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

IIICIIIai	Nevertue Service				
Subm	nission Identification Number (SID)				
Taxpay	er's name	Social securit	y number		
ARA	VIND MUVVA	726-06-	-5921		
Spouse	s's name	Spouse's soc	ial security	number	
Par	, ,	r year you a	re autho	rızıng.)	
	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. Adjusted gross income		1 1	135	801.
2	Total tax		2		320.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
4	Amount you want refunded to you		4		201. 881.
5	Amount you owe		5		001.
Part	·		-	r retur	n)
my kn return to sen for any Agent payme author payme busine taxes persor	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abor (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejoy delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lower to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution account indicated in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the particular of the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the Withdrawal Consent.	we are the amounter, or electron of the trans. Treasury an icated in the trans on to debit the ethe authorizations must be processing of payment. I furt	ounts from onic return ansmission of its desi ax prepara entry to the tion. To re- received the electron	the inc originate n, (b) the gnated F tion soft nis accou evoke (c no later onic pay weledge	ome tax or (ERO) e reason financial ware for unt. This ancel) a r than 2 ment of that the
	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generate	my PIN 6	5 9	2 1	as my
•	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digi n't enter all		asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.	od. The ERC		mplete	
Your	signature ▶ Date ▶	U,	2/03/2	JZ3	
Spou	se's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name		er five digi		
	signature on the income tax return (original or amended) I am now authorizing.		n't enter all		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 er all zeros	9 8	9
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subnements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this retu	rn in acco	ordance	
ERO'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (l	,	_	household · QSS box,	, ,	sp	ialifying : ouse (QS 's name	SS)	Ü
Your first name			Last nai	me					Your	social sec	urity	number
ARAVIND			MUVV							-06-5	-	
	pouse's	first name and middle initial	Last nai						_			rity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	nns			Apt. r	10	Drocio	lontial Ele	oction	Campaign
310 W AI	•						1			here if v		
		ce. If you have a foreign address, also co	omplete si	paces below	Stat	te	ZIP code		spous	e if filing	jointly	, want \$3
DEKALB		, a			IL		60115			to this fu elow will		necking a
Foreign countr	v name		~								ind.	larige
	,			overgre province, course		,				Yo		Spouse
Digital		ny time during 2022, did you: (a) rec	,				,	, .	` '	. —		⊠ No
Assets		ange, gift, or otherwise dispose of a		<u>_</u>			asset)? (S	ee instr	ructions) <u> </u>	28	<u> </u>
Standard Deduction		eone can claim:	•	•		a dependent						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	: Was bor	n before J	anuary	2, 1958		s bline	 d
Dependents	s (see	instructions):		(2) Social security	, I	(3) Relationsh	(4) Ob				see in	structions):
If more	•	rst name Last name		number	´	to you	. 1	hild tax	credit	Credit fo	or othe	r dependents
than four												
dependents, see instruction												
and check	·											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1	а	150	0,001.
	b	Household employee wages not re	eported	on Form(s) W-2 .					. 1	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					. 1	С		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	instru	ctions)			. 1	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits t	from For	m 2441, line 26					. 1	е		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 29						lf		
If you did not	g	Wages from Form 8919, line 6 .							. 1	g		
get a Form W-2, see	h	Other earned income (see instruct	ions) .						. 1	h		0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1i</u>						
	z	Add lines 1a through 1h								z	<u> 150</u>	0,001.
Attach Sch. B	2a	· –	2a			axable interest				2b		
if required.	<u>3a</u>	_	3a	4.		rdinary divide				Bb		4.
	4a	_	4a			axable amoun				lb .		
Standard Deduction for—	5a	-	5a			axable amoun			_	ib .		
Single or	6a	,	6a			axable amoun			<u> </u>	ib		
Married filing separately,	c	If you elect to use the lump-sum e		·	•	,				-	-1	0.00
\$12,950	7	Capital gain or (loss). Attach Sche			,					7		1,098.
 Married filing jointly or 	8	Other income from Schedule 1, lin		This is your total in						8		3,106.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						9		5,801.
\$25,900	10	Adjustments to income from Sche								0	105	
 Head of household, 	11	Subtract line 10 from line 9. This is Standard deduction or itemized								1		5,801.
\$19,400 If you checked	12	Qualified business income deduct		•	,	 5 A				3		2,950.
any box under	13 14	Add lines 12 and 13							_	4	1 0	2 , 950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								5		2,950. 2,851.
see instructions.	.5	Capadaci inic 14 iloini iilic 11. Il 26	0 01 1033	5, OHIOL O-, HIIS IS !	your t	azabie ilicoli				J		., 001.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	23,320.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	23,320.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	23,320.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	23,320.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a	26,201.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	26,201.
	26	2022 estimated tax paymen						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		_	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31		7	
	32	Add lines 27, 28, 29, and 31					s	32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	26,201.
	34	If line 33 is more than line 24						34	2,881.
Refund	35a	Amount of line 34 you want				•		35a	2,881.
Direct deposit?	b	Routing number 0 7 1			c Type:		-	OGA	2,001.
See instructions.	d	Account number 2 6 5					_ cavings		
	36	Amount of line 34 you want			d tay	36			
Amount	37	Subtract line 33 from line 24				30			
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	v/Payments or	see instructions			37	
	38	Estimated tax penalty (see in							
Third Party Designee		you want to allow another	•				Complete	helow.	X No
Doolgiloo		signee's		Phone			ersonal ident		
	nar			no.			ımber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	ur signature		Date	Your occupation				ent you an Identity
Joint return?					SR. SOFTW	ARE ENGIN		e inst.)	PIN, enter it here
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	ation			nt your spouse an
Keep a copy for your records.							I .	ntity Prote e inst.)	ection PIN, enter it here
	Ph	one no. (815) 909-810	4	Email address	ARAVINDMIV	VA96@GMAIL.	COM		
		eparer's name	Preparer's signat		11141V 11VD110 V	Date Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TAT.T.A			32703	Self-employed
Preparer		m's name GLOBAL TA		1711 0110111/	OOLIII IIIIIIAI	.1 02 / 03 / 202			(678) 965-9522
Use Only			Y CT E BRU	INSWICK N.	J 08816			n's EIN	88-2145487
Co to warming =				71,0 VV I CIC IN		DE\/ 04/20/20 ==		1 3 LIIN	Form 1040 (2022)
GO TO WWW.IIS.go	וווטאוענ	n1040 for instructions and the late	อะ แบบแทสแบบ.		BAA	REV 01/28/23 PR	J		rom 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

ARAVIND MUVVA

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

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

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

Your social security number 726-06-5921

1 Taxable refunds, credits, or offsets of state and local income taxes	106.
2a Alimony received 2a b Date of original divorce or separation agreement (see instructions): 3 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. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7	106.
Business income or (loss). Attach Schedule C	106.
Business income or (loss). Attach Schedule C	106.
4 Other gains or (losses). Attach Form 4797	106.
6 Farm income or (loss). Attach Schedule F	106.
7 Unemployment compensation	
9 Other income:	
6 Other income.	
a Net operating loss	
b Gambling	
c Cancellation of debt	
d Foreign earned income exclusion from Form 2555	
e Income from Form 8853	
f Income from Form 8889	
g Alaska Permanent Fund dividends	
h Jury duty pay	
i Prizes and awards	
j Activity not engaged in for profit income	
k Stock options	
I 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 8I	
m Olympic and Paralympic medals and USOC prize money (see	
instructions)	
n Section 951(a) inclusion (see instructions) 8n	
o Section 951A(a) inclusion (see instructions)	
p Section 461(I) excess business loss adjustment 8p	
q Taxable distributions from an ABLE account (see instructions) 8q	
r Scholarship and fellowship grants not reported on Form W-2 8r	
s Nontaxable amount of Medicaid waiver payments included on Form	
1040, line 1a or 1d	
t Pension or annuity from a nonqualifed deferred compensation plan or	
a nongovernmental section 457 plan	
u Wages earned while incarcerated 8u	
z Other income. List type and amount:	
9 Total other income. Add lines 8a through 8z	
	106.

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

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

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

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**

Your social security number

726-06-5921 ARAVIND MUVVA 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. 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 Box A checked 20,856. 22,289. 335. -1,098.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 -1,098.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 (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-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 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -1,098.• 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 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 1,098.) 21 • (\$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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return ARAVIND MUVVA Social security number or taxpayer identification number 726-06-5921

Before you check Box A, B, or C 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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-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. TANCE AND A STATE OF THE STATE

(A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		`	?)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arrate instructions.	(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	05/20/22	12/31/22	20,643.	22,029.	EW	335.	-1,051.
COIN BASE	05/14/22	05/23/22	208.	255.			-47.
COIN BASE	05/14/22	05/23/22	5.	5.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be provided) or line 2 (if Box A)	al here and inc is checked), lir	lude on your ne 2 (if Box B	20 856	22 289		225	_1 098

Note: If you checked Box A 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.

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.

Your social security number

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

OMB No. 1545-0074

ARA\	IND MUVVA						726-0	06-5921	<u>- </u>	
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 S	Schedule	C. See	instru	ctions. If you a	re an inc	dividual, rep	oort farm	
Α	Did you make any payments in 2022 that would require you	to file F	form(s) 1	0992.5	See ins	structions			es X No	
 1a	Physical address of each property (street, city, state, ZIF									
		cou e)								
A B	504 COLLEGE AVE DEKALB IL 60115									
C										_
1b	Type of Property 2 For each rental real estate prope	utu liata	<u>ا</u>		Го	ir Rental	Davas	nol Hoo		
ID	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair rental real estate properabove.				Га	Days		nal Use ays	QJV	
Α	personal use days. Check the QJ	JV box	only [Α		153		0		_
В	if you meet the requirements to f			В						
С	qualified joint venture. See instru	ictions.		С						_
Туре	of Property:					•			1	
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land		7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descri	ibe)			
						Propertie				_
Incor	ne:			Α		В			С	_
3	Rents received	3		13,6	85.					
4	Royalties received	4								
Ехре	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6			67.					
7	Cleaning and maintenance	7			00.					
8	Commissions	8			50.					
9	Insurance	9		5,2						
10	Legal and other professional fees	10		5,4						
11	Management fees	11		3,8	37.					
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest	13		٥,٥	30.					_
14	Repairs	14		2,3	0.0					_
15	Supplies	15		1,2						
16	Taxes	16			30.					
17	Utilities	17			23.					_
18	Depreciation expense or depletion	18		3,9	17.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		26,7	91.					
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			-13,1	م ا					
22	Deductible rental real estate loss after limitation, if any,	21		10,1	00.					
22	on Form 8582 (see instructions)	22 (13,10	16 1	()(١
23a	Total of all amounts reported on line 3 for all rental proper			<u> ,</u>	23a		, 685.	/\		
20a b	Total of all amounts reported on line 4 for all royalty proper				23b	10	,			
C	Total of all amounts reported on line 12 for all properties				23c	3	,830.			
d	Total of all amounts reported on line 18 for all properties				23d		,917.			
е	T . I . C . II				23e		,791.	_		
24	Income. Add positive amounts shown on line 21. Do no		e any lo	sses			. 24	_		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	otal losses her	e 25	(13,106.)
26	Total rental real estate and royalty income or (loss).								<u> </u>	
	here. If Parts II, III, IV, and line 40 on page 2 do not a									_
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount ii	n the tot	al on li	ne 41	on page 2	. 26		-13,106	

Form **8889**

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

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

ARAVIND MUVVA

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 726-06-5921

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts,	if requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	elf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,050.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have selected a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA

Form **4562**

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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

2022 Attachment Sequence No. 179

Identifying number

OMB No. 1545-0172

ARAVIND MUVVA Sch E 504 COLLEGE AVE 726-06-5921 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 1,080,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 2,700,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2022 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property 5-year property 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. SIL g 25-year property h Residential rental 27.5 yrs. MM S/L 07/22 235,000. 3,917. 27.5 yrs. S/L MM property 39 yrs. ММ S/L i Nonresidential real S/L property MM Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L **b** 12-year ММ S/I_ c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 3,917. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . 23

BAA

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.

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	726-	-06-5921	1996						
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	DEKA	ALB	IL	60115	DEKALB		(REPOSENTES ANTAL	\$\$\\$\\$\\$\\$\\$\\$\\$\	
			I	ARAVINDMUVV.	A96@GMAIL.C	OM			
В	Filir	ng status: 🛛 S	ingle \square Ma	arried filing joint	ly Married f	filing separately Widowe	ed Head of	household	
С	Che	eck If someone ca	an claim you,	or your spouse	if filing jointly, as	a dependent. See instruction	ıs. 🗌 You 🔲	Spouse	
			-	•		nt - Attach Sch. NR 🔲 Par		-	ı. NR
				3 -			,		le dollars only)
	Siep 1	2: Income Federal adjusted	l aross incom	e from vour fed	eral Form 1040 o	or 1040-SR, Line 11.		1	135,801.00
	2	Federally tax-ex	empt interest	t and dividend i		ir federal Form 1040 or 1040	SR, Line 2a.	2	.00
	3 4	Other additions. Total income . A						3	.00 135,801 _{.00}
	_	3: Base Income		Trough o.					, .00
7	5	Social Security I		certain retireme	ent plan income				
ls.	_	received if include	ded in Line 1	. Attach Page 1	of federal retur		5	.00	
	6	Illinois Income Ta Schedule 1, Ln.		ent included in t	ederal Form 104	10 or 1040-SR,	6	.00	
2	7	Other subtractio		chedule M.			7	.00	
5	8	Add Lines 5, 6, a		-				8	.00 135,801 ₀₀
0	9	Illinois base inc		act Line 8 from	Line 4.			9	133,001.00
2	-	o 4: Exemption a Enter the exer		nt for vourself a	nd vour snouse	See instructions.	a2,42	25.00	
2		b Check if 65 o	r older:] You 🛨 🗌 S	pouse # of	checkboxes X \$1,000 =			
7		c Check if legal				checkboxes X \$1,000 =	c	.00	
		Attach Schedu		rns, enter the ar	nount from Scrie	dule IL-E/EIC, Step 2, Line 1.	d	0.00	
Sia Sia		Exemption allo	wance. Add	Lines 10a throu	ugh 10d.			10	2,425.00
•	-	5: Net Incom							
1	11	Residents: Net				at in a sure fue no Calaedula ND	Attack Calcadula	ND 44	133,376 _{.00}
	12	Residents: Mult				et income from Schedule NR. ess than zero.	Attach Schedule	NH. II	133,370.00
		Nonresidents a	and part-yea	<i>r residents:</i> Er	nter the tax from	Schedule NR.		12	6,602 <u>.00</u>
-	13 14	Recapture of inv					•	13 14	.00 6,602 _{.00}
7		o 6: Tax After N			De 1633 triair Zero	<i>y</i> .		17	, .00
	15				inois resident. A	ttach Schedule CR.	15	.00	
5	16			tion expense c	redit amount fro	m Schedule ICR.	10		
	17	Attach Schedule Credit amount fr		- 1299-C. Δtta c	h Schedule 129	99-C	16 17	.00 .00	
֝֝֝֝֝֝֝֝֝֝֓֓֓֓	18					nnot exceed the tax amount		18	0.00
3	19	Tax after nonre		edits. Subtract	Line 18 from Lir	ne 14.		19	6,602 <u>.00</u>
202	-	7: Other Taxe		Coo inoterration	•			20	00
,	20 21	Household empl Use tax on inter				ses from UT Worksheet or U	T Table	20	.00
) ia		in the instruction	ns. Do not lea	ave blank.	-			21	0.00
•	22 23	-			ogram Act and sa	ale of assets by gaming licen	see surcharges.	22 23	.00 6,602 _{.00}
7	23	Total Tax. Add L	⊌S 13, ∠U,	∠ i , aiiu ∠∠.				۷۵	-,00

ID: 3WM REV 01/10/23 PRO



24	Total	tax from Page 1, L	ine 23.												-		24		6,602 <u>.00</u>
Ste	p 8: P	ayments and Re	fundable	e Credit															
		Income Tax withheated payments from				5-I.						2	25		7,	425.	<u>00</u>		
		ng any overpayme										2	26				00		
		hrough withholding		•								2	27				00		
28	Pass-t	hrough entity tax cr	edit. Attac	h Schedule K-1	I-P or	K-1-	T.					2	28				00		
29	Earne	d Income Credit from	m Schedu	le IL-E/EIC, Ste	p 4, L	ine 8	. Attac	h Sc	chec	dule IL-F	E/EIC	. 2	29				00		
30	Total _I	payments and refu	undable c	redit. Add Line	s 25 t	hrou	gh 29.										30		7,425.00
Ste	p 9: To	otal																	
		30 is greater than L															31		823.00
32	If Line	24 is greater than L	ine 30, sub	otract Line 30 fro	m Lin	e 24.											32		.00
Ste	p 10:	Underpayment o	f Estima	ted Tax Penal	ty an	d D	onatio	ons	3										
		ayment penalty for										3	33				<u>00</u>		
		Check if at least two								_									
		Check if you or you					•		_			_				_			
		Check if your incom		received evenly	y durii	ng th	e year	an	d yo	ou anr	nuali	zed y	our	inco	ome o	n For	m IL-22	10.	
	-	Attach Form IL-221		d to file on Illina	ما ما	اندناما.	مما امر	o 100 /	. т.	rot	in	+h a	- ro		. +0	,00 K			
		Check if you were n ary charitable dona	-			iiviat	iai inc	OTTIE	ета	ax retu	III III		prev 34	lous	s lax y		00		
		penalty and donat										•					<u>35</u>		.00
		Refund or Amou			, , .														
			•						0.5				۰- ۱			0.4			
	-	have an amount on		ind this amount	is gre	eater	than I	_ine	35	o, subt	ract	Line	35 fi	rom	Line	31.	36		823.00
		your overpaymen nt from Line 36 you		nded to you C	hock (ana k	oov on	Lin	10 3	18 Soc	inct	ructio	ne				30		823.00
		•		ilded to you.	IIECK (JIIC I	JOX OII	L	16 3	. Jee	; 11131	rucii	JIIS.				31		
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	а 🖂 (direct deposit - Co				_		_											
		You may also contrib to college savings ful		uting number	0 7	1	0 0) (0	0 1	3		×	Ch	neckir	g or	Savi	ngs	
		here. See instruction		count number	2 6	5	2 8	3	3 !	5 3	8							J	
	ь П.	paper check.																	
	-	nt to be credited for	rward Suk	atract Line 37 fr	om Li	no 31	8 800	inc	truc	ctions							39		.00
								1113	sti ut	CHOHS.							33		
	-	have an amount on have an amount on						. 25	-										
		ct Line 31 from Line								one							40		.00
					-		000 111	3110	JOH	0110.									
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41		neck this box if IDC											geno	cies	in ord	ler to	determi	ne	
	yc	our eligibility for hea	aith insurai	nce benefits. Se	ee ins	tructi	ons to	r m	ore	intorn	natic	n.							
Sign	natur	e - Note: If this is a j	ioint return	both you and y	our sr	OUISE	must	siai	n he	elow									
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Sign Here	Y	our signature		Date (mm/dd/yyyy	Spou	ise's	signatu	re				Date	(mm	/dd/y	ууу)	Dayt	ime phon	e nun	ıber
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Third	D	esignee's name (plea	ase print)				De	sian	nee's	s phone	e nun	nber					Check if th	ne Der	partment may
Party							,	J.1	\	ļ .						disc	cuss this r	eturn	with the third
Desig	nee						[())							par	y designe	ee sho	own in this step.
		Refer to th	he 2022	IL-1040 In	stru	ctic	ns f	or	th	e ad	dre	SS	to i	ma	il yc	ur i	eturn		

IL-1040 Back (R-12/22) DR______ AP____ RR DC IR ID ID: 3WM REV 01/10/23 PRO





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

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

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

ARAVIND MUVVA Your name as shown	on Form IL-1040	7 2 Your Social	7 2 6 0 6 0 1					
Column A Form type	Column B Employer/Payer Identification Number	Federal W	Column C ages, Winnings, Gros ns, Compensation, et		Column D Wages, Winnings, Gions, Compensation	ross II	Column E Illinois Income Tax Withheld	
1 W	37-0602744-00	\$	150,001 .00	\$	150,001 .00	\$	7,425 •00	
2		\$	<u>•00</u>	\$	•00	\$	•00	
3		\$	<u>•00</u>	\$	•00	\$	•00	
4		\$	<u>•00</u>	\$	•00	\$	•00	
5		\$	•00	\$	•00	\$	•00	

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

You	ur 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,	mn C Winnings, Gross Impensation, etc.	Illinois Wage	olumn D es, Winnings, Gross Compensation, etc.		Column E Illinois Income Tax Withheld
6			\$	•00	\$	•00	\$_	•00
7			_ \$	•00	\$	•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 \$ 7,425.00

•00

•00

•00

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



•00

•00

•00



Illinois Department of Revenue

		_						_				
			S	ubmi	ssior	i ID						

S	,			etronic Filing Declaration less it is requested for review.)
Step	1: Provide taxpayer information	on .		·
·	ARAVIND	MUVVA		7 2 6 - 0 6 - 5 9 2 1
Drin	•	st name (and last name if differen	t) Last name	Social Security number
or	t 310 W ALDEN PL 1 Mailing address			Spouse's Social Security number
type	DEKALB	IL	60115	(815) 909-8104
	City	State	ZIP	Daytime phone number
Stor	2: Complete information from	tay return	Choose one: X	IL-1040 IL-1040-X
	Net income from Form IL-1040 or IL-		Choose one.	1 133,376 00
	Tax from Form IL-1040 or IL-1040-X,			26,602 00
	Illinois Income Tax withheld from For		ine 25 only (enter " 0 " if r	
	Overpayment from Form IL-1040, Lir		• ,	4 <u>823</u> l <u>00</u>
	Total amount due from Form IL-1040			5l <u>00</u>
6	Filing status: X Single Marrie	d filing jointly Married	I filing separately Wi	dowed Head of household
within 7	n the United States or those not fundation Routing no. (RN): $\frac{0}{2}$ $\frac{7}{6}$ $\frac{1}{5}$ $\frac{0}{2}$ Account no. (AN): $\frac{2}{2}$ $\frac{6}{6}$ $\frac{5}{2}$	ed by international funds. E 0 0 0 1 3 8 3 5 3 8		g., debit, deposit) with financial institutions located to be accepted and refunds will be via paper check.——
	Type of account: X Checking			
10	Date the payment is to be electronical	ally withdrawn://_		
11	Electronic funds withdrawal amount:	I_00		
12	Name on account:			
	4: Taxpayer declaration and sign	gnature (Sign only afte	r completing Step 2 a	nd, if applicable, Step 3.)
<u>></u>	I consent that my refund may be correct. If I have filed a joint return I authorize the Illinois Departmen withdrawal as designated in the ele	directly deposited as design, this is an irrevocable appet of Revenue (IDOR) and itectronic portion of my 2022	nated in Step 3 and declar pointment of the other spots ts designated financial ag Illinois Original or Amend	are the information on Lines 7 through 9 is buse as an agent to receive the refund. ent to initiate an ACH electronic funds led Individual Income Tax return. I authorize the
	necessary to answer inquiries and	d resolve issues related to	the payment.	to receive confidential information
	I do not want direct deposit of my	refund, or an electronic fu	nds withdrawal (direct de	bit) of my balance due.
returi and a been	n originator (ERO) are identical. To the accompanying information may be sen accepted or rejected. If rejected, I aut	best of my knowledge, my to IDOR by my ERO. I auth	return is true, correct, and c norize IDOR to inform my E	and the information I provided to my electronic complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has y be corrected and retransmitted if possible.
Sign	Your signature	Date	Spouse's signature	(if joint return, both must sign) Date
Step I dec infori	5: Electronic return originator	r (ERO) and paid preparer's electronic Form IL-10 nts of this program and de	arer declaration and s 40 or IL-1040-X, the infor clare, under penalties of	· · · · · · · · · · · · · · · · · · ·
	ERO's signature		Date	Check it paid preparer: (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-employed			Your PTIN
use only	245 ROONEY CT			8 8 - 2 1 4 5 4 8 7
y	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

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

