

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.

	VAM 111 PEO	-98-2167 1998 ISI SAI RAM 5 N UNDERHILL RIA I ng status: 🔀 Single [VYANAMADALA@	A PEORIA MAIL.BRADLEY.ED		lowed 🔲 Head of	household	
С	Ch	eck If someone can claim	you, or your spous	e if filing jointly, as a	dependent. See instruc	ctions. 🗌 You 🔲	Spouse	
D	Ch	eck the box if this applies	s to you during 202	2: Nonresiden	- Attach Sch. NR	Part-year resident -	Attach Sch.	NR
	Ste	p 2: Income					(Whole	dollars only)
_	1 2 3 4	Federal adjusted gross in Federally tax-exempt int Other additions. Attach Total income. Add Line	terest and dividend Schedule M.			040-SR, Line 2a.	1 2 3 4	2,371.00 .00 2,371.00
T	Ste	p 3: Base Income						
iere	5 6	Social Security benefits received if included in Li Illinois Income Tax overp Schedule 1, Ln. 1.	ine 1. Attach Page	1 of federal return		5		
h Sr	7	Other subtractions. Atta	ch Schedule M.			6 7	<u>00.</u> .00	
orn	8	Add Lines 5, 6, and 7. T		our subtractions.		-	8	.00
99 fe	9	Illinois base income. S	Subtract Line 8 fron	n Line 4.			9	2,371 <u>.00</u>
Staple W-2 and 1099 forms here		tep 4: Exemptions a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b						
S	Ste	p 5: Net Income and T	Тах					
		Residents: Net income		from Line 9.				
		Nonresidents and part				NR. Attach Schedule	e NR. 11	0.00
	12	Residents: Multiply Line Nonresidents and part					12	0.00
×.	13		•			×	13	.00
0-1	14	Income tax. Add Lines	12 and 13. Cannot	be less than zero.			14	0.00
check and IL-1040-V	Step 6: Tax After Nonrefundable Credits							
1	15	Income tax paid to anot				15	.00	
pu	16	Property tax and K-12 e Attach Schedule ICR.	education expense	credit amount from	Schedule ICR.	16	.00	
k a	17	Credit amount from Sch				17	.00	
hec	18	Add Lines 15, 16, and 1				ount on Line 14.	18	0.00
Ir c	19 5to	Tax after nonrefundab	e creats. Subtrac		14.		19	0.00
yor	5te	p 7: Other Taxes Household employment	tax See instructio	ne			20	.00
Staple your	21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table							
Sta	•••	in the instructions. Do n	ot leave blank.				21	0.00
	22 23	Compassionate Use of N Total Tax. Add Lines 19		rogram Act and sale	e ot assets by gaming li	censee surcharges.	22 23	<u>00.</u> 0.0
*	20	IOTAI TAN. AUU LINES 19	, 20, 21, anu 22.				۷	00



24	Total tax from Page 1, Line 23.			24	0.00	
Ste	ep 8: Payments and Refundable Credit					
25	Illinois Income Tax withheld. Attach Schedule IL-WIT.	117.0	<u>)</u>			
26	Estimated payments from Forms IL-1040-ES and IL-505-I,					
	including any overpayment applied from a prior year return.	26	.0	<u>0</u>		
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.0	<u>)</u>		
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28	.0	<u>)</u>		
	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.	29	.0			
	Total payments and refundable credit. Add Lines 25 through 29.			30	117.00	
Ste	ep 9: Total					
	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.			31	117.00	
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.			32	.00	
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations					
33	Late-payment penalty for underpayment of estimated tax.	33	.00	<u>)</u>		
	a 🗌 Check if at least two-thirds of your federal gross income is from farming.					
	b \square Check if you or your spouse are 65 or older and permanently living in a nursing h					
	\mathbf{c} \Box Check if your income was not received evenly during the year and you annualized	d your in	come on Form	n IL-2210.		
	Attach Form IL-2210.					
~ 4	d Check if you were not required to file an Illinois Individual Income Tax return in th		-			
	Voluntary charitable donations. Attach Schedule G.	34	.00	_	0.0	
	Total penalty and donations. Add Lines 33 and 34.			35	.00	
	ep 11: Refund or Amount you owe					
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Lin	e 35 fro	m Line 31.		117	
	This is your overpayment.			36	117.00	
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instruct	ctions.		37	117.00	
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		
	to college savings funds here. See instructions! Account number					
	b 🗵 paper check.					
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.			39	.00	
70	10 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	
04	-				.00	
	ep 12: Health Insurance Checkbox and Signature					
41	Check this box if IDOR may share your income information with other Illinois state	agencie	es in order to d	letermine		

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	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyy	y)	Daytime phone	e number	
Here								()		
	Print/Type paid preparer's name			Paid preparer's signature		Date (mm/dd/yyy	y)		Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/03		04/03/202	3	self-employed	P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC			Firm's FEIN			►	843171965		
	Firm's address > 245 ROONEY CT H			BRUNSWIC	Firm's phone	►	(678) 965-9522			
Third	Designee's name (please print)			Designee's phone number				Check if the Department may discuss this return with the third		
Party				()						
Designee								party designed	e shown in this step.	

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



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	W-2G WG		I				
1099-R	1099-R R		S				
1099-G	G	1099-B	В				
1099-MISC M		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)

VA	MSI SAI RAM	YANAMADALA		8	5	1 _	9	8 _	2	1	6	7
Yo	ur name as shown	Your So	Your Social Security number									
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, s, Compensatio	Gross on, etc.		lages,	I mn D Winnings, ompensat		Illir	olumn Iois Inco x Withho	ome
1	W	37-0661494 000 2	\$	2,371.	<u>00</u>	\$		2,371 .	<u>)0</u>	\$	11	17 .00
2			\$	•	00	\$		• <u>C</u>	00	\$		•00
3			- \$	•	00	\$		•C	00	\$		•00
4			\$	•	00	\$		•C	00	\$		<u>•00</u>
5			\$	•	<u>00</u>	\$		•0	<u>)0</u>	\$		• <u>00</u>

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

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

Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages,	IMN C Winnings, Gross ompensation, etc.	Illinois Wage	lumn D s, Winnings, Gross Compensation, etc.	I	Column E Ilinois 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 \$ 117.00

Illinois Department 2022 IL-8453 II (Do not mail Form IL-849	linois Individual I			
Step 1: Provide taxpayer informa VAMSI SAI RAM		ADALA	•	98_2167
Print 1115 N UNDERHILL A) Last fidille	Social Security humi	
type Mailing address			Spouse's Social Sec	
PEORIA	IL	61606	()	
City	State	ZIP	Daytime phone numl	per
Step 2: Complete information fro	m tax return	Choose one	e: 🗙 IL-1040 🗍 IL-104	ю-Х
1 Net income from Form IL-1040 or I				101_00
2 Tax from Form IL-1040 or IL-1040-				2 - 0 0 0
3 Illinois Income Tax withheld from F4 Overpayment from Form IL-1040, I		•	0 " it none)	3 <u>117</u> 00 4 <u>117</u> 00
4 Overpayment from Form IL-1040, 15 Total amount due from Form IL-104				5l_00
6 Filing status: <u>X</u> Single <u>Mari</u>			Widowed Head of	
 8 Account no. (AN): 9 Type of account: Checking 10 Date the payment is to be electron 11 Electronic funds withdrawal amount 	Savings			
12 Name on account:				
Step 4: Taxpayer declaration and s	signature (Sign only after	r completing Ste	p 2 and, if applicable, \$	Step 3.)
I consent that my refund may be correct. If I have filed a joint retu				
I authorize the Illinois Departme withdrawal as designated in the financial institutions involved in necessary to answer inquiries a	electronic portion of my 2022 the processing of an electror nd resolve issues related to	Illinois Original or A hic overpayment of t the payment.	mended Individual Income taxes to receive confidenti	Tax return. I authorize the al information
X I do not want direct deposit of n	-	-		
Under penalties of perjury, I declare the in return originator (ERO) are identical. To the and accompanying information may be see been accepted or rejected. If rejected, I a	ne best of my knowledge, my r ent to IDOR by my ERO. I auth	eturn is true, correct, orize IDOR to inform	, and complete. I consent t n my ERO and/or the transm	hat my return, this declaration, nitter when my return has
Sign here Your signature	Date	Spouse's sign	nature (if joint return, both must s	ign) Date
Step 5: Electronic return originat I declare that I have examined this taxp information. I have followed all requirem taxpayer's return and accompanying inf	ayer's electronic Form IL-104 nents of this program and dec	10 or IL-1040-X, the clare, under penaltie	information on this Form	
		04/03/2023	Check if paid pre	parer: 🛛 (See instructions.)

	ERO's signature		0470372023	Check if paid preparer: [X] (See instructions.)
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			P_0_2_0_8_2_7_0_3
use only				$\frac{8}{\text{Federal employer identification number (FEIN)}} = \frac{8}{2} - \frac{2}{2} - \frac{1}{4} - \frac{4}{5} - \frac{5}{4} - \frac{8}{2} - \frac{7}{2}$
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	Daytime phone number

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

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

