Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2023** 

## 2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1,142.

REV 02/10/23 PRO

1555

AB2-43-01AB 0B2-49-7615
ARUN CHARY SOPPADANDI
SANKALPA ESWARKRISHNAKUMARI
5142 WATERLOO DR
FORT MILL SC 2970B

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2023** 

## 2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1,142.

REV 02/10/23 PRO

1555

AB2-43-018B 0B2-49-7615
ARUN CHARY SOPPADANDI
SANKALPA ESWARKRISHNAKUMARI
5142 WATERLOO DR
FORT MILL SC 2970B

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2023** 

## 2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1,142.

REV 02/10/23 PRO

1555

AB2-43-018B 0B2-49-7615
ARUN CHARY SOPPADANDI
SANKALPA ESWARKRISHNAKUMARI
5142 WATERLOO DR
FORT MILL SC 2970B

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/16/2024** 

## 2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1,142.

REV 02/10/23 PRO

3 PRO 1555

AB2-43-01AB OB2-49-7615
ARUN CHARY SOPPADANDI
SANKALPA ESWARKRISHNAKUMARI
5142 WATERLOO DR
FORT MILL SC 2970B

### 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 revenue correct	<u> </u>				
Submission Identification Number (SID)					
Taxpayer's name			Social security	number	
ARUN CHARY SOPPADANDI			882-43-	0188	
Spouse's name				al security numbe	r
SANKALPA ESWARKRISHNAKUMARI			082-49-	7615	
Part I Tax Return Information —	Tax Year Ending December 3	1, 2022 (Enter	year you ar	e authorizing	.)
Enter whole dollars only on lines 1 through	5.				
Note: Form 1040-SS filers use line 4 only.	Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income			[		7 <b>,</b> 583.
2 Total tax			[	2 36	5,250.
3 Federal income tax withheld from Fo	orm(s) W-2 and Form(s) 1099			3 35	307.
4 Amount you want refunded to you				4	
5 Amount you owe	<u> </u>			5	943.
Part II Taxpayer Declaration and	Signature Authorization (Be s	ure you get and k	еер а сору	of your retu	ırn)
return (original or amended) I am now authorizing to send my return to the IRS and to receive from for any delay in processing the return or refund, Agent to initiate an ACH electronic funds withdreayment of my federal taxes owed on this return authorization is to remain in full force and effect payment, I must contact the U.S. Treasury Findusiness days prior to the payment (settlement) taxes to receive confidential information necess personal identification number (PIN) below is my Electronic Funds Withdrawal Consent.	in the IRS (a) an acknowledgement of recond (c) the date of any refund. If applications and (direct debit) entry to the financial in and/or a payment of estimated tax, and ct until I notify the U.S. Treasury Financian Agent at 1-888-353-4537. Payment of date. I also authorize the financial instites and resolve is	ceipt or reason for rejectable, I authorize the U. institution account indiced the financial institution icial Agent to terminate ment cancellation requitations involved in the passues related to the passue	ction of the tra S. Treasury and cated in the tax in to debit the cather authorizates ests must be processing of ayment. I furth	Insmission, (b) tid its designated its designated its preparation so entry to this accion. To revoke received no late the electronic per acknowledge.	he reason I Financial Iftware for ount. This (cancel) a er than 2 ayment of e that the
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES I	LC t	o enter or generate r	nv PIN 3	0 1 8 8	as my
	ERO firm name	o ontor or gonerato r	Ente	er five digits, but	ao my
signature on the income tax return	n (original or amended) I am now aut	thorizing.	40	t ontor all zoroo	
if you are entering your own PIN below.	e on the income tax return (original and your return is filed using the Pr				
Your signature   Crun chary	sankalpa ek	Date ▶ 0	2/26/2023	3	
Spouse's PIN: check one box only					
I authorize GLOBAL TAXES I signature on the income tax return I will enter my PIN as my signatur	the ERO firm name In (original or amended) I am now auton the income tax return (original and your return is filed using the Press.	or amended) I am no	Ente don		
Spouse's signature ▶		Date ►			
	itioner PIN Method Returns Only				
Part III Certification and Authenti	cation — Practitioner PIN Met	noa Only			
ERO's EFIN/PIN. Enter your six-digit EFIN	followed by your five-digit self-selection	cted PIN. 2 2	2 4 9 6  Don't enter		9
I certify that the above numeric entry is my PIN authorized to file for tax year indicated above requirements of the Practitioner PIN method and	for the taxpayer(s) indicated above. I co	onfirm that I am submi	tting this retur	n in accordance	
ERO's signature ▶		Date ►			
	O Must Retain This Form — Se				
	U				

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V (2022) 2022 Page **2** 

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2022** 

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2022

## Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	
------------------------------------	--

REV 02/10/23 PRO 1555

943.

ARUN CHARY SOPPADANDI SANKALPA ESWARKRISHNAKUMARI 5142 WATERLOO DR FORT MILL SC 29708

E 1040 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 Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	household (HC	)H) [	_	fying survi se (QSS)	iving
one box.		u checked the MFS box, enter the nonis a child but not your dependent		our spouse. If yo	u check	ed the HOH or	QSS box, ent	er the		` ,	e qualifying
Your first name	and mi	ddle initial	Last nar	me				Y	our soc	ial security	number
ARUN CHA	ARY		SOPP	ADANDI				8	882-4	3-0188	
If joint return, s	pouse's	first name and middle initial	Last nar	me				s	pouse's	social sec	urity number
SANKALPA	A		ESWA	RKRISHNAKU	JMARI				82-4	9-7615	·
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	F	residen	tial Electio	n Campaign
5142 WA	rerl(	DO DR								ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code				ly, want \$3 Checking a
FORT MII	LL				sc		29708			w will not a	
Foreign country	y name		F	oreign province/st	ate/count	у	Foreign postal of			or refund.	Ü
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				•	,. ,	,	☐ Yes	⊠ No
Standard	Som	eone can claim: You as a de	pendent	Your sp	ouse as	a dependent			-		
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-sta	tus alien	·					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse:	: Was bor	n before Janu	ary 2,	1958	Is blir	nd
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4) Check	the box	if qualifie	es for (see i	nstructions):
If more		rst name Last name		number	,	to you	.	tax cred	dit C	redit for oth	er dependents
than four											
dependents,											
see instruction and check	5 —										
here	]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a	25	3,127.
moome	b	Household employee wages not r	eported	on Form(s) W-2					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions) .					1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	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 instruct	ions) .						1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>1</u> i					
	Z	Add lines 1a through 1h							1z	25	3,127.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			2b		
if required.	3a	Qualified dividends	3a	64.	<b>b</b> O	rdinary divide	nds		3b		68.
	4a	IRA distributions	4a		b Ta	axable amoun	t		4b		
Standard	5a	Pensions and annuities	5a				t		5b		
<b>Deduction for—</b> Single or	6a	Social security benefits	6a		b Ta	axable amoun	t	· <u>·</u>	6b		
Married filing	С	If you elect to use the lump-sum e		,	,	,		. $\sqcup$			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not i	required,	check here			7		52.
Married filing jointly or	8	Other income from Schedule 1, lin	ie 10 .						8	-2	5 <b>,</b> 664.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your <b>tota</b>	l income				9	22	7 <b>,</b> 583.
surviving spouse, \$25,900	10	Adjustments to income from Sche							10		
Head of	11	Subtract line 10 from line 9. This is							11		7 <b>,</b> 583.
household, \$19,400	12	Standard deduction or itemized							12	2	5,900.
If you checked any box under	13	Qualified business income deduct							13		
Standard	14	Add lines 12 and 13							14		5,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	is your <b>t</b>	axable incom	ne		15	20	1,683.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	36,064.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	36,064.
	19	Child tax credit or credit for	other dependent	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	I. If zero or less,	enter -0				22	36,064.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	186.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	36,250.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 3	5,211.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c	96.		
	d	Add lines 25a through 25c						25d	35 <b>,</b> 307.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	33	35,307.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							
riorana	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here						35a	
Direct deposit?	b								
See instructions.	d	Account number							
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	943.
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				LYes. 0	Complete	below.	<b>X</b> No
		esignee's me		Phone Personal number (				ification	
Sign	Un	der penalties of perjury, I declare		ed this return and		edules and statem	ents, and to		
Here		lief, they are true, correct, and com	ipiete. Deciaration t			aseu on an imormai			,
	Yo	Your signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE :	IT MANAGER		inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat		If the	e IRS sei	nt your spouse an
Keep a copy for your records.					HOME MAKER			itity Prote inst.)	ection PIN, enter it here
	Ph	one no. (630) 864-294	0	Email address	ARUNCHARY3	23@GMAIL.C	OM		
Poid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/18/2023	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (	(678) 965-9522
————	Fir							i's EIN	84-3171965

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number
A SC	PPADANDI & S ESWARKRISHNAKUMARI		882-4	3-01	88
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	Ε.	5	-25,664.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (	)		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (	)		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	, , , , , , , , , , , , , , , , , , ,	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	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	8s (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
7	Other income. List type and amount:	1			

Total other income. Add lines 8a through 8z . . . . . . . . . . . .

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-25,664.

9

10

8z

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 <b>adjustments to income</b> . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

#### SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Taxes**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

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

Your social security number

11 0	OTTABLE & S. ESWINGREICH	010	<u> </u>
Pa	rt I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	186.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinue	d on page 2)

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

### Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home	476		
	see instructions	17b	-	
	Additional tax on HSA distributions. Attach Form 8889 Additional tax on an HSA because you didn't remain an eligible	17c	-	
u	individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k	-	
Ι	Tax on accumulation distribution of trusts	171	-	
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b>		0.1	
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$ .		21	186.

#### **SCHEDULE D** (Form 1040)

#### **Capital Gains and Losses**

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

OMB No. 1545-0074

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

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.

Attachment Sequence No. 12

Your social security number

882-43-0188 A SOPPADANDI & S ESWARKRISHNAKUMARI 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 . . . . . . . . . . . . . . 2. 0. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 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 0. 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 1,049. 1,101. 52. 9 Totals for all transactions reported on Form(s) 8949 with 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 52.

BAA

Schedule D (Form 1040) 2022 Page 2

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 52. • 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? X 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? X 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 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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

### 8949

### **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Social security number or taxpayer identification number

A SOPPADANDI & S ESWARKRISHNAKUMARI 882-43-0188 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 Part I 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. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment with column (a). instructions. instructions FIDELITY BROKERAGE SERVICES LLC 01/01/22 12/31/22 2. 2. 0. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

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.

2.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

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 A SOPPADANDI & S ESWARKRISHNAKUMARI

(F) Long-term transactions not reported to you on Form 1099-B

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked) . . .

Social security number or taxpayer identification number 882-43-0188

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.

X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

_ , ,	•							
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(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).	
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/22	1,100.	1,048.			52.	
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/22	1.	1.			0.	

**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.

1,101.

1,049.

#### **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, Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number A SOPPADANDI & S ESWARKRISHNAKUMARI 882-43-0188 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) PLOT NO. 32, LOTHKUNTA SECUNDERABAD TELANGANA IN 500015 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 750. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,600. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 2,250. 11 Management fees . . . . . . . . . 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,500. 14 14 Repairs . . . . 3,850. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 2,850. 18 11,364. 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 26,414. 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 -25,664. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 25,664.) 750. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c  $11,\overline{364}$ . 23d Total of all amounts reported on line 18 for all properties 26,414. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 25,664.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

-25,664.

26

### Form **8889**

Department of the Treasury

Internal Revenue Service

### **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

ARUN CHARY SOPPADANDI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 882-43-0188

Befo	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y 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.		If-only 🗵 Family
2	See instructions	Se	ir-only 🖾 Family
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,300.
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	7,300.
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	7,300.
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	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	2,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	5,300.
13	<b>HSA</b> deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	<u> </u>	arate l	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	<b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (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 seption complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> 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	
	1000.1 dt n. not 1/0	- フコー	

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

#### **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS, Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 71

Your social security number

882-43-0188 A SOPPADANDI & S ESWARKRISHNAKUMARI Part Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . . . . . 1 270,672. 2 2 3 3 4 4 270,672. 5 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 6 20,672. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 186. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . Enter the following amount for your filing status: Married filing separately . . . . . . . . . . . . . . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR 18 186. Part V Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form 4,021. W-2, enter the total of the amounts from box 6 . . . . . . . . . . . . . . . . . 19 20 20 270,672. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 96. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 24

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.

SAN 514 FOR B Fill C Ch	2-43-0188 1990 082-49-7615 1990  JN CHARY SOPPADANDI  JKALPA ESWARKRISHNAKUMARI  2 WATERLOO DR  T MILL SC 29708  ARUNCHARY323@GMAIL.COM  Ing status: Single Married filing jointly Married filing separately Widowed Head of heack If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Seck the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident - At	Spouse	n. NR
Ste 1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	(Who 1 2 3 4	227, 583.00 .00 .00 227, 583.00
_	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.  Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.  Other subtractions. Attach Schedule M.  Add Lines 5, 6, and 7. This is the total of your subtractions.  Illinois base income. Subtract Line 8 from Line 4.	.00 .00 .00 8	.00 227,583.00
•	a Enter the exemption amount for yourself and your spouse. See instructions.  b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b  c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c  d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.  Attach Schedule IL-E/EIC.  Exemption allowance. Add Lines 10a through 10d.		4,850 <u>.00</u>
11	Residents: Net income. Subtract Line 10 from Line 9.  Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule N. Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.  Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.  Income tax. Add Lines 12 and 13. Cannot be less than zero.	NR. 11 12 13 14	58,692.00 2,905.00 .00 2,905.00
Ste 15 16 17 18 19	Income tax paid to another state while an Illinois resident. Attach Schedule CR.  Property tax and K-12 education expense credit amount from Schedule ICR.  Attach Schedule ICR.  Credit amount from Schedule 1299-C. Attach Schedule 1299-C.  Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.  Tax after nonrefundable credits. Subtract Line 18 from Line 14.		0.00 2,905.00
Ste 20 21 22 23	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.  Total Tax. Add Lines 19, 20, 21, and 22.	20 21 22 23	.00 0 .00 .00 2 , 905 .00



<b>24</b> To	tal tax from Page 1, Line 2	3.					24	2,905 <u>.00</u>
Step 8:	Payments and Refund	dable Credit						
	ois Income Tax withheld. <b>A</b> tmated payments from Forr					<b>25</b> 2,	968 <u>.00</u>	
	uding any overpayment app					26	.00	
<b>27</b> Pas	s-through withholding. Atta	ch Schedule K-1-P or	r K-1-T.			27	.00	
<b>28</b> Pas	s-through entity tax credit.	Attach Schedule K-1-	P or K-1-T.			28	.00	
	ned Income Credit from Sch				chedule IL-E/EIC	. 29	.00	
	al payments and refundal	ble credit. Add Lines	25 through	29.			30	2,968.00
Step 9:								
	ne 30 is greater than Line 24	•					31	63.00
	ne 24 is greater than Line 30						32	.00
_	0: Underpayment of Est		=	ations	S			
	e-payment penalty for unde	• •				33	.00	
_	Check if at least two-third				-	- 1		
_	Check if you or your spor Check if your income was		-	-	-	-	n Form II 221	0
C L	Attach Form IL-2210.	s not received evenly	during the y	eai ai	id you ariridaliz	zed your income o	II F0IIII IL-22 II	J.
dГ	Check if you were not re	quired to file an Illinoi	s Individual	Incom	e Tax return in	the previous tax v	<i>l</i> ear	
_	untary charitable donations	-			o rax rotarriii	34	.00	
	al penalty and donations.						35	.00
Step 1	1: Refund or Amount y	ou owe						
-	ou have an amount on Line		s greater tha	an Line	e 35. subtract l	ine 35 from Line :	31	
-	s is your <b>overpayment</b> .		o groator tric		5 55, 545, 451		36	63.00
	ount from Line 36 you want	refunded to you. Ch	eck <b>one</b> box	on Lir	ne 38. See inst	ructions.	37	63.00
<b>38</b> I ch	oose to receive my refund	bv						
	direct deposit - Comple	•	low if you ch	eck th	is box.			
	You may also contribute	Routing number (		_	0 0 1 3	X Checkin	g or Savin	nge
	to college savings funds			_			g of Saviii	93
	here. See instructions!	Account number 3	3 5 6 6	1	0 8 2 7	9		
b [	paper check.							
<b>39</b> Amo	ount to be <b>credited forward</b>	. Subtract Line 37 fro	m Line 36. S	See ins	structions.		39	.00
<b>40</b> If yo	ou have an amount on Line	32, add Lines 32 and	d 35. <b>- or -</b>					
-	ou have an amount on Line			ine 3	5,			
sub	tract Line 31 from Line 35.	This is the <b>amount y</b>	ou owe. See	e instr	uctions.		40	.00
Step 1	2: Health Insurance Cl	heckbox and Sign	ature					
	Check this box if IDOR ma	•		with o	thar Illinaic eta	ito agoncios in ord	lar to datarmin	0
71 🗀	your eligibility for health in						ier to determin	5
	, , ,							
	ure - Note: If this is a joint re							
Under p	enalties of perjury, I state	that I have examined	this return	and, t	o the best of r	ny knowledge, it is	s true, correct	, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	ature		Date (mm/dd/yyyy)	Daytime phone	number
Here	3	( ),,,,	, ,			( , , , , , , ,		-2940
	Print/Type paid preparer's na	me	Paid preparer	's sian:	ature	Date (mm/dd/yyyy)	,	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPT.				AR GUPTA TALLAM	02/18/2023		P02082703
Preparer	Eirm's name		IIIII IV		001111 111111111111		843171965	
Use Only		AL TAXES LLC	DDIMOTT	,,, <del>,</del> ,	0.01.6	Firm's FEIN		
Third			BRUNSWICK			Firm's phone	(678) 965	
Third Party	Designee's name (please pri	IIII.)		Desigr	nee's phone num	nber	_	Department may
Designee				(	)			e shown in this step.
		022 IL-1040 Ins	truction	s for	the addre	es to mail vo		· ·
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IL-1040 Back (R-12/22) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 02/01/23 PRO





### **Illinois Department of Revenue** 2022 Schedule NR

Attach to your Form IL-1040

### **Nonresident and Part-Year Resident Computation of Illinois Tax**

IL Attachment	No.	2
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A SOPPADANDI & S ESWARKRISHNAKUM	ARI 8 8 2 4 3 0 1 8 8
Your name as shown on your Form IL-1040	Your Social Security number
Step 1: Provide the following in	formation
1 Were you, or your spouse if "married filing jointly	a full-year resident of Illinois during the tax year?
Yes X No If you answ	ered "Yes," STOP you cannot use this form (see instructions).
2 If you, or your spouse if "married filing jointly," we	re a part-year resident during the tax year, tell us your residency dates for 2022.
a I lived in Illinois from//2_2 to/ Month Day Year Month	/ <u>2 2</u> I lived in from// <u>2 2</u> to// <u>2 2</u> Day Year State Month Day Year Month Day Year
	to / / <del>2</del> <del>2</del> 2, and from / / <del>2</del> <del>2</del> to / / <del>2</del> <u>2</u> Month Day Year State Month Day Year Month Day Year
	elow during the tax year, if you were in Illinois only to accompany your spouse who ervice member spouse's state of residence for tax purposes, check the appropriate box.
☐ Iowa ☐ Kentucky ☐	Michigan Wisconsin Military Spouse
4 List any state other than Illinois or any states alrement the two-letter abbreviation of that state.	ady indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022.
	, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete ons for your residency. <b>Attach Schedule NR to your Form IL-1040.</b>
	on of your federal adjusted gross income  Jumn A. Before completing Column B, read the Column B instructions.
	Column A Column B Federal Total Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 10-	<b>5</b> 253,127.00 59,972.00 59,972.00
6 Tayable interest (foderal Form 1040 or 104)	SP Line 2h) 6 00

	_			Federal Total	Illinois Portion
ı	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	253 <b>,</b> 127 <u>.00</u>	59 <b>,</b> 972 <u>.00</u>
П	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	.00	.00
П	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	68.00	0.00
П	8	Taxable refunds, credits, or offsets of state and local income taxes			
П		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
П	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
П	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
П	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	52 <u>.00</u>	0.00
١.	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
98	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
5	) I	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14_	.00	.00
<u> </u>	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
П		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-25,664 <sub>.00</sub>	0.00
П	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16	.00	.00
П	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
П	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
П	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line S	9)		
П		Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	19_	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	come	. 20	59 <b>,</b> 972 <u>.00</u>
L	_	Continue with Step 3 on Page 2	$\rightarrow$		



### Schedule NR - Page 2

St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	59 <b>,</b> 972 <u>.00</u>
			22	.00	.00
1		Certain business expenses of reservists, performing artists, and fee-basis			
	-"		23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)			0.00
٥		Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,		100	
to Income	-	Schedule 1, Line 14)	25	.00	.00
8	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)			.00
=		Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,		.00	
12	l-'		27	.00	.00
	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
djustments					.00
<b> </b> e		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			
ΙË		Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 _	.00	
18		IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 _	.00	
Ϊ́Θ	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00.
<	33	RESERVED	_		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34 _	.00	.00
	35	Other adjustments (see instructions)	35 _	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	0.00
	37	•	37	227,583.00	
					50 072 00
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss in	come. 38	59 <b>,</b> 972 <u>.00</u>
djustments		tructions for Column B to properly complete this step.		Form IL-1040 Total	Illinois Portion
St	40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)		.00	
3	40				
15	41	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	40 _	.00 <b>41</b>	.00 59,972.00
Adj		Other additions (Form IL-1040, Line 3)  Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	40 _	.00 <b>41</b>	
<		Other additions (Form IL-1040, Line 3)  Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5)  Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	40 _	.00 <b>41</b> .00	
ois A	43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	40 _ 42 _ 43 _	.00 41 .00	.00 59,972.00 .00
ois A	43 44	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	40 _	.00 41 .00 .00	.00 59,972.00 .00 .00
<	43 44	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	40 _ 42 _ 43 _	.00 41 .00	.00 59,972.00 .00
Illinois A	44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	40 _ 42 _ 43 _	.00 41 .00 .00	.00 59,972.00 .00 .00
Illinois A	43 44 45 <b>ep</b>	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	40 _ 42 _ 43 _	.00 41 .00 .00	.00 59,972.00 .00 .00
Illinois A	43 44 45 <b>ep</b>	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	40 _ 42 _ 43 _	.00 41 .00 .00	.00 59,972.00 .00 .00
St	43 44 45 <b>ep</b>	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	40 _ 42 _ 43 _	.00 41 .00 .00 .00 .45	.00 59,972.00 .00 .00 .00 .00
St	44 45 <b>ep</b>	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	40 _ 42 _ 43 _	.00 41 .00 .00 .00 45	.00 59,972.00 .00 .00 .00 .00
St	43 44 45 <b>ep</b> 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 45	.00 59,972.00 .00 .00 .00 .00
St	43 44 45 <b>ep</b> 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. <b>5: Figure your Illinois income and tax</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 .45	.00 59,972.00 .00 .00 .00 .00
St	43 44 45 <b>ep</b> 46 47 48	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. <b>5: Figure your Illinois income and tax</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9. 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.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 .227,583.00 0 • 264	.00 59,972.00 .00 .00 .00 .00
St	43 44 45 <b>ep</b> 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. <b>5: Figure your Illinois income and tax</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10.	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 .45	.00 59,972.00 .00 .00 .00 .00
Calculations A Illinois A	43 44 45 <b>ep</b> 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax  Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 227,583.00 0 • 264 4,850.00	.00 59,972.00 .00 .00 .00 .00
Calculations A Illinois A	43 44 45 <b>ep</b> 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. <b>5: Figure your Illinois income and tax</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  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.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 .227,583.00 0 • 264	.00 59,972.00 .00 .00 .00 .00
St	43 44 45 <b>ep</b> 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. <b>5: Figure your Illinois income and tax</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  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.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 .45 46 .227,583.00 0 • 264 4,850.00	
Calculations A Illinois A	43 44 45 <b>ep</b> 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax  Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.  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. Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49 _	.00 41 .00 .00 .00 45 46 227,583.00 0 • 264 4,850.00	.00 59,972.00 .00 .00 .00 .00
Calculations A Illinois A	43 44 45 <b>ep</b> 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. <b>5: Figure your Illinois income and tax</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  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.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49 _	.00 41 .00 .00 .00 .45 46 .227,583.00 0 • 264 4,850.00	
Calculations A Illinois A	43 44 45 <b>ep</b> 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax  Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.  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. Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49 _	.00 41 .00 .00 .00 .45 46 .227,583.00 0 • 264 4,850.00	
Calculations A Illinois A	43 44 45 <b>ep</b> 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax  Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than z	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49 _	.00 41 .00 .00 .00 .45 46 .227,583.00 0 • 264 4,850.00	





#### Illinois Department of Revenue

### 2022 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

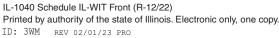
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

Your name as shown	on Form IL-1040	our name as shown on Form IL-1040					
Column A Form type	Column B Employer/Payer Identification Number	Federal Wages,	umn C Winnings, Gross ompensation, etc.	ccurity number  Column D  Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E inois Income Tax Withheld
ı		\$	•00	\$	•00	\$	•00
2		\$	•00	\$	•00	\$	<u>•00</u>
3		\$	•00	\$	•00	\$	<u>•00</u>
4		\$	•00	\$	•00	\$	<u>•00</u>
		<b>¢</b>	•00	\$	•00	\$	•00
Step 2: Provide s	Spouse's withholding re KRISHNAKUMARI as shown on Form IL-1040						
Step 2: Provide s	EPOUSE'S WITHHOLDING TO  KRISHNAKUMARI  as shown on Form IL-1040  Column B  Employer/Payer	ecords (include	e all W-2 and a great of the second s	2 _ 4 Social Security   Col		7 6 s III	15  Column E inois Income
Step 2: Provide s  SANKALPA ESWARI  Your spouse's name a  Column A  Form type	Spouse's withholding research of the second	Colu Federal Wages, Distributions, C	e all W-2 and  O 8 2  Your spouse's S  Imn C Winnings, Gross ompensation, etc.	2 _ 4 Social Security   Col Illinois Wages Distributions, (	9 number umn D , Winnings, Gros Compensation, e	7 6 s III	1 5  Column E inois Income rax Withheld
Step 2: Provide s  SANKALPA ESWARI Your spouse's name a  Column A Form type	EPOUSE'S WITHHOLDING TO SERVICE SHARKUMARI AS SHOWN ON FORM IL-1040  COLUMN B Employer/Payer Identification Number 98-0154401 000 7	Colu Federal Wages, Distributions, C	e all W-2 and  O 8 2  Your spouse's S  Imn C Winnings, Gross ompensation, etc.  59,972•00	2 4 Social Security   Col Illinois Wages Distributions, (	9 - mumber  umn D , Winnings, Gros Compensation, e	7 6 s III	2,968,00
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Step 2: Provide s  SANKALPA ESWARI Your spouse's name a  Column A Form type  W  7  ———————————————————————————————	EPOUSE'S WITHHOLDING TO KRISHNAKUMARI  as shown on Form IL-1040  Column B Employer/Payer Identification Number 98-0154401 000 7	Columber of the control of the contr	e all W-2 and  O 8 2  Your spouse's S  Imn C Winnings, Gross ompensation, etc.  59,972.00  .00	2 4 Social Security   Col Illinois Wages Distributions, (	9 number umn D , Winnings, Gros Compensation, e	76	2,968,00
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→ Attach all Schedules IL-WIT to your IL-1040. ←

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.



Enter this amount here and on Form IL-1040, Line 25.

2,968.00

11 \$



### Illinois Department of Revenue

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2022 IL-8453	Illinois Individual	<b>Income Tax</b>	<b>Electronic Filing</b>	<b>Declaration</b>
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Tax from Form IL-1040 or IL-1040-X, Line 14  Illinois Income Tax withheld from Form IL-1040 r IL-1040-X, Line 25 only (enter "0" if none)  Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35  Folial amount due from Form IL-1040, Line 36 or IL-1040-X, Line 35  Filling status: Single X Married filing jointly Married filing separately Widowed Head of household  Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)  To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institut within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via 17  Routing no. (RN): 3 5 6 6 1 0 8 2 7 9  Type of account: Checking Savings  10 Date the payment is to be electronically withdrawn:	1 8 8
Print 5142 WATERLOO DR    Social Security number   Date	
Print 5142 WATERLOO DR    New Color   State	6 1 F
type Mailing address FORT MILL SC 29708 (530) 864–2940   State ZIP Destribute phore number    Step 2: Complete information from tax return   1 Net income from Form IL-1040 or IL-1040-X, Line 11   2 Tax from Form IL-1040 or IL-1040-X, Line 11   3 Tax from Form IL-1040 or IL-1040-X, Line 14   4 Coverpayment from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none)   3	6 1 5
Step 2: Complete information from tax return  Choose one:	
Step 2: Complete information from tax return  Choose one:  □ IL-1040 □ IL-1040-X  Net income from Form IL-1040 or IL-1040-X, Line 11  Tax from Form IL-1040 or IL-1040-X, Line 14  Tax from Form IL-1040 or IL-1040-X, Line 14  Tax from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none)  Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 30 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 36  Total amount due from Form IL-1040-X, Line 35  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 36  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 36  Total amount due from Form IL-1040, Line 40 or IL-1040 or IL-1040-X, Line 50  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 50  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 50  Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 50  Total amount due from Form IL-1040 or IL-1040-X, Line 50  Total amount due from Form	
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Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none)   3	905 <b>  00</b>
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Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)    I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I auth financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.    I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.  Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my ele return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my ret been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if poss      Sepouse's signature (if joint return, both must sign)   Date	
I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund withdrawal lines and the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the Illinois involved in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.  I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.  Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my retibeen accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible signature  Spouse's signature (if joint return, both must sign)  Date  Step 5: Electronic return originator (ERO) and paid preparer declaration and signature  I declare that I have examined this taxpayer's electronic Form IL-1040-X, the information on this Form IL-8453, and accomposition in the part of the payments of this program and declare, under penalties of perjury, that to the best of my knowledge in the payment in the other payment in the constraint of the payment in the received in the return originator in the received in the return originator in the return originator in the return originator in the retu	
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I auth financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.  I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.  Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my elerturn originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my ret been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if poss Sign  Sign  Nere  Date  Spouse's signature (if joint return, both must sign)  Date  Step 5: Electronic return originator (ERO) and paid preparer declaration and signature  I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accomponents of this program and declare, under penalties of perjury, that to the best of my knowledge.	
Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my ret been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible return signature.  Sign  Pere Your signature  Date Step 5: Electronic return originator (ERO) and paid preparer declaration and signature  I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accomposition in the program and declare, under penalties of perjury, that to the best of my knowledge.	
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I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accomformation. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge.	
taxpayer's return and accompanying information are true, correct, and complete.	mnon de -
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E BRUNSWICK NJ 08816 (678) 965-9522	ge the tructions.)  _ 0 3 8 7
City State ZIP Daytime phone number	ge the tructions.)  _ 0 3 8 7

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.



### 2023 STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL DECLARATION OF ESTIMATED TAX

**SC1040ES** 

(Rev. 6/16/22) 3080

#### **INSTRUCTIONS**

Pay online using our free tax portal, MyDORWAY, at **dor.sc.gov/pay**. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040ES form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN.
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Mark the box for the quarter the payment is being made.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (for example: 154.00).
- Your payment amount should match the amount on line 11 of your 2023 Estimated Tax Worksheet.
- If no payment is due, do not mail the SC1040ES.
- Make your check payable to SCDOR. Include your name, SSN, and 2023 SC1040ES in the memo line of the check. **Do not send cash.**
- Mail your SC1040ES and payment in one envelope.

Mail your SC1040ES and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202

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1555 dor.sc.gov		2023		ENT OF REVEN	UE	SC1040ES (Rev. 6/16/22) 3080	
Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.							
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Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.									
Your SSN	Spouse's SSN (if filing jointly)	Composite Filer	er Mark quarter with X (required)						
▶882-43-0188	▶ 082-49-7615	▶ □	X 1st Qtr Jan, Feb, Mar 3rd Qtr Jul, Aug, Sep	2nd Qtr Apr, May, Jun 4th Qtr Oct. Nov, Dec					
Name and address (include spouse's name	e if filing jointly)	, 0, 1							
	PADANDI RKRISHNAKU PR SC 29708		Payment amount	271.00					

## 2023 STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL DECLARATION OF ESTIMATED TAX

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Vour SSN		Spouso	'c SSN (if filing jointly)	Composito Filor	Mark quarter with V	(required)	

Your SSN Mark quarter with X (required) 2nd Qtr 1st Otr Jan, Feb, Mar Apr, May, Jun 882-43-0188 ▶ 082-49-7615 3rd Qtr 4th Qtr Jul, Aug, Sep Oct, Nov. Dec Name and address (include spouse's name if filing jointly) Payment 271.00 amount ARUN CHARY SOPPADANDI SANKALPA ESWARKRISHNAKU 5142 WATERLOO DR 29708 FORT MILL SC

### 2023 STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

#### INDIVIDUAL DECLARATION OF ESTIMATED TAX

**SC1040ES** 

(Rev. 6/16/22) 3080

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Your SSN Spouse's SSN (if filing jointly) Composite Filer Mark quarter with X (required) 2nd Qtr 1st Qtr Jan, Feb, Mar Apr, May, Jun 882-43-0188 ▶ 082-49-7615 3rd Qtr 4th Qtr Jul, Aug, Sep Oct, Nov. Dec Name and address (include spouse's name if filing jointly) Payment 271.00 amount ARUN CHARY SOPPADANDI SANKALPA ESWARKRISHNAKU 5142 WATERLOO DR 29708 FORT MILL SC

#### STATE OF SOUTH CAROLINA 2023

DEPARTMENT OF REVENUE

**SC1040ES** 

(Rev. 6/16/22) 3080

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Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.									
Your SSN	Spouse's SSN (if filing jointly)	Composite Filer	Mark quarter w	rith X (required)					
▶882-43-0188	▶082-49-7615	▶ □	1st Qtr Jan, Feb, Mar 3rd Qtr Jul, Aug, Sep	2nd Qtr Apr, May, Jun Ath Qtr Oct, Nov, Dec					
Name and address (include spouse's name	if filing jointly)	- 7 37 1							
ARUN CHARY SOPE SANKALPA ESWA 5142 WATERLOO D FORT MILL	RKRISHNAKU		Payment amount	271.00					

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REV 02/01/23 PRO

dor.sc.gov

#### STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

#### INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 10/7/21) 3299

#### First name and middle initial Last name Your social security number SOPPADANDI 882-43-0188 ARUN CHARY Spouse's social security number Spouse's first name, if married filing jointly Last name Print or 082-49-7615 SANKALPA ESWARKRISHNAKUMARI type. Mailing address (number and street, PO Box) Daytime phone number 5142 WATERLOO DR (630)864-2940City State ZIP Tax Year FORT MILL SC 29708 2022 Information from your SC1040, Individual Income Tax Return 1. Federal taxable income (line 1 of your SC1040)..... 1 00 201,683 2. SC tax (line 15 of your SC1040)..... 2 00 9,218 3. Use Tax (line 26 of your SC1040)...... 3 0 00 4. Total Tax (add line 2 and line 3 ..... 4 9,218 00 5. SC Income Tax Withheld (add line 16 and line 20 of your SC1040) 5 00 9,058 6. Refundable credits (add line 21 and line 22 of your SC1040) 6 00 7. Refund (line 30 of your SC1040) ...... 7 00 8. Balance due (line 34 of your SC1040) 160 00 Bank information for Refund or Balance Due Must be 9 digits. The first two numbers of the 9. Routing number (RTN) RTN must be 01 through 12 or 21 through 32. 1-17 digits 10. Bank account number (BAN) 11. Type of account: ☐ Checking ☐ Savings For Balance Due: 12. Payment Withdrawal Date Payment Withdrawal Amount \$ Part III Declaration of taxpayer a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. □ b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of resolving issues related to my payment. If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest. I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge. Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records. Spouse's signature (If married filing jointly, BOTH must sign) Date Your signature Date Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have received the above taxpaver's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years. PTIN Date Check if Check if **ERO** ERO's also paid selfemployed $\square$ signature preparer Use Firm name (or FEIN 88-2145487 yours if self-employed), address, ZIP GLOBAL TAXES LLC Only Phone 245 ROONEY CT. E BRUNSWICK 08816 (678)965-9522**Paid** Date Check PTIN Preparer if self-Preparer's signature P02082703 02 - 18 - 2employed Use Firm name (or FEIN 84 71965 SAGAR **GUPTA** TALLAM SYAM PRIYA yours if self-employed), address. ZIP Only Phone (678)965-9522

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#### 2022

### STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

#### INDIVIDUAL INCOME TAX PAYMENT VOUCHER

SC1040-V (Rev. 4/25/22) 3332

Pay online using our free tax portal, MyDORWAY, at **dor.sc.gov/pay**. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040-V if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040-V form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN (if filing jointly).
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the balance due on line 34 of your SC1040.
- If you file and pay electronically, you have until May 1, 2023 to submit your return and full payment without penalties or interest. If you don't file and pay by May 1, 2023, penalties and interest will be charged from the tax due date (April 18, 2023) until you file and pay.
- If you filed your SC1040 electronically with a balance due, **do not** include a paper copy of your return when you mail your SC1040-V.
- If you file your SC1040 by paper and have a balance due, submit your payment with the return. Do not mail your payment separately with the SC1040-V.
- Make your check payable to SCDOR. Include your name, SSN, and 2022 SC1040-V in the memo line of the check. **Do not send cash.**
- Mail your SC1040-V and payment in one envelope.

Mail your SC1040-V and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202

#### Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

4	 	cut along dotted line	
		•	REV 02/01/23 PRO
1555 dor.sc.gov	5055	SC DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX PAYMENT VOUCHER	SC1040-V (Rev. 4/25/22) 3332

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

Your SSN	Spouse's SSN (if filing jointly)	Composite Filer		
▶882-43-0188	▶ 082-49-7615	▶□		
Name and address (include spouse's name	e if filing jointly)			
ARUN CHARY SOPPADA SANKALPA ESWARKRIS 5142 WATERLOO DR FORT MILL SC 297	SHNAKUMA		Payment amount	160.00







## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

## 2022 INDIVIDUAL INCOME TAX RETURN

SC1040

(Rev. 4/29/22) 3075

Your Social S	Security N	Number	Check if	
882	43	0188	deceased	
Spouse's Social	Security	y Number	Check if deceased	
082	49	7615	deceased	

For the year January 1 - Dec	cember 31, 2022, or fiscal tax ye	ar beginning	, 202	22 and ending	j, ž	2023		
First name and middle initia								
ARUN CHARY		SOPE	SOPPADANDI					
Spouse's first name, if marri	ed filing jointly	Last nar	ne			Suffix		
SANKALPA		_	RKRISH	NAKUMAR	ΙI			
Check if Mailing	g address (number and street, P	O Box)				County code		
new address ☐ 514	2 WATERLOO DR					46		
City		State	ZIP			e number with area code		
FORT MILL		SC	29708		(630)86	54-2940		
	n country address including post	al code						
is outside US								
• Amended Return: C	Check if this is an Amended	d Return. (Atta	ıch Schedı	ıle AMD) .		▶□		
• Check this box if you	are a part-year or nonresi	dent filing an	SC Schedi	ule NR				
Check this box only in	f you are filing a composite	e return on be	half of a Pa	artnership o	or			
•	not check this box if you ar					▶ □		
•	have filed a federal or sta							
•								
•	served in a military comba	ū	٠.	period		· · · · · · · · · · · · · · · · · · ·		
Name of the comba	at zone:							
CHECK YOUR	(4) Circula	(2)						
	(1) Single	<del></del>				l:		
FEDERAL FILING STA	TUS (2) 🔀 Married filing jointl	y (4)  Hea	d of househo	old (5)	Qualifying wido	w(er)		
						<b>N</b> 0		
	s claimed on your 2022 fed							
Number of dependents	s claimed that were under	the age of 6 ye	ears as of	December	31, 2022			
Number of taxpayers a	ige 65 or older as of Decei	mber 31, 2022	2			<b>&gt;</b>		
DEPENDENTS								
First name	Last name	Social Security N	lumber R	Relationship		Date of birth (MM/DD/YYYY)		

12,450 00



Your SSN 882-43-0188 2022 INCOME AND ADJUSTMENTS Enter federal taxable income from your federal form. If zero or less, enter zero here **Dollars** 1 201,683 00 Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below ...... ADDITIONS TO FEDERAL TAXABLE INCOME a State tax addback, if itemizing on federal return (see instructions) . . . . . . 00 00 **b** Out-of-state losses Type: b 00 c Expenses related to National Guard and Military Reserve Income . . . . . . . . С d Interest income on obligations of states and political subdivisions other than South Carolina d 00 e Other additions to income (attach explanation - see instructions) . . . . . . . 00 2 Total additions (add line a through line e) ...... 00 2 3 201,683 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME 00 f State tax refund, if included on your federal return..... g Total and permanent disability retirement income, if taxed on your federal return 00 g h Out-of-state income/gain (do not include personal service income) Check type of income/gain: Rental Business Other 00 i 44% of net capital gains held for more than one year..... i 23 00 Volunteer deductions (see instructions) Type: j 00 **k** Contributions to the SC College Investment Program (Future Scholar) 00 k Active Trade or Business Income deduction (see instructions) . . . . . . . . ı 00 m Interest income from obligations of the US government..... m 00 n Certain nontaxable National Guard or Reserve pay...... 00 n Social Security and/or railroad retirement, if taxed on your federal return . . 0 00 **p** Retirement Deduction (see instructions) p-1 Taxpayer (date of birth: 00 00 p-2 Spouse (date of birth: p-3 Surviving spouse (date of birth of deceased spouse: 00 Military Retirement Deduction (see instructions) 00 p-5 Spouse (date of birth: 00 **p-6** Surviving spouse (date of birth of deceased spouse: 00 **q** Age 65 and older deduction (see instructions) q-1 00 q-2 Spouse (date of birth: \_\_\_\_\_ q-2 00 00 s Subsistence allowance (multiply \_\_\_ 00 t Dependents under the age of 6 years on December 31 of the tax year.... 00 00 00 0 00 w South Carolina Dependent Exemption (see instructions)...... 23|00|> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR. line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX 201,660 00 12,45000 TAX on your South Carolina Income Subject to Tax (see SC1040TT)..... 00 7 00 

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10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX . . . . . .



NON-REFUNDABLE CREDITS		
11 Child and Dependent Care (see instructions)	11 0	00
12 Two Wage Earner Credit (see instructions)		00
13 Other nonrefundable credits. Attach SC1040TC and other state returns	-	00
<b>14 Total nonrefundable credits</b> (add line 11 through line 13)		
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero,	ero here	. <b>15</b> 9,218 <b>00</b>
PAYMENTS AND REFUNDABLE CREDITS		
<b>16</b> SC income tax withheld (attach W-2 or SC41)	<b>16</b> 9,058 0	00
<b>17</b> 2022 Estimated Tax payments	·	00
<b>18</b> Amount paid with extension		00
19 Nonresident sale of real estate (paid on I-290)		00
20 Other SC withholding (attach 1099)	20 (	00
21 Tuition tax credit (attach I-319)	21 (	00
22 Other refundable credits:		
22a Anhydrous Ammonia (attach I-333)	22a (	00
22b Milk Credit (attach I-334)	22b	00
22c Classroom Teacher Expenses (attach I-360)	22c (	00
22d Parental Refundable Credit (attach I-361)	22d (	00
22e Motor Fuel Income Tax Credit (attach I-385)	22e (	00
Total refundable credits (add line 22a through line 22e)		22 00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.		
23 Add line 16 through line 22 and enter the total here These are you	r TOTAL PAYMENTS	9,058 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overp	ayment	. 24 00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amou	nt due	. <b>25</b> 160 <b>00</b>
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the a	mount from line 25 on	line 31.
<b>26</b> USE TAX due on online, mail-order, or out-of-state purchases	<b>26</b> 0 0	00
Use Tax is based on your county's Sales Tax rate. See instructions for more in	formation.	
If you certify that no Use Tax is due, check here ▶ 🗷		
27 Amount of line 24 to be credited to your 2023 Estimated Tax		00
28 Total Contributions for Check-offs (attach I-330)	28	00
29 Add line 26 through line 28 and enter the total here		. 29 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line	ne 24 and enter the	
amount to be refunded to you (line 35 check box entry is required)	REFUND	
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter		
32 Late filing and/or late payment: Penalties Interest	Enter total here	32 00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)		
Enter exception code from instructions here if applicable		33 00
34 Add line 31 through line 33 and enter your balance due (select payment option on li		160 00
REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secu		
35 Select one: Direct Deposit (line 37 required) (for US accounts only)	Debit Card	Paper Check
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and eas	-	
36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US ba	ank information on line 37)	
For payments only: Withdrawal Date  Withdrawal A	Amount	00
37 Type of Account: Checking Savings		
Routing  Must be 9 digits. The first two numbers  Number (DTA)		1-17
of the RTN must be 01 through 32.	, , ,	digits
I declare that this return and all attachments are true, correct, and complete to the		prepared by a person other
than the taxpayer, this declaration is based on all information of which the prepare		
Your signature Date	Spouse's signature (if married fi	ling jointly, BOTH must sign)
I authorize the Director of the SCDOR or delegate to discuss this return,	Preparer's printed name	
	SYAM PRIYA RAM SAG	GAR GUPTA TALLAM
Paid Preparer Date	Check if self- PTIN	
Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM   02-18-2023		02082703
Use Firm name (or yours if self- GLOBAL TAXES LLC		4-3171965
Only employed), address, ZIP 245 ROONEY CT E BRUNSWICK	NJ 08816 Phone	(678) 965-9522





# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2022 TAX CREDITS

**SC1040TC** 

(Rev. 8/4/22) 3913

dor.sc.gov

Name

Social Security Number

882-43-0188

#### A SOPPADANDI & S ESWARKRISHNAKUMARI

Most tax credits are computed on separate tax credit schedules. Attach tax credit schedules for all tax credits you claim, along with the SC1040TC Worksheet and the SC1040TC, to your Income Tax return. The SCDOR may disallow your tax credits if you do not attach the neccesary schedules to your return.

For line 6 through line 15, enter the credit description, the associated code, and the dollar amount of the credit claimed. You can find credit codes and descriptions, along with the required tax schedule for each credit, beginning on page 4.

	Credit Description			Code			Amount
1.	Total credit for taxes paid to another state (Attach SC1040TC worksheet for each state)	1.		_100	•	\$	2,905. <b>00</b>
2.	Solar Energy or Small Hydropower System or						
	Geothermal Machinery and Equipment Credit	2.		038		\$	.00
3.	Excess Insurance Premium Credit	3.		044		\$	.00
4.	New Jobs Credit	4.		004		\$	.00
5.	Qualified Conservation Contribution Credit	5.		019	•	\$	.00
6.		6.			•	\$	.00
7.		7.			•	\$	.00
8.		8.	•		•	\$	.00
9.		9.				\$	.00
10.		10.				\$	.00
11.					•	\$	.00
12.		12.				\$	.00
13.		13.				\$	.00
14.		14.	•		•	\$	.00
15.		15.	•		•	\$	.00
16.	Total nonrefundable tax credits (add line 1 through line 15)				16.	\$	2,905. <b>00</b>
17.	South Carolina Tax (from SC1040, line 10; SC1065, line 3, or SC10	041, I	ines	8 and 9)	17.	\$	12 <b>,</b> 450 <b>.00</b>
18.	Enter the lesser of line 16 or line 17				18		2,905. <b>00</b>
10.	For a Fiduciary, enter this amount on SC1040, line 13.  For a Fiduciary, enter this amount on SC1041, line 10.				10.	<b>\$</b>	2,300.00

For a Partnership, enter this amount on SC1065, line 4.

SC1040 Filers: Include this form and a complete copy of your federal return with your SC1040. If claiming credit for taxes paid to another state, also include a copy of each tax return filed with another state.

SC1041 or SC1065 Filers: Include this form with your SC1041 or SC1065.





STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

# CREDIT FOR TAXES PAID TO ANOTHER STATE

**SC1040TC** 

(Rev. 8/4/22) 3913

2022

					<b>-</b> 1 1 ' '
WORKSHEET	FOR	TAYES	DVID	TΩ	IIIInois

(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.** 

		Dollars	Cents			
1.	South Carolina gross income (enter amount from instructions for line 1, E)	227,560	00			
2.	Portion of line 1 taxed by another state (see instructions)	59,972	00			
3.	Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%	26.35	%			
4.	Amount of South Carolina tax from SC1040, line 10	12,450	00			
5.	Tentative credit (multipy line 3 by line 4)	3,281	00			
6.	Net tax due the other state on income from line 2 See instructions. Do not use withholding from W-2	2,905	00			
7.	Allowable credit (lesser of line 5 or line 6)	2,905	00			
WORKSHEET FOR TAXES PAID TO						
	(enter name of state)					

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.** 

		Dollars	Cents
1.	South Carolina gross income (enter amount from instructions for line 1, E) 1.		00
2.	Portion of line 1 taxed by another state (see instructions)		00
3.	Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%		%
4.	Amount of South Carolina tax from SC1040, line 10		00
5.	Tentative credit (multiply line 3 by line 4)		00
6.	Net tax due the other state on the income from line 2 See instructions. Do not use withholding from W-2		00
7.	Allowable credit (lesser of line 5 or line 6)		00

REV 02/01/23 PRO

# Credit For Taxes Paid to Another State

Α	Description of this copy of Schedule TC		
В	QuickZoom to another copy of Schedule TC		. —
	Worksheet for Taxes Paid To (enter name of state) IL Illinoi	S	
	credit is available for South Carolina residents and part-year residents only. Complete sheet for each state. Use the SC1040TC instructions to complete this worksheet. <b>Inclu</b>		
	040TC and SC1040TC Worksheet with your SC1040.		
1	South Carolina gross income (enter amount from instructions for line 1, E)	1	227,560.
2	Portion of line 1 taxed by another state		59,972.
3	Percentage (divide line 2 by line 1)		
	Round to two decimal places. Cannot be greater than 100%	3	26.35 %
4	Amount of South Carolina tax from SC1040, line 10	4	12,450.
5	Tentative credit. (multiply line 3 by line 4)	5	3,281.
6	Net tax due the other state on income from line 2		
	See instructions. Do not use withholding from W-2	6	2,905.
7	Allowable credit (lesser of line 5 or line 6)	7	2,905.
	Add the amounts from line 7 of each state worksheet, and enter the total		
	on SC1040TC, line 1.		

SCIA0702.SCR 01/13/21