Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)							
Taxpayer's name	Social security	number					
JEEVAN CHOUDHARY KADAMBALA	012-67-	9627					
Spouse's name	Spouse's soci	al security nu	umber				
RASHESWARI SAHU	988-95-	4873					
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)						
Enter whole dollars only on lines 1 through 5.	, ,						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1	62,881.				
2 Total tax	1	2	3,781.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,956.				
4 Amount you want refunded to you		4	5,175.				
5 Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сору	of your	return)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the paymental identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	tter, or electro action of the tra S. Treasury an cated in the ta an to debit the the authoriza- lests must be processing of ayment. I furth	nic return or ansmission, dis design x preparatic entry to this tion. To revireceived not the electron acknowles	riginator (ERO) (b) the reason nated Financial on software for a account. This toke (cancel) a o later than 2 nic payment of ledge that the				
Taxpayer's PIN: check one box only		0 6 0					
▼ I authorize GLOBAL TAXES LLC to enter or generate r	my PIN 🗀	9 6 2	as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, 't enter all ze					
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.							
Your signature ▶	02/14/202	4					
Spouse's PIN: check one box only							
	mv PIN 5	4 8 7	3 as my				
	, –	er five digits.					
signature on the income tax return (original or amended) I am now authorizing.		't enter all ze					
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.							
Spouse's signature ▶ Date ▶							
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication — Practitioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 Don't ente		2 7 1				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submirequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this retui	n in accord	dance with the				
ERO's signature ▶ Date ▶							
ERO's signature ► Date ► ERO Must Retain This Form — See Instructions							

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

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

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

For the year Jan	. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20		See se	parate in:	structions.
Your first name	and mi	iddle initial	Last na	ıme						Your so	cial secui	rity number
JEEVAN C	HOU	DHARY	KADA	AMBALA						012	67 9	9627
If joint return, sp	pouse's	s first name and middle initial	Last na	ıme						Spouse	s social s	ecurity number
RASHESWA	ARI		SAHU							988	95 4	4873
		er and street). If you have a P.O. box, see	<u> </u>							Preside	ntial Elec	tion Campaign
2400 ARC	HBUI	RY LN					2	2C	- 1	Check I	here if you	u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP c	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a		
PARK RII	GE				II		600	68		•	ow will no	•
Foreign country	name			Foreign province/state/o	count	У	Forei	gn postal c			c or refund	
											You	Spouse
Filing Status	; [Single				Head of ho	ouseh	old (HOF	- 1)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ing spo	use (C	QSS)		
	If y	ou checked the MFS box, enter the	name (of your spouse. If you	ı che	ecked the HOH	l or Q	SS box,	enter	the ch	ild's nam	e if the
	qu	alifying person is a child but not you	r deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navn	nent for prope	rtv or	services). or (h) sell		
Assets		ange, or otherwise dispose of a digi									Yes	s ⊠ No
Standard	_	eone can claim: You as a dep		_ <u>`</u>			, ,					
Deduction		Spouse itemizes on a separate return		•		•						
				_					- 0	4050		
		Were born before January 2, 19	959 [_ Are blind Spo →	ouse	:						blind
Dependents				(2) Social security	'	(3) Relationsh	ip (4	Check t) Child t				ee instructions):
If more	(1) ⊢	irst name Last name		number		to you		J DIIIO	ax cre	all	Credit for d	other dependents
than four dependents,								[片
see instructions	s —							[片
and check								l	<u> </u>			<u> </u>
here L	4.0	Total amount from Form(a) W 2 ha	1 /o.o					l		4.0	$\overline{}$	75 500
Income	1a b	Total amount from Form(s) W-2, both Household employee wages not re	•	•						1a 1b		75,589.
Attach Form(s)		Tip income not reported on line 1a		, ,						10		
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	•	*						1d		
W-2G and	e	Taxable dependent care benefits fi		, , , ,	ıısııu	ctions)				1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefits in		,						1f		
If you did not	g g	Wages from Form 8919, line 6.								1g		
get a Form	9 h	Other earned income (see instructi								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i i					
	z	Add lines to through th								1z		75,589.
Attach Sch. B	2a	1	2a		b Ta	axable interest				2b		
if required.	3a	· —	За			rdinary divider				3b		
	4a		l a			axable amount				4b	,	
Standard Deduction for—	5a		5a	6,027.		axable amount			ĻOVĒ	R 5b	,	0.
Single or	6a	Social security benefits	3a			axable amount				6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	ection						. \square			
\$13,850	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not requ	ired,	, check here			. \square	7		
Married filing jointly or	8	Additional income from Schedule 1	l, line 1	0						8	_	-12,708.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come	e				9		62,881.
\$27,700	10	Adjustments to income from Sched	dule 1,	line 26						10		
Head of household,	<u>11</u>	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne					11		62,881.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)					12	:	27,700.
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	899	5-A				13	,	
Standard Deduction,	14	Add lines 12 and 13								14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is y	our t	axable incom	e .			15	,	35,181.

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	3,781.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	3,781.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,781.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	3,781.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	8,956		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	8,956.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		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	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	8,956.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is the amour	nt you overpaid		34	5,175.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a	5,175.
Direct deposit?	b	Routing number 1 0 1	0 0 0 1	8 7	c Type:	Checking	Savings	6	
See instructions.	d	Account number 1 4 5	5 7 4 3	1 8 4 :	1 9				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.go	v/Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•			_			
Designee						_	•		⊠ No
		esignee's me		Phone no.			sonal ider nber (PIN)	ntification	
Sign	Un	der penalties of perjury, I declare to	nat I have examine	d this return and	accompanying sche	dules and statemer	nts, and to	the best	of my knowledge and
Here	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	sed on all informat	ion of wh	ich prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
							I .	otection P ee inst.)	IN, enter it here
Joint return? See instructions.		accessor alamateura. If a laint vatuum I	a a the manual airm	Data	SOFTWARE E		`		nt
Keep a copy for		ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.				HOME MAKER				e inst.)	,
	Ph	one no. (310)359-316	6	Email address	KADAMBALA.JE	OM			
Deid	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	02/08/2024	P020	82703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC			•			678)965-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816			m's EIN	84-3171965
<u> </u>		40406 ' 1 1' 111 11							- 1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

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

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

JEEV	AN CHOUDHARY KADAMBALA & RASHESWARI SAHU		012-67-9	9627
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			-12,708.
6	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation			
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		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	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		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z			
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and or	n Form	

10

-12,708.

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
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				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/2	27/24 PRO	Schedu	le 1 (Form 1040) 2023

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 JEEVAN CHOUDHARY KADAMBALA & RASHESWARI SAHU 012-67-9627 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 2023 that would require you to file Form(s) 1099? See instructions . В 1a Physical address of each property (street, city, state, ZIP code) 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. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 525. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,782. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,300. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,763. 14 Repairs 14 2,122. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,674. 18 3,592. 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 13,233. 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 -12,708. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 12,708.) 525. 23a Total of all amounts reported on line 3 for all rental properties 23a 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 3,592. 23d Total of all amounts reported on line 18 for all properties 13,233. 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 12,708. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

26

26

-12,708.

here. If Parts II, III, and 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

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 Attachment Sequence No. **52**

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

JEEVAN CHOUDHARY KADAMBALA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

012-67-9627

3efoi	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	requ	ıired.
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 2023. See instructions	□ Se	elf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, 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	7,750.
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 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,200.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,550.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
David	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.		HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part II, line 17d	21	



or for fiscal year ending ____/____

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

JEBVAN CHOUDHARY SADAMBALA SAHU	F	A				
SAPATEMENT SAHU 2C PARK RIDGE II 60068 COOK KADAMBALA JESVANSGUAFIL. COM B Filing status: Single Married filing jointly Married filing separately Widowed Head of household C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions You Spouse C Check the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR Step 2: Income (Whole dollars only) 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 2a. 2			■ III NYS-1865-1854-1854-1854-1854-1854-1854-1854-185		ESSIMA	2133 28024
PARK RIDGE			IIII DACUUAD DACUAD BACADA DACUAD BACADA DACUAD BACADA DACUADO			
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C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.			KADAMBALA.JEEVAN@GMAIL.COM	***************************************		
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Pederally fax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3				,	1	-,
3				ne 2a 2	' 2	
Step 3: Base Income 5					3	.00
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16 Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. 16	F	Step	6: Tax After Nonrefundable Credits			
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22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 2200	7	21			24	0
	3	22				
	7		Total Tax. Add Lines 19, 20, 21, and 22.	•		2,873.00



24 Total	al tax from Page 1, Line 23.					24	2,873.00
Step 8:	Payments and Refunda	ble Credit					
25 Illino	ois Income Tax withheld. Atta	ch Schedule IL-W	/IT.		25 3	<u>,742.00</u>	
26 Estir	mated payments from Forms	IL-1040-ES and II	L-505-I,				
	ıding any overpayment appli				26	.00	
	s-through withholding. Attach				27		
	s-through entity tax credit. At				28		
	ned Income Credit from Sched		•		. 29	.00	2 742 00
	l payments and refundable	e credit. Add Lines	25 through	29.		30	3,742.00
Step 9:	Total						
	ne 30 is greater than Line 24, s					31	869.00
32 If Lin	ne 24 is greater than Line 30, s	subtract Line 30 fro	m Line 24.			32	.00
Step 10	: Underpayment of Esti	mated Tax Pena	alty and Do	onations			
	-payment penalty for underp	•			33	.00	
	Check if at least two-thirds			-			
	Check if you or your spous		-		-		_
СГ	Check if your income was n	ot received evenly	during the	year and you annuali	zed your income o	on Form IL-2210).
a -	Attach Form IL-2210.	inad ta fila an Illina	ا من المناب الما	In a succe Tax waterum in	the muchique tour		
_	Check if you were not reque nate of the contraction			income lax return in	34		
	ntary chantable donations. <i>F</i>				34	.00 35	.00
	· · ·		1.				.00
-	: Refund or Amount you		ia araatar th	an Lina 25 aubtraat l	lina 25 fram lina	24	
-	u have an amount on Line 3 is your overpayment .	i and this amount	is greater th	an Line 35, Subtract i	Line 35 from Line	ડા. 36	869.00
	ount from Line 36 you want re	funded to you. Cl	nack one ho	v on Line 38 See inst	tructions	30 <u></u>	869.00
	•	_	icok one bo	K OH EINE OO. OCC INS	iruotioris.	01	332.00
	oose to receive my refund by		l : £	a alc thair a have			
a <u>K</u>	direct deposit - Complete						
	You may also contribute to college savings funds	Routing number	1 0 1 0	0 0 1 8 7	X Checkin	g or Saving	gs
		Account number	1 4 5 5	7 4 3 1 8	4 1 9		
	1						
	paper check.	Nulatura et line 07 fm	1 in - 20	Caa imatuu etiana		20	00
	ount to be credited forward. S					39	.00
-	u have an amount on Line		_				
	ss than Line 35, subtract Line			and 32 are blank (ze	ero), enter the am		00
Irom	Line 35. This is the amount	you owe. See ins	structions.			40	.00
Step 12	2: Health Insurance Che	ckbox and Sigr	nature				
	Check this box and include y						
	agencies in order to determi	ne your eligibility for	or health ins	urance benefits. See	instructions for m	ore information	•
Ciamatu	.ma . Nada - If their is a laint out.	4					
	Ire - Note: If this is a joint retuenalties of perjury, I state th				my knowlodgo it i	is true correct	and complete
Officer po	enalties of perjury, i state th	at i ilave examine	u uns return	i, and to the best of i	ily kilowieuge, it	is true, correct,	and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here		, , , , , , , , , , , , , , , , , , , ,	, ,		((310) 359	
	Print/Type paid preparer's name	2	Paid prepare	r's signature	Date (mm/dd/sss.)		- 3 1 6 6 Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPTA			-	Date (mm/dd/yyyy) 02/08/2024	self-employed	
Preparer			DIVIL LVIIW K	AN DAUAN GUTIA TALLAM			
Use Only		TAXES LLC			Firm's FEIN	843171965	
T1. 1 1			BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	
Third	Designee's name (please print)			Designee's phone num	nber		Department may
Party Designee				()			urn with the third shown in this step.
Pesignee		2011 40401	- 4 un c = 4 " =	- f = 41 11			onown in this step.
	Refer to the 202	ี 3 IL-1U4U Ins	struction	s tor tne addre	ss to mail yo	our return.	

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 01/23/24 PRO





Illinois Department of Revenue

2023 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)

		RY KADAMBALA		<u> </u>	<u> </u>		<u>9 6</u>	//
You	r name as shown o	on Form IL-1040		Your Social Se	2 _ 6 ecurity number			
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C jes, Winnings, Gross s, Compensation, etc.	Illinois Wages	umn D , Winnings, Gro Compensation, e	ss Illii	olumn E nois Income x Withheld
1	W	46-3227229 000	\$	35,932 <u>•00</u>	\$	35,932 <u>•00</u>	\$	1,779 .00
2	W	46-3400311	\$	39,657 _{•00}	\$	39,657 .00	\$	1,963 .00
3			\$	•00	\$	<u>•00</u>	\$	<u>•00</u>
4			\$	•00	\$	<u>•00</u>	\$	<u>•00</u>
5			\$	•00	\$	<u>•00</u>	\$	•00
Ste ing)	spouse's withholding re	·		1099 forms to the second security representation of the securi			
Ste ing)		C Federal Wag		8 9 Social Security r Col Illinois Wages,	5 number u mn D , Winnings, Gro	4 8 C	
Ste ing RAS You	SHESWARI SAHU r spouse's name a Column A Form type	s shown on Form IL-1040 Column B Employer/Payer Identification Number	C Federal Wag Distributions	9 8 9 Your spouse's 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	8 9 Social Security r Col Illinois Wages,	5 number umn D Winnings, Gro Compensation, G	4 8 Css Illinetc. Ta	7 3
Steing RAS	SHESWARI SAHU r spouse's name a Column A Form type	s shown on Form IL-1040 Column B Employer/Payer	C Federal Wag Distributions	9 8 Your spouse's solumn C les, Winnings, Gross s, Compensation, etc.	8 9 Social Security r Col Illinois Wages, Distributions, 0	5 number umn D Winnings, Gro Compensation, G	4 8 Css Illinetc. Ta	7 3 olumn E nois Income x Withheld
Steeling RAS Yould	SHESWARI SAHU r spouse's name a Column A Form type	s shown on Form IL-1040 Column B Employer/Payer Identification Number	C Federal Wag Distributions \$	9 8 Your spouse's solumn C les, Winnings, Gross, Compensation, etc.	8 9 Social Security r Col Illinois Wages, Distributions, C	 number umn D , Winnings, Groc compensation, e	4 8 Ss Illiin Ta \$	7 3 olumn E nois Income x Withheld
Steeling RAS Yould	Column A Form type	s shown on Form IL-1040 Column B Employer/Payer Identification Number	C Federal Wag Distributions \$ \$ \$	9 8 Your spouse's S olumn C les, Winnings, Gross s, Compensation, etc. •00 •00	8 _ 9 Social Security r Col Illinois Wages Distributions, 0		4 8 Css Illiii etc. Ta \$ \$	7 3 olumn E nois Income x Withheld •00 •00

additional copies you attached). This is the total amount of your Illinois income tax withheld.

3,742.00

11 \$

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



Illinois Department of Revenue

			_						_				
			•	S	ubm	issior	ı ID		-				

B	2023 IL-8453 Illinois (<u>Do not mail</u> Form IL-8453 to t			tronic Filing Declaration ss it is requested for review.)
Print	1: Provide taxpayer information JEEVAN CHOUDHARY RASHESWARI First name and middle initial Spouse's first name 2400 ARCHBURY LN 2C	SAHU KADAl e (and last name if differe	MBALA nt) Last name	0 1 2 – 6 7 – 9 6 2 7 Social Security number 9 8 8 – 9 5 – 4 8 7 3
or type	Mailing address			Spouse's Social Security number
	PARK RIDGE	IL	60068	(310) 359-3166
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax	return	Choose one: X I	L-1040 IL-1040-X
1 N	let income from Form IL-1040 or IL-1040-	-X, Line 11	_	158,031 00
2 T	ax from Form IL-1040 or IL-1040-X, Line	14		2 2,873 00
	linois Income Tax withheld from Form IL-		• `	
	Overpayment from Form IL-1040, Line 36			4 <u>869</u> l <u>00</u>
	otal amount due from Form IL-1040, Line			5l <u>00</u>
	iling status: Single X Married filing: 3: Complete direct deposit of refu	_		
7 F 8 A 9 T 10 C 11 E	the United States or those not funded by Routing no. (RN): \(\frac{1}{2}\) \(\frac{0}{2}\) \(\frac{1}{2}\) \(\frac{0}{2}\) \(\frac{1}{2}\) \(\frac{0}{2}\) \(\frac{1}{2}\) \(\frac{0}{2}\) \(\frac{0}{2}\) \(\frac{0}{2}\) \(\frac{1}{2}\) \(\frac{0}{2}\) \(\frac{1}{2}\) \(\	1 8 7 4 3 1 8 4 Savings (thdrawn:/_/ 	1 9	be accepted and refunds will be via paper check — nd, if applicable, Step 3.)
×	I consent that my refund may be directl correct. If I have filed a joint return, this	y deposited as desi is an irrevocable a	gnated in Step 3 and declar opointment of the other spo	e the information on Lines 7 through 9 is use as an agent to receive the refund.
	I authorize the Illinois Department of Rewithdrawal as designated in the electron financial institutions involved in the proceed in the processary to answer inquiries and resonant involved.	nic portion of my 202 cessing of an electro	3 Illinois Original or Amende onic overpayment of taxes to	d Individual Income Tax return. I authorize the
	I do not want direct deposit of my refun	d, or an electronic f	unds withdrawal (direct deb	it) of my balance due.
return and a been	originator (ERO) are identical. To the best of companying information may be sent to ID accepted or rejected. If rejected, I authorize	of my knowledge, my OR by my ERO. I au	return is true, correct, and control return is true, correct, and control returns the return is true.	nd the information I provided to my electronic complete. I consent that my return, this declaration RO and/or the transmitter when my return has be corrected and retransmitted if possible.
Sign	Your signature	Date	Spouse's signature (if	joint return, both must sign) Date
	5: Electronic return originator (ER			, , , , , , , , , , , , , , , , , , ,
I decl inforn	are that I have examined this taxpayer's	electronic Form IL-1 this program and d	040 or IL-1040-X, the inforn leclare, under penalties of p and complete.	nation on this Form IL-8453, and accompanying erjury, that to the best of my knowledge the
	ERO's signature		02/08/2024 Date	Check if paid preparer: (See instructions.)
	GLOBAL TAXES LLC		54.0	
ERO	Firm's name or your name if self-employed			$\frac{P}{\text{Your PTIN}} \frac{0}{2} \frac{2}{0} \frac{0}{8} \frac{8}{2} \frac{2}{7} \frac{7}{0} \frac{0}{3}$
use	245 ROONEY CT			8 4 - 3 1 7 1 9 6 5
only	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	<u>(678) 965-9522</u>

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

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

State



Daytime phone number