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

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you cl					spou	se (QSS)	_
Value first manne		on is a child but not your dependent						V		sial against	
Your first name	and mi	adie initial	Last na							cial security	
Rakesh		first name and middle initial	Kamm					_		<u> 6-1471</u>	
ii joint return, s	pouse s	first name and middle initial	Last na	me) St	ouses	s social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pr	esider	ntial Electio	n Campaign
1025 Reg	gent	Dr					5			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code			· ·	tly, want \$3 Checking a
DeKalb					IL		60115605	_	_	w will not	_
Foreign country	y name		F	Foreign province/state/o	county	/	Foreign postal co	ode yo	our tax	or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	⊠ No
Standard		eone can claim: You as a de					, ,				
Deduction		— Spouse itemizes on a separate retur	•			•					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was boi	n before Janua	ary 2, 1	958	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check to	ne box i	f qualif	ies for (see i	instructions):
If more	•	irst name Last name		number		to you	.	ax credi	t	Credit 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 (se	e instructions)					1a	1	4,836.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see ir	nstru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26					1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>					
	Z	Add lines 1a through 1h	1 1						1z	1 1	4,836.
Attach Sch. B	2a	· –	2a			axable interes			2b		
if required.	<u>3a</u>		3a			rdinary divide			3b		
	4a	_	4a			axable amoun			4b		
Standard Deduction for—	5a	-	5a				t		5b		
Single or	6a	,	6a			axable amoun	t		6b		
Married filing separately,	c	If you elect to use the lump-sum e		•	•	,		. 📙	-		
\$12,950	7	Capital gain or (loss). Attach Sche						. Ш	7		
 Married filing jointly or 	8	Other income from Schedule 1, lin							8	1	4 026
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					9	+ - +	4,836.
\$25,900	10	Adjustments to income from Sche							10	1	4 026
 Head of household, 	11	Subtract line 10 from line 9. This is	-	-					11		4,836.
\$19,400 If you checked	12 13	Standard deduction or itemized Qualified business income deduct							12	+	2,950.
any box under	14	Add lines 12 and 13							14	1	2 050
Standard Deduction,	15	Subtract line 14 from line 11. If zer							15		<u>.2,950.</u> 1,886.
see instructions.	.5	Cabaactinic 14 Holli line 11. Il Zel	0 01 168	o, onto 0 Inio 15 y	Jui L				13		<u> </u>

Form 1040 (2022	2)											Page !
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌	_		. 16	5		189.
Credits	17	Amount from Schedule 2, lin							. 17	,		
	18	Add lines 16 and 17							. 18	3		189.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				. 19	,		
	20	Amount from Schedule 3, lin	ne 8						. 20	,		
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18							. 22	:		189.
	23	Other taxes, including self-e								3		0.
	24	Add lines 22 and 23. This is								_		189.
Payments	25	Federal income tax withheld										
. ayoo	а	Form(s) W-2				25a		5	91.			
	b	Form(s) 1099				25b						
	С	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	,				1		. 25	4		591.
	26	2022 estimated tax paymen							. 26			371.
If you have a qualifying child,	27	Earned income credit (EIC)				27	 	•				
attach Sch. EIC.	28	Additional child tax credit fro				28			-			
						29			_			
	29	American opportunity credit		•								
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin				31						
	32	Add lines 27, 28, 29, and 31	•	-	-				. 32	_		F 0 1
	33	Add lines 25d, 26, and 32. 7								_		591.
Refund	34	If line 33 is more than line 2				-	-		. 34	_		402.
D	35a	Amount of line 34 you want			_	_			35	а		402.
Direct deposit? See instructions.	b d	Routing number 3 2 5 Account number 9 1 9			c Type:	Chec	king	Savi	ngs			
	36	Amount of line 34 you want			ad tay	36	Τ'					
Amount						30						
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					. 37			
	38	Estimated tax penalty (see i	nstructions) .			38						
Third Party		you want to allow another	•		rn with the IRS	? See				-	1	
Designee		structions						•	lete below		No	
		signee's me		Phone no.				sonal i iber (F	identificatio PIN)	n		П
Sign		der penalties of perjury, I declare	that I have examine		d accompanying sc	hedules		•		est of	mv know	rledge an
-		lief, they are true, correct, and con										
Here	Yo	ur signature		Date	Your occupation				If the IRS	sent yo	u an Ider	ntity
									Protection	PIN, e	nter it he	ere
Joint return?					Student				(see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			If the IRS : Identity Pr			
your records.									(see inst.)			T
	———Ph	one no. (425)362-516	3	Email address								
		eparer's name	Preparer's signat			Date		PTI	N	Che	eck if:	
Paid			"," " " " " " " " " " " " " " " " " "								Self-em	nploved
Preparer	———	m's name Self-Pr	opared					1	Phone no.		,	.,,
Use Only		m's name Self-Pr m's address	Ebar en						Firm's EIN			
	rir	iii 5 auule55							TITTE S EIIV	1		

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.

F 1	Rak .02!	-16-1471 esh 5 Regent Dr alb	2000 IL	Kamma 601156055	5 DEKALB				
В	Filir	ng status: 🛛 S	Single M	larried filing jointly	Married fi	ling separately Wi	dowed Head of	f household	
С	Che	eck If someone o	an claim you	, or your spouse if	filing jointly, as	a dependent. See instru	ıctions. You	Spouse	
D	Che	eck the box if this	s applies to y	you during 2022:	Nonresider	nt - Attach Sch. NR	Part-year resident	- Attach Sch	n. NR
	Sto:	p 2: Income						(Whol	le dollars only)
	յլը _։ 1		d aross incon	ne from vour feder	al Form 1040 o	1040-SR, Line 11.		1	14,836.00
	2					federal Form 1040 or	1040-SR, Line 2a.	2	.00
	3	Other additions						3	
	4	Total income.		through 3.				4	14,030.00
7	Ste _l 5	p 3: Base Inco		Laartain ratiraman	st plan income				
,	3			l certain retiremen 1. Attach Page 1 d		1.	5	.00	
j (6			nent included in fed				100	
<u>'</u>	_	Schedule 1, Ln.					<u>6</u>		
= .	7	Other subtraction			aubtra ationa		7	<u>.00.</u> 8	00
5	8 9			is the total of your ract Line 8 from Li				o 9	
Ŋ.		p 4: Exemption							
. AZ AIIO I	10	b Check if 65 cc Check if legald If you are claimAttach Sched	or older: [ally blind: [ming dependule]	☐ You + ☐ Spo ☐ You + ☐ Spo lents, enter the amo	ouse # of course # of court from Sched	See instructions. checkboxes X \$1,00 checkboxes X \$1,00 cule IL-E/EIC, Step 2, Lir	0 = c	.00.00	2 425
Staple W-z allu i		b Check if 65 of Check if legal d If you are claim Attach Sched Exemption allows	or older: [ally blind: [ming depender] by the control of the cont	☐ You + ☐ Spo ☐ You + ☐ Spo ents, enter the amo	ouse # of course # of court from Sched	heckboxes X \$1,00 heckboxes X \$1,00	0 = b 0 = c ne 1.	.00	2,425 _{.00}
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Staple W-z allu i	Ste	b Check if 65 of c Check if legal d If you are claim Attach Sched Exemption allows: Net Incom Residents: Net	or older: [ally blind: [ming depend dule IL-E/EIC. bwance. Additional times and Tax tincome. Su	You + Spo You + Spo ents, enter the amo	ouse # of couse # of couse # of count from Sched	checkboxes X \$1,00 checkboxes X \$1,00 dule IL-E/EIC, Step 2, Lir	0 = b 0 = c ne 1. d		
Staple W-Z allu	Ste _l	b Check if 65 of c Check if legal d If you are claim Attach Sched Exemption allows p 5: Net Incom Residents: Net Nonresidents	or older: [ally blind: [ming depend dule IL-E/EIC. pwance. Additional depended of the content of	You + Spo You + Spo ents, enter the amod Lines 10a throug ubtract Line 10 from ar residents: Ente	ouse # of couse # of couse # of count from Sched gh 10d. m Line 9. er the Illinois ne	checkboxes X \$1,00 checkboxes X \$1,00 checkboxes X \$1,00 checkboxes X \$1,00 checkboxes X \$1,00 checkboxes X \$1,00 checkboxes X \$1,00	0 = b 0 = c ne 1. d		2,425 _{.00} 12,411 _{.00}
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L-1040-V	Ste 11 12 13 14 Ste	b Check if 65 of c Check if legal of If you are claim Attach Schede Exemption allow p 5: Net Income Residents: Net Nonresidents: Mul Nonre	or older: [ally blind: [ally bl	You + Spond	buse # of course punt from Schedul 10d. In Line 9. In the Illinois new 10d. In Cannot be less that the tax from 10d. In the course punt is the course p	theckboxes X \$1,00 checkboxes X \$1,00 dule IL-E/EIC, Step 2, Lind tincome from Schedule as than zero. Schedule NR.	0 = b	.00 .00 10	12,411 _{.00} 614 _{.00}
and it-1040-v	Ste 11 12 13 14 Ste	b Check if 65 of c Check if legal of If you are claim Attach Schede Exemption allow p 5: Net Income Residents: Net Nonresidents: Mu Nonresidents: Mu Nonresidents: Accepture of in Income tax. Accepture and Property tax an Attach Schedu	or older: [ally blind: [ally bl	You + Spond	ouse # of couse # of couse # of couse # of count from Schedol # 10d. In Line 9. In Line 9. In Cannot be less that the tax from Schedule 4255. It less than zero. It is resident. At dit amount from	theckboxes X \$1,00 theckboxes X \$1,00 theckboxes X \$1,00 tule IL-E/EIC, Step 2, Lind tincome from Schedule as than zero. Schedule NR.	0 = b		12,411 _{.00} 614 _{.00}
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24 To	otal tax from Page 1, Line 23.					24	614.00
Step 8	: Payments and Refundab	le Credit					
	ois Income Tax withheld. Attac imated payments from Forms				25	634.00	
	luding any overpayment applie				26	.00	
27 Pas	ss-through withholding. Attach	Schedule K-1-P o	r K-1-T.		27	.00	
28 Pas	ss-through entity tax credit. Atta	ich Schedule K-1-	-P or K-1-T.		28	.00	
	rned Income Credit from Sched				C. 29	.00	
	al payments and refundable	credit. Add Lines	25 through	29.		30	634.00
Step 9							
	ine 30 is greater than Line 24, su					31	20.00
	ine 24 is greater than Line 30, su					32	.00
-	0: Underpayment of Estima		-	ations			
	e-payment penalty for underpa	-			33	.00	
_	Check if at least two-thirds of			•			
_	Check if you or your spouse		-	-	-	F II. 0040	
C [Check if your income was no Attach Form IL-2210.	ot received evenly	during the y	ear and you annuai	izea your income o	on Form IL-2210).
4 [Check if you were not requir	ed to file an Illinoi	ie Individual I	ncome Tay return i	n the previous tax	vear	
_	untary charitable donations. At			income fax return i	34	.00	
	al penalty and donations. Ad				<u> </u>	<u></u> 35	.00
	1: Refund or Amount you						
•	ou have an amount on Line 31		ie areater the	n Line 35 subtract	Line 35 from Line	21	
-	s is your overpayment .	and this amount	is greater the	an Line 35, Subtract	Line 33 Hom Line	36	20.00
	ount from Line 36 you want ref	unded to vou. Ch	neck one box	on Line 38. See ins	tructions.	37	20.00
	noose to receive my refund by						
	direct deposit - Complete t	he information be	low if you ch	eck this box			
~ [ion ii you on		Ob a abi	0 i-	
	to college savings funds	outing number			Checkii	ng or Saving	JS
	here. See instructions!	ccount number					
b F	⊠ paper check.						
_	ount to be credited forward. So	ubtract Line 37 fro	om Line 36. S	See instructions.		39	.00
40 If vo	ou have an amount on Line 32	add Lines 32 and	d 35 - or -				
-	ou have an amount on Line 31			ine 35,			
-	otract Line 31 from Line 35. This					40	.00
Stop 1	2: Health Insurance Chec	khov and Sign	aturo				
		_		tala - alla - a IIII - a la - a			_
41 ∐	Check this box if IDOR may s your eligibility for health insur-					der to determine	,
	your onglomey for fround into an	arros porromo.			0111		
Signat	ture - Note: If this is a joint retur	n, both you and yo	our spouse m	ust sign below.			
Under p	penalties of perjury, I state tha	t I have examine	d this return	and, to the best of	my knowledge, it	is true, correct,	and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Snouse's sign	ature	Date (mm/dd/yyyy)	Daytime phone	number
Here	Tour signature	Date (IIIII/dd/yyyy)	Opouse 3 sign	lature	Date (IIIII/dd/yyyy)	- · · · · · · · · · · · · · · · · · · ·	
	Drint/Time noid preparer's name		Doid proporor	'a aignatura	Data (/ / / /	(425) 362	
Paid	Print/Type paid preparer's name		Paid preparer		Date (mm/dd/yyyy)	Check if self-employed	Paid Preparer's PTIN
Preparer	F:		Self-Pre	Par en			
Use Only					Firm's FEIN	()	
Third	Firm's address		1		Firm's phone	()	
Third	Llagranagia nama (plagas print)			Designas's phone nu	mhor	Chack if the	Department may
Dorts	Designee's name (please print)			Designee's phone nu	IIDEI	_	
Party Designed				()	TIDEI	discuss this ret	turn with the third
Party Designed		2 II _1040 lps		()		discuss this ret party designee	

IL-1040 Back (R-12/22) DR______ AP____ RR DC IR ID ID: 3WM REV 02/01/23 Intuit.cg.cfp.sp





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 At

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)

Rak	kesh Kamma			7	4	3	1 6		1 4	7	1	
You	r name as shown	on Form IL-1040	Your Social Security number									
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	Column C ges, Winnings, s, Compensation			Column /ages, Winr ons, Comp	s Illin	Column E Illinois Income Tax Withheld			
1	W	36-6008480	\$	14,836	00	\$	14,8	336 •00	\$	634	<u>1 •00</u>	
2			\$		00	\$		<u>•00</u>	\$		<u>•00</u>	
3			\$		00	\$		<u>•00</u>	\$		<u>•00</u>	
4			\$		00	\$		<u>•00</u>	\$		<u>•00</u>	
5			\$		<u>00</u>	\$		<u>•00</u>	\$		<u>•00</u>	

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

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

Your spouse's Social Security number

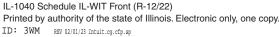
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross ompensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
6			- \$	•00	\$	•00	\$	•00		
7			- \$	•00	\$	•00	\$	•00		
8			- \$	•00	\$	•00	\$	•00		
9			- \$	<u>•00</u>	\$	•00	\$	•00		
10			. \$	<u>•00</u>	\$	<u>•00</u>	\$	•00		

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 634**.00**







Illinois Department of Revenue

			_						_				
				S	ubmi	ssior	ı ID						

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration (Do not mail Form II -8453 to the Illinois Department of Revenue unless it is requested for review.)

Sten	1: Provide taxpayer information	<u> </u>	lent of Nevenue uni	ess it is requested for review.)
Otop	Rakesh	Kamma		7 4 3 _ 1 6 _ 1 4 7 1
	First name and middle initial Spouse's first	t name (and last name if different)	Last name	Social Security number
Print	1025 Regent Dr 5			
or type	A A 111 A A			Spouse's Social Security number
· y p o	DeKalb	IL	60115-6055	(425) 362-5163
	City	State	ZIP	Daytime phone number
Ston	2. Complete information from	tov roturn	Change and IV	IL-1040 IL-1040-X
•	2: Complete information from		Choose one:	
	Net income from Form IL-1040 or IL-			1 12,411 00 2 614 00
	ax from Form IL-1040 or IL-1040-X,		05 1 /	
	llinois Income Tax withheld from Form		e 25 only (enter " u " if n	one) 3 634 00 4 20 00
	Overpayment from Form IL-1040, Lin			
	otal amount due from Form IL-1040,			
6 F	filing status: 🗶 Single Married	d filing jointly Married t	filing separately Wi	dowed Head of household
does within 7 F 8 A 9 T 10 E	not support international ACH transaction	ctions. IDOR will only perford by international funds. Ele Savings Ily withdrawn://	m direct transactions (e.	d within the electronic transmission. Illinois g., debit, deposit) with financial institutions located t be accepted and refunds will be via paper check
		,		
12	lame on account:			
Step	4: Taxpayer declaration and sig	ınature (Sign only after	completing Step 2 a	nd, if applicable, Step 3.)
				are the information on Lines 7 through 9 is buse as an agent to receive the refund.
		ctronic portion of my 2022 I processing of an electroni	llinois Original or Amend c overpayment of taxes	ent to initiate an ACH electronic funds ed Individual Income Tax return. I authorize the to receive confidential information
×	I do not want direct deposit of my	refund, or an electronic fun	ds withdrawal (direct del	oit) of my balance due.
returr and a	originator (ERO) are identical. To the ccompanying information may be sent	best of my knowledge, my re to IDOR by my ERO. I autho	eturn is true, correct, and oprize IDOR to inform my E	and the information I provided to my electronic complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has a be corrected and retransmitted if possible.
Sigr	·			
here	Your signature	Date	Spouse's signature	(if joint return, both must sign) Date
I dec		er's electronic Form IL-1040 Its of this program and decl	0 or IL-1040-X, the infor lare, under penalties of բ	ignature mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the Check if paid preparer: ☐ (See instructions.)
	_ i o o oignaturo		Date	
ERO	Firm's name or your name if self-employed			Your PTIN
use	o name of your name it out employed			
only	Mailing address			Federal employer identification number (FEIN)
	City	Ctoto	ZIP	Daytima phona number
	City	State	ZIP	Daytime phone number

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

