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

- Internal ne	sveriue Sarvice					
Submis	sion Identification Number (SID)					
Taxpayer	s name	Social secu	rity numl	per		
NARE	NDRA PRASAD REDDIM	177-65-8958				
Spouse's		Spouse's so			mber	
Part	·	year you	are au	thoriz	ing.)	
	hole dollars only on lines 1 through 5.					
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	l	0.5	1 5 7
	Adjusted gross income		2			$\frac{157.}{497.}$
	Foderal income tax withheld from Form(s) W-2 and Form(s) 1099...................................		3			
	Amount you want refunded to you		4			463. 966.
	Amount you want retained to you		5			900.
Part I		eep a co		our r	eturr	n)
Under pomy know return (o to send for any of Agent to payment business taxes to personal Electron Taxpay	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) vieldge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transminy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejetelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account individed for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution at its or remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required to a contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the process didentification number (PIN) below is my signature for the income tax return (original or amended) I are a c Funds Withdrawal Consent. BRO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN methodology. Broature Date	I am now are are the are the are the are the are the are ter, or election of the S. Treasury cated in the n to debit the authoriests must be processing ayment. I fun now authorizests must be a compared to the area of the a	uthorizing nounts of ronic retransminand its of tax prepared tax prepared tax prepared to the electron of the	g, and rom the turn orition to this for revolved no ectronicknowlend, if a digits, I ar all zeroeck the trail zeroeck the train trail zeroeck the trail zero	to the le inco liginato (b) the lated Fin softwaccouloke (cab) later ic payredge t lipplical	best of time tax r (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the ble, my
C	de DIM, cheek and her ank.					
Spouse	s's PIN: check one box only	DINI				
	I authorize to enter or generate r		nter five	dinite I		as my
	signature on the income tax return (original or amended) I am now authorizing.		on't ente	•		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.		_			_
Spouse	's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part II	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9	8	9
			nter all ze			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	tting this re	turn in a	accorda	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

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

2022	
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OMB No. 1545-0074

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

Filing Status	X	Single Married filing jointly	Marri	ed filing separately	y (MFS)	Head of	hous	sehold (HOF	l)		ifying survi	ving
Check only one box.	If you	u checked the MFS box, enter the	name of	vour spouse. If you	u chack	ad the HOH o	r 08	S hav ente	r the c	•	se (QSS)	aualifyina
ONC DOX.	-	on is a child but not your depender		your spouse. If you	u chicon		QU	o box, crite	i tile c	illia 3	name ii tik	qualifying
Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial security	number
NARENDRA	PRA	ASAD	REDI	DTM							55-8958	
		first name and middle initial	Last na						_			urity number
, , ,									'			•
Home address (numbe	r and street). If you have a P.O. box, se	e instructi	ions.				Apt. no.	Pı	esider	ntial Election	n Campaign
7914 110	TH A	AVE SE						608	C	heck h	ere if you, o	or your
		ce. If you have a foreign address, also o	complete s	spaces below.	Sta	te	ZIP	code			f filing joint	
RENTON					WA	A	98	056			this fund. C w will not c	
Foreign country	name			Foreign province/sta	te/count	ty	For	eign postal co			or refund.	3.
											You	Spouse
Digital	At an	y time during 2022, did you: (a) re	ceive (as	a reward, award,	or payr	ment for prope	rty c	r services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financi	ial intere	est in a digital	asse	et)? (See ins	structi	ons.)	Yes	⊠ No
Standard	Som	eone can claim:	ependen	t Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retu	ırn or yol	u were a dual-stat	us alien	ı						
Age/Blindness	You:	Were born before January 2,	1958 [Are blind	Spouse	: Was bo	rn be	efore Janua	rv 2. 1	958	☐ Is blir	nd
Dependents				(2) Social secu	•	(3) Relationsh		(4) Check th	, ,			
If more	•	rst name Last name		number	arrey	to you	P	Child ta	x credi	t	Credit for other	er dependents
than four								Г	7			
dependents,												
see instructions and check												
here												
Income	1a	Total amount from Form(s) W-2,	box 1 (se	ee instructions) .						1a	9	7,713.
moonic	b	Household employee wages not	reported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	la (see in	structions)						1c		
attach Forms	d	Medicaid waiver payments not re	eported c	on Form(s) W-2 (se	e instru	ictions)				1d		
W-2G and	е	Taxable dependent care benefits	from Fo	rm 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption ben	efits fror	n 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 instruc	ctions)				,			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see inst	ructions)		<u>1</u> i	i					
	Z	Add lines 1a through 1h								1z	9	7,713.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b		
if required.	<u>3a</u>	Qualified dividends	3a	78.		rdinary divide				3b		83.
	4a	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	t.			6b		
Married filing separately,	c	If you elect to use the lump-sum		·	•	,	٠			-		2 000
\$12,950	7	Capital gain or (loss). Attach Sch		·	•		٠		. Ш	7		3,000.
Married filing jointly or	8	Other income from Schedule 1, li					٠		•	8	1	9,639.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,					•			9	+ 8	5,157.
\$25,900	10	Adjustments to income from Sch					•			10	+	
 Head of household, 	11	Subtract line 10 from line 9. This	•	•			•			11		<u>5,157.</u>
\$19,400	12 13	Standard deduction or itemized Qualified business income deduction		•	,	 5_Δ	•			12	+ 1	<u>2,950.</u> 1
If you checked any box under	14	Add lines 12 and 13					•			14	1	<u>1.</u> 2,951.
Standard Deduction,	15	Subtract line 14 from line 11. If ze					ne			15	1	2,951. 2,206.
see instructions.		Casadot into 14 nom into 11. Il 20	5. 5 51 163	, 0 . 11113 1	o your t	andbio illooli			•	13	/	4,400.

Form 1040 (2022	2)											Pag	e 2
Tax and	16	Tax (see instructions). Check if any t	rom Form	n(s): 1 881	4 2 🗌 4972	3 🗌			. 16		11	,497	
Credits	17	Amount from Schedule 2, line 3							. 17				
	18	Add lines 16 and 17							. 18		11	,497	
	19	Child tax credit or credit for other of	dependen	ts from Sched	ule 8812				. 19				
	20	Amount from Schedule 3, line 8							. 20				
	21	Add lines 19 and 20							. 21				
	22	Subtract line 21 from line 18. If zero	o or less,	enter -0					. 22		11	,497	
	23	Other taxes, including self-employi	ment tax,	from Schedule	2, line 21 .				. 23			0	
	24	Add lines 22 and 23. This is your to	otal tax						. 24		11	,497	
Payments	25	Federal income tax withheld from:					1						
	а	Form(s) W-2				25a	14	1,46	3.				
	b	Form(s) 1099				25b							
	С	Other forms (see instructions) .				25c							
	d	Add lines 25a through 25c							. 250	1	14	,463	
If you have a	26	2022 estimated tax payments and	amount a	pplied from 20	21 return				. 26				
qualifying child,	27	Earned income credit (EIC)				27							
attach Sch. EIC.	28	Additional child tax credit from Sche	dule 8812	2		28							
	29	American opportunity credit from F	orm 8863	3, line 8 . .		29							
	30	Reserved for future use				30							
	31	Amount from Schedule 3, line 15				31							
	32	Add lines 27, 28, 29, and 31. These	e are your	total other pa	ayments and ref	undabl	e credits		. 32				
	33	Add lines 25d, 26, and 32. These a	re your to	tal payments					. 33			,463	
Refund	34	If line 33 is more than line 24, subtr	ract line 2	4 from line 33.	This is the amou	nt you	overpaid		. 34			,966	
	35a	Amount of line 34 you want refund			is attached, che	ck here		[35a	1	2	,966	•
Direct deposit?	b	Routing number 1 1 1 0 0] Chec	king 🗌	Savin	gs				
See instructions.	d	Account number 4 8 8 0 5	7 1	0 5 8 8	3 4								
	36	Amount of line 34 you want applied	d to your	2023 estimate	ed tax	36				!			
Amount You Owe	37	Subtract line 33 from line 24. This i For details on how to pay, go to we		•					. 37				
	38	Estimated tax penalty (see instruct	ions) .			38							
Third Party Designee		you want to allow another perso					Yes. C	omple	ete below	. ×	No		
	Des	signee's		Phone				•	entification		·		
	nar	ne		no.			num	ber (PI	N)			$\perp \perp$	
Sign		der penalties of perjury, I declare that I hat ef, they are true, correct, and complete. D											
Here	You	ur signature		Date	Your occupation				f the IRS s Protection	ent yo	u an Ide	ntity	
Joint return?					VALIDATIO	N EN	GINEER		see inst.)	Π	\Box		П
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, both mu	ıst sign.	Date	Spouse's occupat	ion		ı	f the IRS s dentity Pro see inst.)				nere
		/020\010 0550		For all and do									Ш
		one no. (832)918-9550	rer's signat	Email address	NARENHANN		ALL.CON		<u> </u>	Ch	ook if:		
Paid		·	Ü		מווחת החתוות	Date	14/0000	PTIN		I	eck if: Self-en	mpleye	٨
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM		KAM SAGAR	GUPIA TALLAM	UZ/	14/2023		082703				
Use Only		n's name GLOBAL TAXES		ואזמנוד מיז זי	T 00016				Phone no.		8)965		
•	Firr	n's address 245 ROONEY CT	r RK(MONTCK IN) NOOTR				Firm's EIN		84-31	/ 19 6	5

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

REV 02/05/23 PRO

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Form **1040** (2022)

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

NARENDRA PRASAD REDDIM

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.

	Sequence No. 01
Your soci	ial security number
177_65	_ 2 0 5 0

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	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	ch Schedule E .	5	-9,650.
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		8c		
d		8d ()		
е		8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	, , , , ,	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		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			
		8m		
n	·	8n		
0	·	80		
р	•	8p		
q		8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	· · · · · · · · · · · · · · · · · · ·	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	•	8u		
Z	Other income. List type and amount:			
•		8z 11.		1.1
9	Total other income. Add lines 8a through 8z		9	11.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NK, line 8	10	-9,639.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
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 . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifle 10, of Form 1040-1nn, lifle 10a		20	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 177-65-8958 NARENDRA PRASAD REDDIM Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a)

-16,024.

11

12

13

14

15

-16,024.

19,444.

3,420.

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** -16,024. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form 8949 (2022) Attachment Sequence No. **12A** Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NARENDRA PRASAD REDDIM

Social security number or taxpayer identification number 177-65-8958

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on l	Form(s) 1099	-B showing bas				e)		
(a) Description of property	(b) Date acquired	(c) (d) Cost or other basis See the Note below Adjustment, if any, to gat if you enter an amount in enter a code in column enter a code in column See the separate instructions.		(c) (d) Cost or other basis en See the Note below See the		(e) If you enter an amou enter a code in See the Note below See the separate		amount in column (g), ode in column (f).	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	3,420.	19,444.			-16,024.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	I here and inc	lude on your							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

-16,024.

3,420.

19,444.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

NAR:	ENDRA PRASAD REDDIM					1	77-6	5-8958	
Par						'			
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you are	an indiv	vidual, rep	ort farm
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? S	See ins	structions		. Ye	s X No
1a	Physical address of each property (street, city, state, ZIF								
Α	BADEVARI STREET VIJAYAWADA ANDHRA PRAD			108					
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair				Fa	ir Rental F Days	Person Da	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	ıctions		C					
Tvpe	of Property:					I			
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	l	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya			Other (describe	e)		
		-				Properties	:		
Incor				Α	F 0	В			С
3	Rents received	3		5	50.				
4 5vno	Royalties received	4							
-	nses:	5							
5 6	Advertising	6							
7	Cleaning and maintenance	7		a	00.				
8	Commissions	8			00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	0.0				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,9	00.				
15	Supplies	15		2,5					
16	Taxes	16							
17	Utilities	17		2,4	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,2	00.				
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								
	file Form 6198	21		-9,6	50.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,65	50.)	()	()
23 a	Total of all amounts reported on line 3 for all rental prope	rties			23a		550.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	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	10,2	200.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	de any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estate	te losse	es from lir	ne 22. E	nter to	otal losses here	25	(9,650.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-9,650.

Form **4952**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.
Attach to your tax return.

OMB No. 1545-0191

2022

Attachment
Sequence No. 51

Identifying number

NARENDRA PRASAD REDDIM 177-65-8958 Part I **Total Investment Interest Expense** 1 Investment interest expense paid or accrued in 2022 (see instructions) 1 556. 2 2 3 **Total investment interest expense.** Add lines 1 and 2 3 556. Part II **Net Investment Income** Gross income from property held for investment (excluding any net gain from 83. 4a 4b 78. 4c 5. Net gain from the disposition of property held for investment 4d Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions 4e 4f 0. Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions 4g 4h 5. 5 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- 6 6 5. Part III **Investment Interest Expense Deduction** Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line 7 551. 8 **Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions For Paperwork Reduction Act Notice, see page 4. Form **4952** (2022) REV 02/05/23 PRO $R\Delta\Delta$

Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

varrie(3) Shown on	returr	
NARENDRA	PRASAD	REDDIM

Your taxpayer identification number 177-65-8958

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(a) Trade, business, or aggregation name (b) Taxpayer identification number		
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3 4	Qualified business net (loss) carryforward from the prior year	3 ()		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 5.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 5.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 an	d9	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 72,207.		
12	Net capital gain (see instructions)	12 78.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 72,129.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	14,426.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			
	the applicable line of your return (see instructions) $\ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ .$		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	(0.)

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.

					MIII NIAL FICTILAZ NIAL PICARIO.	NE ARRONAL ARRESTA AND ARRAS	C. CONT. CANDING IN A P CA	CLANOCAMIIII
1	77	-65-8958 1989						
N	IAR	ENDRA PRASAD	REDDIM					
					PACKUMAN ACTUAN			
7	91,	110TH AVE SE	6	508	094407:02:02:04:01:05:05			
				, 0 0	DAN DAY DAY DAY DAY NA KAX			
R	EN'	ON WA	98056					
В	Filir	ng status: 🏿 Single 🔲	NARENHANNU@GM		enarately \(\square\) Widowe	d \square Head of h	nousehold	
		eck If someone can claim yo		_	_			
							-	ND
		ck the box if this applies to	you during 2022: X] Nonresident - At	tach Sch. NR Par	t-year resident - <i>I</i>		dollars only)
		2: Income					(vviiole	
	1 2	Federal adjusted gross inco Federally tax-exempt interest				SD Line 2e	1 2	85,157.00
	3	Other additions. Attach So		ne nom your leder	1ai F01111 1040 01 1040	-on, Line za.	3	.00 .00
	4	Total income. Add Lines 1					4	85,157 _{.00}
	Ste	3: Base Income						
7	5	Social Security benefits ar	nd certain retirement p	lan income				
		received if included in Line				5	.00	
	6	Illinois Income Tax overpay	ment included in feder	al Form 1040 or 1	040-SR,			
:	7	Schedule 1, Ln. 1. Other subtractions. Attach	s Cabadula M			6	<u>.00</u> .00	
-	8	Add Lines 5, 6, and 7. This		htractions		<i>'</i>	<u>.00</u> 8	00
,	9	Illinois base income. Sub	_				9	85,157 _{.00}
	Ste	4: Exemptions						
-		a Enter the exemption am	ount for yourself and y	our spouse. See i	nstructions.	a 2,42	5.00	
ā		b Check if 65 or older:	☐ You + ☐ Spous	se # of check	boxes X \$1,000 =	b		
7					boxes X \$1,000 =	c	.00	
ב		d If you are claiming dependent Attach Schedule IL-E/EI		it from Schedule IL	-E/EIC, Step 2, Line 1.	d	0.00	
g Z		Exemption allowance. Ac	-	10d.		u	10	2,425,00
5	Ste	5: Net Income and Tax						
		Residents: Net income.		Line 9.				
Γ		Nonresidents and part-y	rear residents: Enter the	ne Illinois net inco	me from Schedule NR.	Attach Schedule I	NR. 11	25,417 _{.00}
•	12	Residents: Multiply Line 1	I1 by 4.95% (.0495). C	annot be less tha	n zero.			
		Nonresidents and part-y			dule NR.	`	12	1,258.00
-	13 14	Recapture of investment to Income tax. Add Lines 12					13 14	
2 -				35 triair 2610.				,00
-		6: Tax After Nonrefun Income tax paid to anothe		resident Attach	Schodula CB	15	.00	
4	16	Property tax and K-12 edu				13	00	
2		Attach Schedule ICR.				16	.00	
-		Credit amount from Sched				17	.00	
•	18 19	Add Lines 15, 16, and 17. Tax after nonrefundable			xceed the tax amount	on Line 14.	18 19	0 _{.00} 1,258 _{.00}
			Orcario. Odbiract Eine	TO HOITI LINE 14.				
,		7: Other Taxes Household employment ta	x See instructions				20	.00
נו	21	Use tax on internet, mail o		tate purchases fro	m UT Worksheet or U	T Table		
) ta		in the instructions. Do not	leave blank.				21	0.00
_	22	Compassionate Use of Med	-	n Act and sale of a	assets by gaming licens	see surcharges.	22	.00
7 2	23	Total Tax. Add Lines 19, 2	:0, 21, and 22.				23	1,258 _{.00}



24 To	otal tax from Page 1, Line 23.						24	1,258.00			
Step 8	3: Payments and Refunda	ble Credit									
25 Illin	nois Income Tax withheld. Atta	ach Schedule IL-W	IT.			25 1,	295.00				
26 Est	timated payments from Forms	s IL-1040-ES and II	L-505-I,								
	cluding any overpayment appl					26	.00				
	ss-through withholding. Attacl					27	.00				
	ss-through entity tax credit. At	28	.00								
	rned Income Credit from Sche	=			chedule IL-E/EIC	C. 29	.00	1 005			
	tal payments and refundabl	e credit. Add Lines	25 through	29.			30	1,295.00			
Step 9								2.5			
	ine 30 is greater than Line 24,						31	37.00			
	32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 3200										
-	Underpayment of Estir		-	ations	3						
	te-payment penalty for under	=				33	.00				
-	Check if at least two-thirds				-						
	Check if you or your spous						F II. 004/				
C	Check if your income was a Attach Form IL-2210.	not received evenly	during the y	ear an	d you annual	zea your income o	on Form IL-2210	J.			
4 1	Check if you were not requ	ired to file an Illino	ie Individual	Incom	a Tav roturn ir	the provious tax	vear				
	luntary charitable donations.			IIICOIII	e iax ieluiii ii	34	.00				
	tal penalty and donations. A					U-T	<u></u> 35	.00			
	11: Refund or Amount yo		··					.00			
•	•		io arostor the	on Line	OF aubtroat	Line OF from Line	01				
-	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 37.00										
	nount from Line 36 you want r o	efunded to you. Ch	neck one box	on Lin	ne 38. See ins	tructions	37	37.00			
	hoose to receive my refund by	_		011 =111	10 001 000 1110	a dollorio.	<u> </u>	.00			
	Simple to receive my retund by direct deposit - Complete	•	low if you ob	ook thi	c hov						
aı				_							
	You may also contribute to college savings funds	Routing number	outing number 1 1 1 0 0 0 0 2 5				X Checking or Savings				
	here. See instructions!	Account number	4 8 8 0	5	7 1 0 5	8 8 4					
h l	paper check.										
	nount to be credited forward.	Subtract Line 37 fro	om Lina 36 9	Saa ins	tructions		39	.00			
				Jee IIIs	siruciioris.		39	.00			
-	ou have an amount on Line 3 ou have an amount on Line 3			lina 25	:						
-	btract Line 31 from Line 35. T						40	.00			
					actions.			.00			
Step 1	12: Health Insurance Che	eckbox and Sign	nature								
41 🗌	Check this box if IDOR may						der to determine	e			
	your eligibility for health insi	urance benefits. Se	e instruction	s tor m	ore information	on.					
Signat	ture - Note: If this is a joint ret	urn both you and w	our enouee m	uet eia	n helow						
_	penalties of perjury, I state th		-	_		mv knowledge. it	is true, correct.	and complete.			
				,		,					
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sigr	nature		Date (mm/dd/yyyy)	Daytime phone	number			
Here							(832) 918	-9550			
Delal	Print/Type paid preparer's nam	e	Paid preparer	's signa	ature	Date (mm/dd/yyyy)		Paid Preparer's PTIN			
Paid Proparer	SYAM PRIYA RAM SAGAR GUPTA	TALLAM	02/14/2023	self-employed	P02082703						
Preparer Use Only	Firm's name	L TAXES LLC				Firm's FEIN	843171965)			
Jac Only											
Third	Designee's name (please print	t)		Design	ee's phone nur	mber	Check if the	Department may			
Party		, ,									
Designe	ne ()							shown in this step.			
	Refer to the 20	22 IL-1040 Ins	struction	s for	the addre	ess to mail yo	our return.				

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





3

Illinois Department of Revenue 2022 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

NARENDRA PRASAD REDDIM	1 7 7 _ 6 5 _ 8 9 5 8
Your name as shown on your Form IL-1040	Your Social Security number
tep 1: Provide the following information	
Were you, or your spouse if "married filing jointly," a full-year resider	nt of Illinois during the tax year?
Yes No If you answered "Yes," STOP yo	ou cannot use this form (see instructions).
If you, or your spouse if "married filing jointly," were a part-year resid	dent during the tax year, tell us your residency dates for 2022.
allived in Illinois from//2_2 to//2_2 Month Day Year Month Day Year	lived in from/ / <u>2</u> <u>2</u> to / / <u>2</u> <u>2</u> State Month Day Year Month Day Year
b My spouse lived in Illinois from//2_2 to//2_ Month Day Year Month Day Ye	
If you were a resident of any of the states listed below during the ta was in the military, or if you elected to use your service member spo	ex year, if you were in Illinois only to accompany your spouse who ouse's state of residence for tax purposes, check the appropriate box.
☐ Iowa ☐ Kentucky ☐ Michigan	Wisconsin Military Spouse
List any state other than Illinois or any states already indicated on L	Line 2 or 3 above, that you claimed residency for tax purposes in 2022.

Step 2: Complete Form IL-1040

Enter the two-letter abbreviation of that state.

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

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

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

_	_			Column A Federal Total	Column B Illinois Portion
ı	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	97,713 _{.00}	26,161 _{.00}
L	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
L	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	83.00	0.00
ı	8	Taxable refunds, credits, or offsets of state and local income taxes			
ı	1	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
L	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)		.00	.00
ı	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10_	.00	.00
ı	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11_	-3,000 _{.00}	0.00
ı	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
920	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
ן קֿ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
2	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
П	1	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-9,650 _{.00}	0.00
ı	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16_	.00	.00
ı	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17_	.00	.00
ı	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18_	.00	.00
ı	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	9)		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19	11.00	0.00
L	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in Continue with Step 3 on Page 2	- k	. 20	<u>26,161_{.00}</u>

IL-1040 Schedule NR Front (R-12/22)
Printed by authority of the state of Illinois. Electronic only, one copy.

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.



Schedule NR - Page 2

22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) 22 00 0 0 0 0 0 0 0			Schedule NR – Page 2			
2 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 12) 2 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) 25 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 19) 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 19) 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 19) 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19) 29 Penalty on early withdrawal of savings federal Form 1040 or 1040-SR, Schedule 1, Line 19) 29 Penalty on early withdrawal of savings federal Form 1040 or 1040-SR, Schedule 1, Line 19) 29 July on early withdrawal of savings federal Form 1040 or 1040-SR, Schedule 1, Line 19) 29 July on early withdrawal of savings federal Form 1040 or 1040-SR, Schedule 1, Line 19) 30 Almony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19) 31 IRA doction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 Sinder loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 33 RESERVED 33 RESERVED 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 35 Cher adjustments (see instructions) 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjusted gross income. 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1, 37 85,157,00 38 Subtract Line 36 from Line 42. This is the Illinois portion of your federal adjusted gross income. 38 Column A, enter the total amounts from your Form IL-1040, Vian unst read from IL-1040, Line 2) 40 Other additions (Form IL-1040, Lin	St	ер	3: Continued	F		
2 Certain business expenses of reservists, performing artists, and fee-basis government officials (declarel From 1040 or 1040-SR, Schedule 1, Line 12) 23		21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	26,161 _{.00}
government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) 23 00 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 24 00 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) 25 00 0 25 Schedule 1, Line 14) 25 00 0 25 Schedule 1, Line 14) 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 26 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
2 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 24 25 25 25 25 26 25 26 27 28 28 28 28 28 28 28	1	23	Certain business expenses of reservists, performing artists, and fee-basis			
Schedule 1, Line 14) Schedule 1, Line 18) Schedule 1, Line 20) Schedule 1, Line 21) Schedule 1, Line 20) Schedule 1, Line 21) Schedule 1, Line 21) Schedule 1, Line 21) Schedule 1, Line 20) Schedule 1, Line 21) Schedule 1, Line 21) Schedule 1, Line 21) Schedule 1, Line 21) Schedule 1, Line 20) Schedule 1, Line 21) Schedule 1, Line 21) Schedule 1, Line 20) Schedule 1, Line 21) Schedule 1, Line 21) Schedule 1, Line 20) Schedule 1, Line 21) Schedule 1, Line 23) Schedule 1, Line 21) Schedule 1, Line 21, This is the Illinois portion of your federal adjusted gross income. Schedule 1, Line 2, Line 3, Schedule 1, Line 2, Schedul			government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23		
Schedule 1, Line 14 25	1	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
8 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28	e	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
8 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28	15					
8 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28	12			26	.00	
8 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28		27				
39 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 .00		 				
33 RESERVED 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34	12		• •			
33 RESERVED 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34	<u>آةِ</u> ا					
33 RESERVED 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34	ᄩ		Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30		
33 RESERVED 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34	Sn		IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31		
34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34	Ϊ́Θ	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
35 Other adjustments (see instructions) 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income. 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Column A	١٩					
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income. 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 Subtract Line 36 from Line 21. This is the Illinois portion of your total income. 39 Column A Form IL-1040 Total Form IL-1040, Line 2) 40 Other additions (Form IL-1040, Line 3) 40 Other additions (Form IL-1040, Line 3) 41 Add Column B, Lines 38, 38, and 40. This is the Illinois portion of your total income. 41 26, 161, 101 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) 43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) 44 Other subtractions (Form IL-1040, Line 7) 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 45 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. 46 Subtract Line 45 from Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. 48 Divide Line 48 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. 48 Divide Line 48 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Lin	1		,			
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37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1. 37 85,157,00 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. 38 26,161, Step 4: Figure your Illinois additions and subtractions In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step. See defaulty tax-exempt interest and dividend income (Form IL-1040, Line 2) 39		36				
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Enter the amount here and on your Form IL-1040, Line 12.			Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	51	25,417 <u>.00</u>
·		52	Multiply the amount on Line 51 by 4.95% (0.495). This amount may not be less than 7	ero.		
This is your tax. 52 1,258,0			Multiply the amount on Line 31 by 4.33% (.0433). This amount may not be less than 2			
•		ı	Enter the amount here and on your Form IL-1040, Line 12.			





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	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)

	RENDRA PRASA Ir name as shown		<u>1 7</u> Your Soc	7 ial Sec	 curity numb	6 <u>5</u> per		8	9	5	8	
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	Column C ges, Winnings, G s, Compensation	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.					Column E Illinois Income Tax Withheld		
1	W	46-0854153 000 0	_ \$	26,161 •00	<u>)</u>	\$	26,	161 •00	;	\$	1,29	95 •00
2			- \$	•00	<u>)</u>	\$		<u>•00</u>	,	\$		<u>•00</u>
3			- \$	•00	<u>)</u>	\$		<u>•00</u>	;	\$		<u>•00</u>
4			- \$	•00	<u>)</u>	\$		<u>•00</u>	,	\$		<u>•00</u>
5			_ \$	•00	<u>)</u>	\$		<u>•00</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	umn C , Winnings, Gross compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
6			_ \$	•00	\$	•00	\$	•00		
7			_ \$	•00	\$	•00	\$	<u>•00</u>		
8			- \$	<u>•00</u>	\$	•00	\$	<u>•00</u>		
9			_ \$	•00	\$	•00	\$	<u>•00</u>		
10			_ \$	<u>•00</u>	\$	<u>•00</u>	\$	•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 \$ 1,295**.00**

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





				_								_							
Submission ID																			

<u></u>	(Do not mail Form	<u>'</u>	runent of Revenue ur	nless it is requested for review.)
	1: Provide taxpayer in NARENDRA PRASAD	formation REDD)TM	1 7 7 - 6 5 - 8 9 5 8
		Spouse's first name (and last name if differe		Social Security number
Print	7914 110TH AVE SE		,	
or type	Mailing address			Spouse's Social Security number
	RENTON	WA	98056	(832) 918-9550
	City	State	ZIP	Daytime phone number
Step	2: Complete information	on from tax return	Choose one: X	IL-1040
	let income from Form IL-10		<u> </u>	125,417 <u>00</u>
	ax from Form IL-1040 or IL	•		2 1,258 00
3 II	linois Income Tax withheld	from Form IL-1040 or IL-1040-X,	Line 25 only (enter "0" if	none) 3 1,295 _ 00
4 (Overpayment from Form IL-	1040, Line 36 or IL-1040-X, Line	35	437 00
		n IL-1040, Line 40 or IL-1040-X, L		5I_00_
6 F	iling status: $ imes$ Single $ extstyle$	Married filing jointly Marrie	ed filing separately W	/idowed Head of household
does within 7 F 8 A 9 T 10 E 11 E	not support international AC the United States or those Routing no. (RN): $\frac{1}{2}$ $\frac{1}{2}$ Account no. (AN): $\frac{4}{2}$ $\frac{8}{2}$ Check the United States or those Routing no. (AN): $\frac{4}{2}$ $\frac{8}{2}$ Check the United States of ACC 1.	CH transactions. IDOR will only per not funded by international funds. 1 0 0 0 0 2 5 8 0 5 7 1 0 5 8 Cking Savings lectronically withdrawn://	rform direct transactions (& Electronic payments will n	ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located ot be accepted and refunds will be via paper check.
		n and signature (Sign only af	ter completing Step 2 a	and, if applicable, Step 3.)
×	correct. If I have filed a job I authorize the Illinois De withdrawal as designated financial institutions involuecessary to answer inq	oint return, this is an irrevocable a epartment of Revenue (IDOR) and I in the electronic portion of my 202	ppointment of the other sp I its designated financial a 22 Illinois Original or Amen ronic overpayment of taxes to the payment.	lare the information on Lines 7 through 9 is couse as an agent to receive the refund. gent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the set to receive confidential information
return and a	r penalties of perjury, I decla originator (ERO) are identic ccompanying information ma accepted or rejected. If rejec	re the information on my electronic cal. To the best of my knowledge, my ay be sent to IDOR by my ERO. I au	Form IL-1040 or IL-1040-X y return is true, correct, and uthorize IDOR to inform my	and the information I provided to my electronic I complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
here	Your signature	Date	Spouse's signature	e (if joint return, both must sign) Date
I declinform taxpa	are that I have examined thation. I have followed all re	equirements of this program and or ying information are true, correct,	040 or IL-1040-X, the info declare, under penalties of	signature Immation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the Check if paid preparer: ☐ (See instructions.) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
only	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	01	01.1	710	D. C. L.

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.

