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

The state of the s					
Submission Identification Number (SID)					
Taxpayer's name		Social security	y number		
AVINASH KUMAR R PASUNOORI		089-91-	-1133		
Spouse's name		Spouse's soci		y number	
Double Toy Deturn Information	For Veer Ending December 21	ntor voor vou	to outh	orizina \	
		nter year you aı	re autn	orizing.)	
Enter whole dollars only on lines 1 through 5					
Note: Form 1040-SS filers use line 4 only. Let Adjusted gross income	• • • • • • • • • • • • • • • • • • •		1	76	882.
			2		173.
	m(s) W-2 and Form(s) 1099		3		460.
			4		287.
-			5	٠, ٠	207.
Part II Taxpayer Declaration and S	Signature Authorization (Be sure you get ar	nd keep a copy	of you	ur retur	n)
my knowledge and belief, it is true, correct, and 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, a Agent to initiate an ACH electronic funds withdraw payment of my federal taxes owed on this return a authorization is to remain in full force and effect payment, I must contact the U.S. Treasury Final business days prior to the payment (settlement) of taxes to receive confidential information necession personal identification number (PIN) below is my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LI	amined a copy of the income tax return (original or amen complete. I further declare that the amounts in Part I at I consent to allow my intermediate service provider, trathe IRS (a) an acknowledgement of receipt or reason form (c) the date of any refund. If applicable, I authorize the wal (direct debit) entry to the financial institution account and/or a payment of estimated tax, and the financial institution until I notify the U.S. Treasury Financial Agent to term ancial Agent at 1-888-353-4537. Payment cancellation date. I also authorize the financial institutions involved in any to answer inquiries and resolve issues related to the signature for the income tax return (original or amended of the original or amended). I am now authorizing.	above are the amonsmitter, or electron rejection of the trans tended in the processing of the payment. I further than 1 am now authorize the processing of the payment. I further the processing of the payment. I further than 1 am now authorize the processing of the payment. I further than 1 am now authorize the processing of the payment. I further than 1 am now authorize the processing of the payment.	ounts from the control of the contro	m the incon originate on, (b) the signated Fation softwhis accountrive of the control of the con	ome tax or (ERO) e reason financial ware for unt. This ancel) a than 2 ment of that the
☐ I will enter my PIN as my signature	on the income tax return (original or amended) I a nd your return is filed using the Practitioner PIN m				
Your signature ►	Date I				
Spouse's PIN: check one box only					
☐ I authorize	to enter or gener	ate my PIN			as my
ER	O firm name	Ent	er five dig		,
signature on the income tax return	original or amended) I am now authorizing.	dor	n't enter a	II zeros	
	on the income tax return (original or amended) I a nd your return is filed using the Practitioner PIN m				
Spouse's signature ▶	Date I	•			
	ioner PIN Method Returns Only—continue be	low			
Part III Certification and Authentic	ation — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN fo	ollowed by your five-digit self-selected PIN. 2	2 2 4 9 6 Don't ente	6 0 8		1
authorized to file for tax year indicated above fo	which is my signature for the electronic individual incon r the taxpayer(s) indicated above. I confirm that I am s Pub. 1345, Handbook for Authorized IRS e-file Providers	ubmitting this retu	rn in acc	cordance v	
ERO's signature ▶	Date I				
	Must Retain This Form — See Instructions				
Don't Subm	it This Form to the IRS Unless Requested 1	o Do So			

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



For the year Jan	ı. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate in	nstructions.
Your first name	and mi	iddle initial	Last na	ame					Your s	ocial secu	ırity number
AVINASH	KUMA	AR R	PAST	JNOORI					089	91	1133
		s first name and middle initial	Last na								security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no		Preside	ential Elec	ction Campaign
275 OAK	CREI	EKDR					203		Check	here if yo	u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code				ointly, want \$3 d. Checking a
WHEELING	3				IL	ı	60090		1 0		ot change
Foreign country	/ name			Foreign province/state/o	count	у	Foreign post	al code	your ta	x or refun	
										You	ı Spouse
Filing Status	; X	Single				☐ Head of ho	ousehold (H	IOH)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				Qualifying	-				
	If y	ou checked the MFS box, enter the	name (of your spouse. If you	u che	cked the HOH	or QSS bo	x, ent	er the ch	ıild's nam	ne if the
	qu	alifying person is a child but not you	ır deper	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or servic	es): c	r (b) sell.		
Assets		ange, or otherwise dispose of a digi								☐ Yes	s 🛛 No
Standard	Som	eone can claim:	penden	t Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate returi	n or you	u were a dual-status	alien						
Age/Blindness	· Vall	Were born before January 2, 19	050 F	Are blind Spo	ouse:	· 🗆 Was bor	n before Ja	nuani	2 1050		blind
	•		939 <u>[</u>	-			(4) Obs				ee instructions):
Dependents		instructions): irst name Last name		(2) Social security number	′	(3) Relationsh to you	יין קי	ld tax	•		other dependents
If more than four	(1)	Lastriane		Hamboi		to you				0.00	
dependents,	-							$\overline{\Box}$		+	
see instructions	s —							ᆸ			
and check here]							ᆸ			\Box
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					. 1	<u> </u>	91,815.
Income	b	Household employee wages not re	•	,					. 11		71,0101
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	•	• •					. 10		
attach Forms	d	Medicaid waiver payments not rep	•	•					. 10		
W-2G and 1099-R if tax	e	Taxable dependent care benefits for		, ,					. 10		
was withheld.	f	Employer-provided adoption bene		•					. 1	f	
If you did not	g	Wages from Form 8919, line 6.							. 19	9	
get a Form W-2, see	h	Other earned income (see instructi	ions)						. 11	n	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i					
	z	Add lines 1a through 1h	. ,						. 1:	z	91,815.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	·		. 21	o	1,191.
if required.	3a	Qualified dividends	3a	12.	b O	rdinary divider	nds		. 31	o	12.
	4a	IRA distributions	4a		b Ta	axable amount	t		. 41	o	
Standard Deduction for—	5a		5a		b Ta	axable amount	t		. 51	ɔ	
Single or	6a	Social security benefits	6a		b Ta	axable amount	t		. 61)	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see i	instructions)					
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo									-354.
jointly or Qualifying	8	Additional income from Schedule 1	•						. 8		-15,782.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					. 9		76,882.
\$27,700 • Head of	10	Adjustments to income from Sched							. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-						. 1		76,882.
If you checked	12	Standard deduction or itemized		•	,				. 12		13,850.
any box under Standard	13	Qualified business income deducti			899	5-A			. 1		12 050
Deduction, see instructions.	14	Add lines 12 and 13							. 14		13,850.
	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -U This is y	our t	axable incom	ie		. 18	ວ	63,032.

Tax and Credits 16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	Form 1040 (2023	3)								Page 2
17	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	
18		17						[17	
19		18	Add lines 16 and 17						18	9,173.
20		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
Add lines 19 and 20 22 3,173 32 30 0,173 32 30 0,173 32 30 0,173 32 30 0,173 32 30 0,173 32 30 0,173 33 30 0,173 34 34 34 34 34 34 34		20		-					20	
23		21	·					🗀	21	
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0			🗀	22	9,173.
Payments 25		23						🗀		
Payments 25		24	Add lines 22 and 23. This is	your total tax				🗀	24	
a Form(s) W-2 25e 12,460.	Payments	25								
b Form(s) 1099 . 255b	. ayınıcınıc		Form(s) W-2				25a 12	,460.		
C Other forms (see instructions) 25c 25d 12,460 25d 12,460 25d 12,460 25d 12,460 25d 12,460 25d 25d 12,460 25d		b	Form(s) 1099							
Vou have a 26 262 263 22,460. 264 265		С	. ,				25c			
2023 estimated tax payments and amount applied from 2022 return 26		d	,	•					25d	12,460.
Earned income credit (EIC)	If you have a	26	· ·						26	
Additional child tax credit from Schedule 8812	qualifying child,						1 1			
Amount from Schedule 3, line 15 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 32 Add lines 27, 28, 29, and 32. These are your total payments 33 12, 460.	attach Sch. EIC.		` ,			_	28			
30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 31 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 34 34 37, 287 35 34 37, 287 35 35 34 37, 287 35 36 37, 287 35 36 37, 287 36 36 37, 287 36 37, 287 36 37, 287 37 38 38 38 38 38 38		29	American opportunity credit	from Form 8863	8, line 8		29			
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		30					30			
Refund 34		31	Amount from Schedule 3, lin	ne 15			31			
Refund 34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
Refund 34		33						🗀	33	12,460.
Sign Here Doy ou want to allow another person to discuss this return with the IRS? See instructions Doy ou want to allow another person to discuss this return with the IRS? See instructions Designee's name Doy ou want or allow another person to discuss this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer as name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's address 245 ROONEY CT BRUNSWICK NJ 08816 Firm's address 245 ROONEY CT BRUNSWICK NJ 08816 Firm's aldress 245	Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.				34	3,287.
Direct deposit? See instructions. See instructi		35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	ck here	. 🗆 🗀	35a	3,287.
See instructions 36 Account number 4 8 8 0 6 3 9 9 9 8 9 3	Direct deposit?	b								
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions) 39 Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation APPLICATION DEVELOPER Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (740)604–0984 Email address Avinashreddy957@gmail.com Preparer's name Preparer's name SYMM PRIYA RAM SACAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	See instructions.	d				9 3				
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
For details on how to pay, go to www.irs.gov/Payments or see instructions	Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe								37	
Designee's name Designee's name Designee's name Designee's name Designee's name Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Fit the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Date Phone no. (740)604-0984 Email address Avinashreddy957@gmail.com Preparer's name Preparer's name Preparer's signature Preparer's name Preparer's name Preparer's signature Preparer's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		38	Estimated tax penalty (see in	nstructions) .			38			
Designee's name Phone Personal identification Number (PIN)	Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See	,		
Sign Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature	Designee	ins	structions				. Yes. Co	omplete be	ow.	⋉ No
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature									ation	
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation APPLICATION DEVELOPER Spouse's signature. If a joint return, both must sign. Keep a copy for your records. Phone no. (740)604-0984 Email address Avinashreddy957@gmail.com Preparer's name Preparer's signature Preparer's signature Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM Phone no. (678)965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	<u></u>			hat I have evamine		accompanying sche		. ,	hoet	of my knowledge and
Your signature Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. (740)604-0984 Email address Avinashreddy957@gmail.com Preparer's name Preparer's signature Preparer's signature Preparer's signature Syam PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	_					, , ,		,		, ,
Joint return? See instructions. Keep a copy for your records. Phone no. (740)604-0984 Preparer's name Preparer's signature Prepa	Here	Yο	ur signature		Date	Your occupation		If the IF	RS se	nt vou an Identity
See instructions. Keep a copy for your records. Phone no. (740)604-0984 Preparer's name Preparer's signature Preparer'Use Only Prim's address Phone no. (540)604-0984 Preparer's signature Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 Phone no. (678)965-9522 Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965								Protect	ion P	
Keep a copy for your records. Phone no. (740)604-0984 Preparer's name Preparer's signature Preparer's signature Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Phone no. (678)965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Remail address Avinashreddy957@gmail.com Date PTIN Check if: Phone no. (678)965-9522 Phone no. (678)965-9522 Firm's address Phone no. (678)965-9522						APPLICATIO	N DEVELOPE	R (see ins	st.)	
your records. (see inst.) Phone no. (740)604-0984 Email address		Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			
Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 P02082703 Self-employed										ection File, enter it here
Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 P02082703 Self-employed		———Ph	one no (740)604_098	Δ	Fmail address	Nyinaghraddi	,957@cmail cc	ım	-	
Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 P02082703 Self-employed Prim's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965					l .	AV THABIH EUU)				Check if:
Freparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965			·	'		CIIPTA TAI.I.AM			, U Z	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•				TOTAL DOOM	COLITY TABLIAN	02/02/2021			
1010	Use Only				NSWICK N	T 08816				
	Go to www.irs a				2011 111		REV 02/05/24 PPO	1 0		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
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 se	curity number
AVIN	IASH KUMAR R PASUNOORI		089-9	1-11	33
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	ach Schedule	Ε.	5	-15,782.
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			
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			

Other income. List type and amount:

9

10

-15,782.

9

10

8z

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		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		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:				
		24z			
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	e. Enter	here and on	26	
	·				

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 089-91-1133 AVINASH KUMAR R PASUNOORI 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with -44. 39. 83. 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 -44. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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

11

12

13

14

15

-310.

-310.

1,374.

1,064.

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

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

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -354.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 354.) 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 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Sequence No. 12A

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Part I

Social security number or taxpayer identification number

089-91-1133

AVINASH KUMAR R PASUNOORI

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. 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). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (g). instructions ROBINHOOD SECURITIES LLC 03/08/23 10/31/23 39. 83. -44.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

39.

-44.

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) .

83.

Form 8949 (2023) 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 AVINASH KUMAR R PASUNOORI

Social security number or taxpayer identification number 089-91-1133

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.

(E) Long-term transactions (F) Long-term transactions (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•	,		,
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	07/05/23	1,046.	1,274.			-228.
COINBASE	12/24/21	10/31/23	18.	100.			-82.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Roy D above	al here and inc	lude on your					

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

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

1,064.

1,374.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

AVIN	IASH KUMAR R PASUNOORI						089-91	1-1133	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	ee ins	structions		. 🗌 Y e	es 🛛 No
ВІ	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	code	e)						
Α	TIRUMALA HILLS COLONY, DSNR HYDERABAD I	N 50	00036						
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair real estate properties.	rental	and		Fa	ir Rental Days	Person Day		QΊΛ
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quaimed joint venture. See instru	CLIOITS	J.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Reni Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (describ			
						Properties	s:		
ncon				Α		В			С
3	Rents received	3		6	20.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		0 6	00				
7	Cleaning and maintenance	7		2,6	88.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		0 7					
11	Management fees	11		2,7	55.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		3,5	0.6				
14	Repairs	14 15		3,5					
15 16	Supplies	16		3,0	99.				
17	Taxes	17		3,6	71				
18	Depreciation expense or depletion	18		3,0	/1.				
19	Other (list)	19							
20	Other (list) Total expenses. Add lines 5 through 19	20		16,4	0.2				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If				<u> </u>				
21	result is a (loss), see instructions to find out if you must file Form 6198	21	_	-15,7	82.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		15,78		()((
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		620.		
b	Total of all amounts reported on line 4 for all royalty proper	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	16,	402.		
24	Income. Add positive amounts shown on line 21. Do not		-				24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Er	nter to	tal losses here	25	(15,782.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-15,782.



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.

F	A				
	089_	-91-1133 1992 ***********************************	K MIK HACTIKEK KALYINKO. Kanadania departusyinya		
		NASH KUMAR R PASUNOORI			
	275	OAK CREEKDR 203	ar konger (1994) beskar (1994) Distanció (1991) beskar (1994)		
	WHEE	ELING IL 60090			BYV. BYX. BYX. BILLII
		Avinashreddy957@gmail.com			
E	3 Filir	ng status: Single Married filing jointly Married filing separately Widowed	Head of ho	ousehold	
C	Che	eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	You S	pouse	
) Che	eck the box if this applies to you during 2023: 🔲 Nonresident - Attach Sch. NR 🗵 Part-y	/ear resident - A		
	Step	p 2: Income		(Whole	dollars only)
	1	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-S	SP Line 2a	1 2	76,882.00
	3	Other additions. Attach Schedule M.	or, Lille Za.	3	.00 .00
_	4	Total income . Add Lines 1 through 3.		4	76,882 <u>.00</u>
Ļ		p 3: Base Income			
•	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00	
j.	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		.00	
s ne	_		<u> </u>	.00	
Ĕ	7 8	Other subtractions. Attach Schedule M. 7 Add Lines 5, 6, and 7. This is the total of your subtractions.	<i></i>	<u>.00.</u> 8	.00
taple W-z and 1099 torms nere	9	Illinois base income. Subtract Line 8 from Line 4.		9	76,882.00
<u> </u>	Step	p 4: Exemptions - See instructions for income limitations			
מ	10		2,425	00.	
le 7		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 = b	<u> </u>	<u>.00</u> .00	
<u>-</u>		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.		.00	
pre		Attach Schedule IL-E/EIC.	d t	0.00	0 405
Sta		Exemption allowance. Add Lines 10a through 10d.		10	2,425.00
•		p 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9.			
r	•••	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. At	ttach Schedule N	R. 11 _	31,571.00
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		4.0	1 562
	13	Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.		12 13	1,563 <u>.00</u> .00
_		Income tax. Add Lines 12 and 13. Cannot be less than zero.		14	1,563.00
cneck and IL-1040-V	Step	p 6: Tax After Nonrefundable Credits			
L- 1			5	.00	
ם	16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	6	.00	
ie >	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.		.00	
Sec		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount or	n Line 14.	18	0.00
		Tax after nonrefundable credits. Subtract Line 18 from Line 14.		19	1,563.00
tapie your		p 7: Other Taxes Household employment tax. See instructions.		20	.00
)/e		Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT	Table	۷	.00
		in the instructions. Do not leave blank.		21	0.00
ク -		Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licenses	e surcharges.	22 23	.00 1.563.00
	7.3	THAT IAX AUGUSTUS IN 70 71 20077		7.3	エ・コひつ ロロ



24 Tot	al tax from Page 1, Line 23.					24	1,563.00
Step 8:	Payments and Refundat	ole Credit					
-	ois Income Tax withheld. Atta		IT.		25	1,614.00	
26 Estir	mated payments from Forms	IL-1040-ES and II	505-I,				
inclu	ıding any overpayment applie	d from a prior yea	ar return.		26	.00	
27 Pass	s-through withholding. Attach	Schedule K-1-P o	r K-1-T.		27	.00	
28 Pass	s-through entity tax credit. Atta	ach Schedule K-1	-P or K-1-T.		28	.00	
29 Earn	ned Income Credit from Sched	ule IL-E/EIC, Step	4, Line 9. A	ttach Schedule IL-E/EI	C. 29	.00	
30 Tota	I payments and refundable	credit. Add Lines	25 through	29.		30	1,614.00
Step 9:	Total						
31 If Lin	ne 30 is greater than Line 24, s	ubtract Line 24 fror	m Line 30.			31	51.00
32 If Lin	ne 24 is greater than Line 30, s	ubtract Line 30 froi	m Line 24.			32	.00
	: Underpayment of Estin			onations			
	-payment penalty for underpa		•		33	.00	
	Check if at least two-thirds	•		s from farming.			
	Check if you or your spouse			-	ng home.		
С	Check if your income was no	ot received evenly	during the	year and you annua	lized your income	on Form IL-221	0.
	Attach Form IL-2210.						
d □	Check if you were not require	red to file an Illino	is Individual	Income Tax return i	n the previous tax	year.	
	ntary charitable donations. A				34	.00	
35 Tota	Il penalty and donations. Ac	ld Lines 33 and 34	4.			35	.00
Step 11	: Refund or Amount you	owe					
36 If yo	u have an amount on Line 31	and this amount	is greater th	an Line 35, subtrac	t Line 35 from Line	e 31.	
	is your overpayment .					36	51.00
37 Amo	ount from Line 36 you want ref	funded to you . Ch	neck one bo	x on Line 38. See in	structions.	37	51.00
38 I cho	oose to receive my refund by						
a ⊠	direct deposit - Complete t	he information be	low if you ch	neck this box.			
	You may also contribute	Routing number	1 1 1 0	0 0 0 0 2 5	X Check	ing or Savin	gs
	to college savings funds					3	
	here. See instructions!	ccount number	4 8 8 0	6 3 9 9 9	8 9 3		
b 🗆] paper check.						
39 Amo	ount to be credited forward. S	ubtract Line 37 fro	om Line 36.	See instructions.		39	.00
40 If yo	ou have an amount on Line	32 , add Lines 32	and 35. If yo	ou have an amount	on Line 31, and	this amount	
-	ss than Line 35, subtract Line		-				
	Line 35. This is the amount			•		40	.00
Cton 40). Health Incomence Char	alchast and Ciar					
•	2: Health Insurance Che	_		IDOD I			
	Check this box and include you agencies in order to determine						
	agendes in order to determin	ic your eligibility it	or ricaltir iris	diance benefits. Oc	c mandonona ioi i	noic information	-
Signatu	ıre - Note: If this is a joint retur	rn. both vou and vo	our spouse m	nust sian below.			
	enalties of perjury, I state tha				my knowledge, i	t is true, correct	, and complete.
		1			-		
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here						(740) 604	-0984
	Print/Type paid preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPTA T			RAM SAGAR GUPTA TALLAI			P02082703
Preparer		TAXES LLC			Firm's FEIN		
Use Only			DDIBICITE C	ZNI T 0001 C		/ \	
Third	Firm's address • 245 RO Designee's name (please print)	ONEY CT. E	RKUNSWIC:	KNJ 08816			
Party	Designee's name (please print)			Designee's phone nu	ımber	_	Department may turn with the third
Designee				()			shown in this step.
_ 53.9.100	Refer to the 202	2 II _1040 Ind	truction	e for the adds	oss to mail w		12.21361
	Reiei lu liie 202	3 IL-1040 IIIS	วน นษินปไ	S IUI UIU AUUI	coo lu ilidii y	oui ieluiii.	

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 NR

Attach to your Form IL-1040

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

	AVINASH KUMAR R PASUNOORI	0 8 9 _ 9 1 _ 1 1 3 3
	Your name as shown on your Form IL-1040	Your Social Security number
S	tep 1: Provide the following informat	tion
1	Were you, or your spouse if "married filing jointly," a full-yea Yes No If you answered "Yes,"	ar resident of Illinois during the tax year? "STOP you cannot use this form (see instructions).
	•	year resident during the tax year, tell us your residency dates for 2023. I lived in Texas from 01 / 01 / 2 3 to 07 / 31 / 2 3
	b My spouse lived in Illinois from / / <u>2 3</u> to / _ Month Day Year Month	/ <u>2 3</u> , and from / / <u>2 3</u> to / / <u>2 3</u> Day Year State Month Day Year Month Day Year
3		ng the tax year, if you were in Illinois only to accompany your spouse who mber spouse's state of residence for tax purposes, check the appropriate box.
4	Iowa	Wisconsin Military Spouse ated on Line 2 or 3 above, that you claimed residency for tax purposes in 2023.
C	Step 2: Complete Form IL-1040 omplete Lines 1 through 10 of your Form IL-1040, Individual e remainder of this schedule following the instructions for you	al Income Tax Return, as if you were a full-year Illinois resident. Then, complete ur residency. Attach Schedule NR to your Form IL-1040.
	Step 3: Figure the Illinois portion of your the amounts from your federal return in Column A. B	our federal adjusted gross income Before completing Column B, read the Column B instructions.
		Column A Column B Federal Total Illinois Portion

			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	91,815.00	32,599.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	1,191.00	0.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	12.00	0.00
8	Taxable refunds, credits, or offsets of state and local income taxes			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	-354.00	0.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-15,782.00	0.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	9)		
	Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	come	. 20	32,599.00

Continue with Step 3 on Page 2



Schedule NR - Page 2

	- Concadic Mix 1 ago 2			
Step	3: Continued - Adjustments to Income		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	32,599.00
22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis			
	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)			
	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 _	.00	.00
25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,	25	00	00
26	Schedule 1, Line 14) 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, Schedule 1, Line 13)	20 _	.00	
	Schedule 1, Line 16)	27	.00	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
29				.00
30				.00
31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)		.00	.00
32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32 _	.00	.00
	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	.00
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 _	76,882.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	oss in	icome. 38	32,599.00
39	Federally tax-exempt interest and dividend income (Form II -1040 Line 2)	39	00	00
39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 _	.00	.00
40			.00	
41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	32,599.00
42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 _	.00	.00
43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
	Schedule 1, Line 1. (Form IL-1040, Line 6)	_	.00	.00
	Other subtractions (Form IL-1040, Line 7)	44 _	.00	.00
45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	00
Step	5: Figure your Illinois income and tax			
46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
	your Illinois base income.		46	32,599.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
48	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.	47 _	76,882.00	
	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			
	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.	48 _	0 • 424	
49	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.	48 _		
	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	48 _	0 • 424 2,425.00	
50	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.	48 _	0 • 424	1,028.00
50	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.	48 _	0 • 424 2,425.00 50	
50 51	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.	48 49	0 • 424 2,425.00	1,028.00 31,571.00
50 51	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 zero.	48 49	0 • 424 2,425.00 50	
50 51	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.	48 49	0 • 424 2,425.00 50	





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	M	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)

	INASH KUMAR I Ir name as shown			0 8 9 Your Social Se		9 1 - 1 er	1	_ 3 3	_	
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross is, Compensation, etc.				Column E inois Income ax Withheld	е	
1	W	20-5726509 000	\$	91,815 .00	\$	32,599 .00	\$	1,614.00	<u>)</u>	
2			_ \$	•00	\$	•00	\$	•00)	
3			_ \$	•00	\$	•00	\$	<u>•00</u>)	
4			_ \$	•00	\$	•00	\$	•00)	
5			\$	•00	\$	•00	\$	•00)	
									-	

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

You	ur spouse's name a	as shown on Form IL-1040	Your spouse's Social Security number								
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	lumn C s, Winnings, Gross Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illinoi	umn E s Income Vithheld			
6			\$	•00	\$	•00	\$	•00			
7			\$	•00	\$	•00	\$	•00			
8			\$	•00	\$	•00	\$	•00			
9			\$	•00	\$	•00	\$	<u>•00</u>			
10			\$	•00	\$	•00	\$	<u>•00</u>			

Step 3: Total Illinois withholding

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

11 \$ 1,614**.00**

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





Illinois Department of Revenue

		_						_				
		-	S	ubmi	ssion	ı ID						

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	(Do not mail For	m IL-8453 to the	Illinois Dep	partment of Revenue ur	nless it is requested	for review.)
Step	1: Provide taxpayer AVINASH KUMAR R			SUNOORI	0 8 9 _ 9	1 _ 1 1 3 3
	First name and middle initial	Spouse's first name (a	and last name if di	ferent) Last name	Social Security number	
	275 OAK CREEKDR	203				
type	Mailing address				Spouse's Social Security	
	WHEELING		IL	60090	(740) 604-098	34
	City		State	ZIP	Daytime phone number	
Step	2: Complete informa	ation from tax re	turn	Choose one: 🗙] IL-1040 🔲 IL-1040-	
	Net income from Form IL	1040 or IL-1040-X	Line 11			1 31,571 00
	Tax from Form IL-1040 o					2 1,563 00
				X, Line 25 only (enter "0" if	none)	3 1,614 00
	Overpayment from Form					4 <u>51 00</u>
	Total amount due from Fo					5I_00
6	-Iling status: 🔼 Single	Married filing j	ointly Ma	rried filing separately \	/idowed Head of no	usenoid
within 7 1 8 7 9 1 1 1 1 1 1 1 1 1		se not funded by int 1 0 0 0 3 8 0 6 3 Checking Save electronically with	ernational fund			
Step	4: Taxpayer declarat	tion and signatur	e (Sign only	after completing Step 2	and, if applicable, St	ep 3.)
×				esignated in Step 3 and dec e appointment of the other sp		
	dithdrawal as designa	ted in the electronic volved in the proces	portion of my 2 ssing of an ele	and its designated financial a 2023 Illinois Original or Amenic ctronic overpayment of taxe d to the payment.	ded Individual Income Ta	x return. I authorize the
	I do not want direct de	eposit of my refund,	or an electron	ic funds withdrawal (direct d	ebit) of my balance due.	
return and a been	n originator (ERO) are ider accompanying information accepted or rejected. If re	ntical. To the best of may be sent to IDOI	my knowledge, R by my ERO.	nic Form IL-1040 or IL-1040-X my return is true, correct, and I authorize IDOR to inform my the reason(s) so the return ma	d complete. I consent that ERO and/or the transmit	t my return, this declaration ter when my return has
Sigr	Your signature		Date	Spouse's signature	e (if joint return, both must sign) Date
Step I dec inform	5: Electronic return lare that I have examined	d this taxpayer's ele Il requirements of th	ctronic Form I nis program an	reparer declaration and L-1040 or IL-1040-X, the info d declare, under penalties o ct, and complete.	ormation on this Form IL-	
	EDO's signature			02/09/2024	Check if paid prepar	rer: 🛛 (See instructions.)
	ERO's signature			Date		
ERO	GLOBAL TAXES LLC Firm's name or your name if se				$\frac{P}{V_{OUT}PTIN} = \frac{0}{2} = \frac{0}{2}$	8 2 7 0 3
use	245 ROONEY CT	on omployed			0 1 2 1	7 1 0 6 5
only	Mailing address				8 4 – 3 1 Federal employer identif	
	E BRUNSWICK		NJ	08816	(678) 965-952	· ·
	City		State	ZIP	Daytime phone number	

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.

