	fore Janu	ary 2	, 1958	☐ Is bl	ind
Dependents	(see	instructions):		(2) Social securit	y	(3) Relationsh	nip	(4) Check	the bo	x if qualit	fies for (see	instructions):
If more	•	rst name Last name		number		to you	.	Child	tax cre	edit	Credit for oth	her dependents
than four	THAN	USHA REDDY LEKKALA		802-55-397	7 6	Daughter			X			
dependents, see instructions												
and check												
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	12	28,569.
moome	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	orted or	n Form(s) W-2 (see	instru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e		
1099-R if tax 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	h	Other earned income (see instruct	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i						
	Z	Add lines 1a through 1h								1z	12	28,569.
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interes	t			2b		
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds			3b		
	4a	IRA distributions	4a		b T	axable amoun	t.			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t.			6b		
Married filing	С	If you elect to use the lump-sum e		*	`	,			. L			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not req	uired	, check here			. L	7		
Married filing	8	Other income from Schedule 1, lin								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. ⁻	This is your total in	com	e				9	12	28,569.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26						10	1	
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross inco	me					11	12	28,569.
household, \$19,400	12	Standard deduction or itemized								12	1 2	25 , 900.
If you checked any box under	13	Qualified business income deducti								13		
Standard	14	Add lines 12 and 13								14		25 , 900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is	your 1	taxable incom	ne			15	1 10	02,669.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	13,821.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	13,821.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lir	ie 8					20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,821.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	1.
	24	Add lines 22 and 23. This is	your total tax					24	11,822.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 1	3,327.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	18,327.
16	26	2022 estimated tax paymen	ts 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			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,327.
Refund	34	If line 33 is more than line 24						34	6,505.
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, che	ck here	🗆	35a	6,505.
Direct deposit?	b	Routing number 0 7 2				Checking			
See instructions.	d	Account number 3 7 5	0 1 4 4	8 9 8 8	8 9				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 Yes. 🤇	omplete l	oelow.	X No
		esignee's me		Phone no.			sonal identi ber (PIN)	fication	
0:			hat I have aversing		d		,	*ba baa	t of my linewiledes and
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Identity
									IN, enter it here
Joint return?					SENIOR SOFT	WARE ASSOCIA	TE (see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.					 PROGRAMME			inst.)	ection PIN, enter it here
		one no. (734) 709-167	Λ	Email address		_	,		
		eparer's name	Preparer's signat		NY ALLANTICE	GMAIL.COM Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	l		בווסיים יים די או		P0208	2703	Self-employed
Preparer				MADAC MADAK	GOLIA TAPPAM	103/00/2023			(678) 965-9522
Use Only		m's name GLOBAL TA		ואופואדריע אי	J 08816				
	FIR	m's address 245 ROONE	Y CT E BRU	NOMICK N	0 00010		Firm	's EIN	84-3171965

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

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

VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI

VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI

777-15-8682

VID.	YADHAR REDDY LEKKALA & RAJASRI PINGILI 7'	77-15-86	582
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	. 1	
2	Excess advance premium tax credit repayment. Attach Form 8962	. 2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	. 3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	. 4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	. 7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if require	ed.	
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	. 9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	. 10	
11	Additional Medicare Tax. Attach Form 8959	. 11	
12	Net investment income tax. Attach Form 8960	. 12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term insurance from Form W-2, box 12		1.
14	Interest on tax due on installment income from the sale of certain residential land timeshares	ots . 14	
15	Interest on the deferred tax on gain from certain installment sales with a sales prover \$150,000		
16	Recapture of low-income housing credit. Attach Form 8611	. 16	
		(contin	ued on page 2)

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

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
- 1	Tax on accumulation distribution of trusts	17 I		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		 18	
19	Reserved for future use		 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	1.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. 47

Your social security number

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI 777-15-8682 Part I Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 128,569. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0. c Enter the amount from line 15 of your Form 4563 2c Add lines 2a through 2c 2d3 3 128,569. 4 Number of qualifying children under age 17 with the required social security number 5 5 2,000. 6 Number of other dependents, including any qualifying children who are not under age Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 8 Add lines 5 and 7 8 2,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 2,000. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from the Credit Limit Worksheet A 13 13,821. Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . . . 2,000. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit	, ,	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

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

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

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

VIDY	YADHAR REDDY LEKKALA & RAJASRI PINGILI	777-15-868	2		
reparer	's name	Preparer tax identifica	ation numb	oer	
	I PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). \square EIC \square CTC/AC		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided to reasonably obtained by you? (See instructions if relying on prior year earned income.)	by the taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedi 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you not the following.		X		
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	, a copy of any prepare Form provided by the tus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate excredit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	X		
а 8	Did you complete the required recertification Form 8862?	complete and			

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
h	and does not have a qualifying child, go to question 10.)			
b	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua	alified	Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	5 \			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	c year	Yes	No
Part	1 2 1 1 2 2			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/o	the ret or HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	oayer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
 - Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.





Illinois Department of Revenue 2022 IL-1040-V ID: 3WM

Payment Voucher for Individual Income Tax

777-15-8682

Your Social Security number

V LEKKALA & R PINGILI 427 TOWN PLACE CIRCLE BUFFALO GROVE IL 60089 348-06-2707

Spouse's Social Security number

Your payment is due April 18, 2023.

\$

694.00

REV 02/01/23 PRO

Payment amount

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



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.

V: RA	77-15-8682 1980 348-06-2707 1983 IDYADHAR REDDY LEKKALA AJASRI PINGILI 27 TOWN PLACE CIRCLE		
BU	JFFALO GROVE IL 60089 LAKE		
	LEKKALAVR@GMAIL.COM		
В	Filing status: 🔲 Single 🗵 Married filing jointly 🔲 Married filing separately 🔲 Widowed 🔲 Head of h	nousehold	
C	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. 🔲 You 🔲 S	Spouse	
D (Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident -	Attach Scl	n. NR
			le dollars only)
_	Step 2: Income	4	
1 2	· · · · · · · · · · · · · · · · · · ·	2	128,569.00 .00
3		3	.00
4	Total income. Add Lines 1 through 3.	4	128,569 _{.00}
Ls	Step 3: Base Income		
5	,		
ט כ	received if included in Line 1. Attach Page 1 of federal return. 5	.00	
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 6	.00	
2 7		.00	
8		8	.00.
9	Illinois base income. Subtract Line 8 from Line 4.	9	128,569 _{.00}
S	Step 4: Exemptions		
1 2	 a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older:	00. 0 00. 00.	
b	 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d2, 42 	5 00	
2	Attach Schedule IL-E/EIC. d	<u>00</u>	7,275 _{.00}
, e	Step 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	121,294.00
1:	2 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		6 004
١.	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	6,004.00
	3 Recapture of investment tax credits. Attach Schedule 4255.	13	.00
- 1	1 Income tay Add Lines 12 and 12 Connot be less than zero		6,004 00
2 —	4 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	6,004 _{.00}
S	Step 6: Tax After Nonrefundable Credits	14	6,004.00
S S	Step 6: Tax After Nonrefundable Credits 5 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15		6,004.00
S S	Step 6: Tax After Nonrefundable Credits	14	6,004.00
	5 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 6 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 7 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00 .00 .00	
S 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	5 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15		00.0
S 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	5 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 6 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 16 7 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 8 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 16 9 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	.00 .00 .00	
S 1:1 1 1:15	Step 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 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.		0.00 6,004.00
S 1: 1: 1: 1: 1: S 2:	Step 6: Tax After Nonrefundable Credits 5		00.0
S 1:1 1 1:15	Step 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 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. Step 7: Other Taxes Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table		0.00 6,004.00
S 1 1	Step 6: Tax After Nonrefundable Credits 5		0.00 6,004.00



STAM FRITA RAM SAGAR GUFTA TALLAM STAM FOLLOW STAM FRITA RAM SAGAR GUFTA TALLAM GUFTA GUFTA GUFTA TALLAM GUFTA TALLAM GUFTA GUFT	24 Tot	tal tax from Page 1, Line 23.					24	6,004 <u>.00</u>
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 28 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 29 Earned Income Credit from Schedule IL-ESC. Step 4, ILne 8. Attach Schedule IL-ESC. 29 00 30 Total payments and refundable credit. Add Lines 25 through 29. 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 If Line 30 is greater than Line 30, subtract Line 30 from Line 30. 31 If Line 30 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 30 is greater than Line 30, subtract Line 30 from Line 24. 33	Step 8:	Payments and Refunda	ble Credit					
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27 Pass-through withholding, Attach Schedule K-1-P or K-1-T. 28 a.0.0 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 Total payments and refundable credit. Add Lines 25 through 29. 31 If Line 30 is greater than Line 30, subtract Line 24 from Line 30. 31 If Line 30 is greater than Line 30, subtract Line 30 from Line 30. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 34. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 34. 33								
28 28 300 29 300 30 30 30 30 30 30								
29 Earned Income Credit from Schedule IL-EEIC, Step 4, Line 8, Attach Schedule IL-EEIC 29								
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31 Line 24 is greater than Line 24, subtract Line 24 from Line 20. 32 If Line 24 is greater than Line 20, subtract Line 30 from Line 20. 33 Late payment penalty for underpayment of Estimated Tax Penalty and Donations 33 Late payment penalty for underpayment of estimated tax. 33		. ,	e credit. Add Lines	s 25 through	29.		30	
Step 10. Underpayment of Estimated Tax Penalty and Donations 33	-			I i 00			0.1	00
Step 10: Underpayment of Estimated Tax Penalty and Donations 33 Late-payment penalty for underpayment of estimated tax. 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 you ricome was not received evenly during the year and you annualized your income on Form IL-2210. d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. 4 Voluntary charitable donations. Attach Schedule G. 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. 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. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings than stands and this amount is less than Line 35. Boulting number Checking or Savings here. See instructions! Account number Checking or Savings here. See instructions! Account number Checking or Savings here. See instructions! 40 If you have an amount on Line 32 add Lines 32 and 35 or - If you have an amount on Line 35. This is the amount is less than Line 35, subtract Line 31 from Line 35. This is the amount is less than Line 35, subtract Line 31 from Line 35. This is the amount is less than Line 35, subtract Line 31 from Line 35. This is the amount of line 32. Add Lines 32 and 35 or - If you have an amount on Line 31. This is the amount is less than Line 35, subtract Line 31 from Line 35. This is the amount is less than Line 35, subtract Line 31 from Line 35. This is the amount is less than Line 35, subtract Line 31 from Line 35. This is the amount is less than Line 35, subtract Line 31 from Line 35. This is th		-						
33 Late-payment penalty for underpayment of estimated tax.		-			- 41		32	094.00
a Check if at least two-thirds of your federal gross income is from farming. b Check if your royour spouse are 65 or older and permanently living in a nursing home. c Check if your rowome 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	-			-	ations			
b			•			33	.00	
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. Attach 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. 35 Total penalty and donations. Add Lines 33 and 34. 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					•			
Attach Form IL-2210. d	_	- ' ' '				•	n Form II 201	0
d	C L		ot received everily	during the y	ear and you annuall	zed your income o	11 F01111 1L-22 1	J.
34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. 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. This is your overpayment. This is your overpayment. 36 0.00 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute Routing number Checking or Savings	dГ		ired to file an Illino	is Individual	Income Tay return in	the previous tax v	/ear	
Step 11: Refund or Amount you owe 36 1 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 .00	· · · · · · · · · · · · · · · · · · ·				moonic tax retain in			
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b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 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. 40 694,00 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. Sign Here Paid PrintType paid preparer's name Paid preparer's signature Paid preparer's signature Date (mm/dd/yyyy) Pattime phone number (734) 709-1674 Paid Preparer Use Only PrintType paid preparer's name GLOBAL TAXES LLC Firm's name GLOBAL TAXES LLC Firm's name CHOBAL TAXES LLC Firm's phone Check if the Department may discuss this return with the third party designee shown in this step.			Routing number			Checkin	g or Savin	igs
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41					e instructions.		40	
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 Here Date (mm/dd/yyyy) Daytime phone number	Step 12	2: Health Insurance Che	ckbox and Sigr	nature				
Sign ature - 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 Here Date (mm/dd/yyyy) Daytime phone number							ler to determin	е
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 Here Your signature		your eligibility for health insu	rance benefits. Se	e instruction	s for more informatio	n.		
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 Here Your signature	Cianatı	me Note: If this is a injut water						
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Paid Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)		Your signature	Date (mm/dd/yyyy)	Spouse's sigr	nature	Date (mm/dd/yyyy)	Daytime phone	number
Preparer Use Only Third Party Designee Paid SYAM PRIYA RAM SAGAR GUPTA TALLAM O3/06/2023 self-employed P02082703 ### Ram Sagar Gupta Tallam Firm's FEIN B43171965 (678) 965-9522 Third Party Designee's name (please print) Designee's phone number () Check if the Department may discuss this return with the third party designee shown in this step.	Here						(734) 709	-1674
Preparer Use Only Third Party Designee Paid SYAM PRIYA RAM SAGAR GUPTA TALLAM O3/06/2023 Self-employed P02082703 ### Ram Sagar Gupta Tallam Firm's FEIN B43171965 (678) 965-9522 Third Party Designee's name (please print) Designee's phone number () Check if the Department may discuss this return with the third party designee shown in this step.		Print/Type paid preparer's name)	Paid prepare	's signature	Date (mm/dd/yyyy)		
Use Only Firm's name GLOBAL TAXES LLC Firm's FEIN 8431/1965 Firm's address 245 ROONEY CT E BRUNSWICKNJ 08816 Firm's phone (678) 965-9522 Third Party Designee Designee's name (please print) Designee's phone number GLOBAL TAXES LLC Firm's FEIN 8431/1965 (678) 965-9522 Check if the Department may discuss this return with the third party designee shown in this step.	Paid	SYAM PRIYA RAM SAGAR GUPTA :	FALLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM		self-employed	
Firm's address 245 ROONEY CT E BRUNSWICKNJ 08816 Firm's phone (678) 965-9522 Third Party Designee Designee's name (please print) Designee's phone number	Preparer	Firm's name GLOBAT	TAXES LLC			Firm's FFIN	84317196	 5
Third Designee's name (please print) Designee's phone number Check if the Department may discuss this return with the third party designee shown in this step.	Use Only			BRIINSMTCI	(N.T 08816			
Party Designee discuss this return with the third party designee shown in this step.	Third	210 110		. DIVOINDMICI		Tillio priorio		
Designee party designee shown in this step.		pindo pint			Designee's phone num	inel	_	
	•				()			
			22 IL-1040 Ins	struction	s for the addre	ss to mail vo	ur return.	

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





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

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Read this information first

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

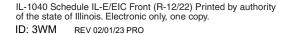
You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

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

	PINGILI on your Form IL-1040			7		<u> </u>		
tep 2: Dep	pendent Exem endent information for each person you are and Dependent inform	ation claiming as a depe		lf you are claimi	ing more	than ten	dependen	ts, compl
Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
HANUSHA REDDY	LEKKALA	802-55-3976	Daughter	12/11/2020				

Continue to Page 2 to calculate Illinois Earned Income Credit







Illinois Earned Income Credit

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

Step 3: Qualifying Child Information

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

	Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
			1						
			<u> </u>	<u> </u>	<u> </u>				
		s and tips from your feder				1_			.(
	•	ome or (loss) from your nt on Line 2, you must				2			.0
	-	quire a city, state, or cour	-			_	Yes	7 No	
	•	Line 2a, you must enter	•	_			103] 140	_
•	certification number.				,	,			
		Issuing Agency		Li	cense, Registratio	n, or Certifi	cation Num	ber	1
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If v	you are filing your 202	2 fadaral raturn as marr	ied filing jointly but	ara filing your 20	22 Illinois				
-	• •	2 federal return as marr		٠.					
ret	urn as married filing s		deral adjusted gross	income (AGI) fr		3_			.(
ret ma a If	turn as married filing s arried filing jointly fede you entered an amou	eparately, enter your fec eral Form 1040 or 1040- nt on Line 3, enter your	deral adjusted gross SR, Line 11.	s income (AGI) fr	om your	3_			.(
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ret ma a If	turn as married filing s arried filing jointly fede you entered an amou arried filing jointly fede	eparately, enter your fec eral Form 1040 or 1040- nt on Line 3, enter your	deral adjusted gross SR, Line 11. r spouse's Social Se	s income (AGI) fr	om your	3 _ 3a 4	Yes] No [
ret ma a If t ma	turn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee	separately, enter your fed ral Form 1040 or 1040-int on Line 3, enter your eral return. box marked on your W-2	deral adjusted gross SR, Line 11. r spouse's Social So , Wage and Tax State	ecurity number f	om your		Yes	 	
ret ma a If y ma Is t	turn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee	eparately, enter your fed ral Form 1040 or 1040- nt on Line 3, enter your eral return.	deral adjusted gross SR, Line 11. r spouse's Social So , Wage and Tax State	e credit	om your rom your	4	Yes] No []
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Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	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)

Your name as shown	on Form IL-1040		Your Social Se	- 7 7 7 1 5 - 8 6 8 2 Your Social Security number						
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gross ns, Compensation, etc.	Illinois Wag Distribution	s Illin					
1 W	13-3924155 000 4	\$	75,625 •00	\$	75,625 .00	\$	3,743 .00			
2 W	13-3924155 000 4	_ \$	31,664 .00	\$	31,664 •00	\$	1,567 .00			
3		\$	•00	\$	•00	\$	<u>•00</u>			
4		\$	<u>•00</u>	\$	•00	\$	<u>•00</u>			
				\$ •00		\$				
Step 2: Provide s	spouse's withholding re	ecords (inc		1099 forms		nois wi	thholding			
Step 2: Provide s	spouse's withholding re	ecords (inc	lude all W-2 and	1099 forms 8 Social Securi	s that show IIIi	nois wi	thholding			
Step 2: Provide s	spouse's withholding re	ecords (inc	lude all W-2 and	1099 forms 8 Social Securi	s that show Illi	nois wi	thholding			
Step 2: Provide s RAJASRI PINGIL: Your spouse's name a Column A Form type	spouse's withholding re Is shown on Form IL-1040 Column B Employer/Payer	ecords (inc (inc (inc (inc (inc (inc (inc (inc	Iude all W-2 and 3 4 Your spouse's S	1099 forms 8 Social Securi Ullinois Wag Distribution	s that show Illi 1 6 2 ty number Column D ges, Winnings, Gros	nois wi	thholding 0 7 Dlumn E Dis Income			
Step 2: Provide s RAJASRI PINGIL: Your spouse's name a Column A Form type	spouse's withholding restaurant of the second secon	ecords (inc (inc Federal Wa Distribution	Iude all W-2 and 3 4 Your spouse's Second and Second area of the sec	1099 forms 8 Social Securi C Illinois Wag Distribution \$	s that show Illi o 6 ty number Column D ges, Winnings, Gros s, Compensation, e	nois wi	thholding 0 7 Dlumn E Dis Income withheld			
Step 2: Provide s RAJASRI PINGIL: Your spouse's name a Column A Form type 6	Epouse's withholding restaurants Example 10	ecords (inc Federal Wa Distribution S	Iude all W-2 and 3 4 Your spouse's Second Column	1099 forms 8 Social Securi Ullinois Was Distribution \$ \$	ty number column D ges, Winnings, Gros s, Compensation, et	nois wi	thholding 0 7 Dlumn E Dis Income Withheld			
Step 2: Provide s RAJASRI PINGIL: Your spouse's name a Column A Form type 6 7 8	Epouse's withholding restaurants Example 10	Federal War Distribution \$\$	Iude all W-2 and 3 4 Your spouse's S Column C ages, Winnings, Gross as, Compensation, etc. •00 •00	1099 forms 8 Social Securi C Illinois Wag Distribution \$ \$ \$	ty number column D ges, Winnings, Gros s, Compensation, et	nois wi	thholding 0 7 Dlumn E pis Income withheld •00			

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

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.

5,310**.00**

11 \$



		_						_				
_			- S	uhmi	eeinr	ID						

	(Do not mail Form IL-8453 to the	Illinois Departme	ent of Revenue unles	ss it is requested for review.)			
Step	1: Provide taxpayer information						
	VIDYADHAR REDDY RAJASRI PING First name and middle initial Spouse's first name (a	GILI LEKKALA nd last name if different)		7 7 7 - 1 5 - 8 6 8 2 Social Security number			
Print	427 TOWN PLACE CIRCLE	nd last name il dillerent)	Last name	,			
or				3 4 8 0 6 2 _ 7 _ 0 _ 7 _ Spouse's Social Security number			
type	BUFFALO GROVE	IL	60089	(734) 709–1674			
	City	State	ZIP	Daytime phone number			
<u> </u>	•						
-	2: Complete information from tax ret		Choose one: X IL				
	Net income from Form IL-1040 or IL-1040-X,			1 121,294 00			
	Tax from Form IL-1040 or IL-1040-X, Line 14		05 1 /	2 <u>6,004</u> <u>00</u>			
	Ilinois Income Tax withheld from Form IL-104		25 only (enter " 0 " if non	,			
	Overpayment from Form IL-1040, Line 36 or			4l <u>00</u> 5694 l 00			
	Total amount due from Form IL-1040, Line 40			• — —			
6 F	Filing status: Single X Married filing jo	ointly Married filli	ng separately Wido	wed Head of household			
does within 7 F 8 A 9 1		DOR will only perform ernational funds. Elect	direct transactions (e.g.,	debit, deposit) with financial institutions located be accepted and refunds will be via paper check.			
12 N	Name on account:						
Step	4: Taxpayer declaration and signature	(Sign only after c	ompleting Step 2 and	I. if applicable. Step 3.)			
	I consent that my refund may be directly of correct. If I have filed a joint return, this is	leposited as designate	ed in Step 3 and declare	the information on Lines 7 through 9 is			
	I authorize the Illinois Department of Reve withdrawal as designated in the electronic financial institutions involved in the proces necessary to answer inquiries and resolved	portion of my 2022 Illinssing of an electronic	nois Original or Amended overpayment of taxes to	Individual Income Tax return. I authorize the			
×	I do not want direct deposit of my refund,	or an electronic funds	withdrawal (direct debit)	of my balance due.			
returr and a	r penalties of perjury, I declare the information originator (ERO) are identical. To the best of recompanying information may be sent to IDOF accepted or rejected. If rejected, I authorize ID	ny knowledge, my retu R by my ERO. I authori:	rn is true, correct, and cor ze IDOR to inform my ER0	mplete. I consent that my return, this declaration, O and/or the transmitter when my return has			
Sign here	Your signature	Date	Spouse's signature (if jo	pint return, both must sign) Date			
Step I decl inform	5: Electronic return originator (ERO)	ctronic Form IL-1040 of the program and declar	or IL-1040-X, the informate, under penalties of per	ation on this Form IL-8453, and accompanying			
	ERO's signature		03/06/2023 Date	Check if paid preparer:			
	GLOBAL TAXES LLC			P			
ERO	Firm's name or your name if self-employed			Your PTIN			
use	245 ROONEY CT			8 8 - 2 1 4 5 4 8 7			
only	Mailing address			Federal employer identification number (FEIN)			
	E BRUNSWICK	NJ	08816	(678) 965-9522			
	City	State	ZIP	Daytime phone number			
-							

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

