

# Instructions for Filing 2022 U.S. Partnership Return of Income

February 26, 2023

## Signature:

A general partner or a limited liability company member should sign and date the return at the bottom of the first page.

## Due Date:

File your 2022 Form 1065 on or before: March 15, 2023

(Note: Your state return may be due on a different date. Please review your state filing instructions.)

The IRS may treat tax returns that are lost in the mail as not filed on time, unless you send them by registered or certified mail. To avoid the risk of your tax return being lost, mail it via (1) certified U.S. mail, return receipt requested, or (2) one of the private delivery services listed in the IRS instructions under "When to File." Save the receipt, and you will be presumed to have timely filed your return - even if it is not received by the IRS.

## Filing:

File your 2022 Form 1065, U.S. Partnership Return of Income, with:

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
Kansas City, MO 64999-0011

Prior to filing your return, make sure you have reviewed the return for omissions or misstatements of material information.

## Print Extra Copies For:

**Partners:** Print an extra copy of the Schedules K-1 and partner transmittal letter to give to each of your partners.

**State Return:** Some state taxing agencies require that you attach a copy of your federal Form 1065 to your state partnership return. If your state requires a copy of the federal Form 1065, make sure an additional filing copy has been printed and attached to the state return.

**Your Records:** Always print an extra copy of your return for your records.

## Tax Due or Refund:

No tax is due with your Federal income tax return.

## Other Instructions:

**Elections:** If you have completed any election forms, you will need to attach a copy of each to your return.

**U.S. Return of Partnership Income**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year beginning \_\_\_\_\_, 2022, ending \_\_\_\_\_, 20\_\_\_\_\_.

**2022**

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

<b>A</b> Principal business activity IT CONSULTING	<b>Type or Print</b>	Name of partnership A-1 CONSULTING LLC	<b>D</b> Employer identification number 87-1048018
<b>B</b> Principal product or service SERVICE		Number, street, and room or suite no. If a P.O. box, see instructions. 823 LEWISBURG LN	<b>E</b> Date business started 06/04/2021
<b>C</b> Business code number 541511		City or town, state or province, country, and ZIP or foreign postal code AURORA IL 60504	<b>F</b> Total assets (see instructions) \$

- G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return
- H** Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify): \_\_\_\_\_
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: \_\_\_\_\_ 2
- J** Check if Schedules C and M-3 are attached \_\_\_\_\_
- K** Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>		
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a		<b>1c</b>	
	<b>2</b> Cost of goods sold (attach Form 1125-A)		<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>	
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		<b>4</b>	
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))		<b>5</b>	
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		<b>6</b>	
<b>7</b> Other income (loss) (attach statement)		<b>7</b>		
<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7		<b>8</b>		
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits)		<b>9</b>	
	<b>10</b> Guaranteed payments to partners		<b>10</b>	
	<b>11</b> Repairs and maintenance		<b>11</b>	397.
	<b>12</b> Bad debts		<b>12</b>	
	<b>13</b> Rent		<b>13</b>	
	<b>14</b> Taxes and licenses		<b>14</b>	
	<b>15</b> Interest (see instructions)		<b>15</b>	
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>		
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return	<b>16b</b>	<b>16c</b>	
	<b>17</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> )		<b>17</b>	
	<b>18</b> Retirement plans, etc.		<b>18</b>	
<b>19</b> Employee benefit programs		<b>19</b>		
<b>20</b> Other deductions (attach statement) See Stmt		<b>20</b>	43,133.	
<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20		<b>21</b>	43,530.	
<b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 8		<b>22</b>	-43,530.	
<b>Tax and Payment</b>	<b>23</b> Interest due under the look-back method—completed long-term contracts (attach Form 8697)		<b>23</b>	
	<b>24</b> Interest due under the look-back method—income forecast method (attach Form 8866)		<b>24</b>	
	<b>25</b> BBA AAR imputed underpayment (see instructions)		<b>25</b>	
	<b>26</b> Other taxes (see instructions)		<b>26</b>	
	<b>27</b> <b>Total balance due.</b> Add lines 23 through 26		<b>27</b>	
	<b>28</b> Payment (see instructions)		<b>28</b>	
	<b>29</b> <b>Amount owed.</b> If line 28 is smaller than line 27, enter amount owed		<b>29</b>	
	<b>30</b> <b>Overpayment.</b> If line 28 is larger than line 27, enter overpayment		<b>30</b>	0.

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_

Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name AJAI AGNIHOTRI	Preparer's signature AJAI AGNIHOTRI	Date	Check <input type="checkbox"/> if self-employed	PTIN P01237650
	Firm's name TAX CONSULTING, INC.	Firm's EIN 27-3312655		Phone no.	
	Firm's address 2723 W DEVON AVE STE 107 CHICAGO, IL 60659				

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:
a Domestic general partnership
b Domestic limited partnership
c Domestic limited liability company
d Domestic limited liability partnership
e Foreign partnership
f Other:
2 At the end of the tax year:
a Did any foreign or domestic corporation, partnership...
b Did any individual or estate own, directly or indirectly...
3 At the end of the tax year, did the partnership:
a Own directly 20% or more...
b Own directly an interest of 20% or more...
4 Does the partnership satisfy all four of the following conditions?
a The partnership's total receipts for the tax year were less than \$250,000.
b The partnership's total assets at the end of the tax year were less than \$1 million.
c Schedules K-1 are filed with the return and furnished to the partners...
d The partnership is not filing and is not required to file Schedule M-3...
5 Is this partnership a publicly traded partnership...
6 During the tax year, did the partnership have any debt that was canceled...
7 Has this partnership filed, or is it required to file, Form 8918...
8 At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country...
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election?
b Did the partnership make for this tax year an optional basis adjustment...
c Is the partnership required to adjust the basis of partnership assets...

**Schedule B Other Information** *(continued)*

	Yes	No
<b>11</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
<b>12</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
<b>13</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
<b>14</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
<b>16a</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions		X
<b>b</b> If "Yes," did you or will you file required Form(s) 1099?		
<b>17</b> Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
<b>18</b> Enter the number of partners that are foreign governments under section 892		
<b>19</b> During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
<b>22</b> During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
<b>23</b> Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
<b>24</b> Does the partnership satisfy one or more of the following? See instructions <b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the partnership has business interest expense. <b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
<b>25</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X
<b>26</b> Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b> At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
<b>28</b> Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: By value:		X
<b>29</b> Reserved for future use		
<b>30</b> Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR **SRINIVASULA KOLLA**

U.S. address of PR **823 LEWISBURG LN AURORA IL 60504** U.S. phone number of PR **(720) 985-4078**

If the PR is an entity, name of the designated individual for the PR

U.S. address of designated individual U.S. phone number of designated individual

<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 22)	<b>1</b>	-43,530.
	<b>2</b> Net rental real estate income (loss) (attach Form 8825)	<b>2</b>	
	<b>3a</b> Other gross rental income (loss)	<b>3a</b>	
	<b>b</b> Expenses from other rental activities (attach statement)	<b>3b</b>	
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a	<b>3c</b>	
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b>	<b>4c</b>	
	<b>c</b> Total. Add lines 4a and 4b	<b>4c</b>	
	<b>5</b> Interest income	<b>5</b>	
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends	<b>6a</b>	
	<b>b</b> Qualified dividends <b>6b</b> <b>c</b> Dividend equivalents <b>6c</b>	<b>6c</b>	
	<b>7</b> Royalties	<b>7</b>	
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065))	<b>8</b>		
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065))	<b>9a</b>		
<b>b</b> Collectibles (28%) gain (loss)	<b>9b</b>		
<b>c</b> Unrecaptured section 1250 gain (attach statement)	<b>9c</b>		
<b>10</b> Net section 1231 gain (loss) (attach Form 4797)	<b>10</b>		
<b>11</b> Other income (loss) (see instructions) Type: _____	<b>11</b>		
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562)	<b>12</b>	
	<b>13a</b> Contributions	<b>13a</b>	
	<b>b</b> Investment interest expense	<b>13b</b>	
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type: _____ <b>(2)</b> Amount: _____	<b>13c(2)</b>	
<b>d</b> Other deductions (see instructions) Type: _____	<b>13d</b>		
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment	<b>14a</b>	-43,530.
	<b>b</b> Gross farming or fishing income	<b>14b</b>	
	<b>c</b> Gross nonfarm income	<b>14c</b>	
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5))	<b>15a</b>	
	<b>b</b> Low-income housing credit (other)	<b>15b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	<b>15c</b>	
	<b>d</b> Other rental real estate credits (see instructions) Type: _____	<b>15d</b>	
	<b>e</b> Other rental credits (see instructions) Type: _____	<b>15e</b>	
	<b>f</b> Other credits (see instructions) Type: _____	<b>15f</b>	
<b>Inter-national</b>	<b>16</b> Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
<b>Alternative Minimum Tax (AMT) items</b>	<b>17a</b> Post-1986 depreciation adjustment	<b>17a</b>	
	<b>b</b> Adjusted gain or loss	<b>17b</b>	
	<b>c</b> Depletion (other than oil and gas)	<b>17c</b>	
	<b>d</b> Oil, gas, and geothermal properties—gross income	<b>17d</b>	
	<b>e</b> Oil, gas, and geothermal properties—deductions	<b>17e</b>	
	<b>f</b> Other AMT items (attach statement)	<b>17f</b>	
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income	<b>18a</b>	
	<b>b</b> Other tax-exempt income	<b>18b</b>	
	<b>c</b> Nondeductible expenses	<b>18c</b>	
	<b>19a</b> Distributions of cash and marketable securities	<b>19a</b>	
	<b>b</b> Distributions of other property	<b>19b</b>	
	<b>20a</b> Investment income	<b>20a</b>	
	<b>b</b> Investment expenses	<b>20b</b>	
<b>c</b> Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A			
<b>21</b> Total foreign taxes paid or accrued	<b>21</b>		

**Analysis of Net Income (Loss) per Return**

<b>1</b>	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21					<b>1</b>	-43,530.
<b>2</b>	Analysis by partner type:						
	<b>(i)</b> Corporate	<b>(ii)</b> Individual (active)	<b>(iii)</b> Individual (passive)	<b>(iv)</b> Partnership	<b>(v)</b> Exempt Organization	<b>(vi)</b> Nominee/Other	
<b>a</b>	General partners						
<b>b</b>	Limited partners						
		-43,530.					

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
<b>1</b>	Cash				
<b>2a</b>	Trade notes and accounts receivable				
<b>b</b>	Less allowance for bad debts				
<b>3</b>	Inventories				
<b>4</b>	U.S. Government obligations				
<b>5</b>	Tax-exempt securities				
<b>6</b>	Other current assets (attach statement)				
<b>7a</b>	Loans to partners (or persons related to partners)				
<b>b</b>	Mortgage and real estate loans				
<b>8</b>	Other investments (attach statement)				
<b>9a</b>	Buildings and other depreciable assets				
<b>b</b>	Less accumulated depreciation				
<b>10a</b>	Depletable assets				
<b>b</b>	Less accumulated depletion				
<b>11</b>	Land (net of any amortization)				
<b>12a</b>	Intangible assets (amortizable only)				
<b>b</b>	Less accumulated amortization				
<b>13</b>	Other assets (attach statement)				
<b>14</b>	Total assets				
<b>Liabilities and Capital</b>					
<b>15</b>	Accounts payable				
<b>16</b>	Mortgages, notes, bonds payable in less than 1 year				
<b>17</b>	Other current liabilities (attach statement)				
<b>18</b>	All nonrecourse loans				
<b>19a</b>	Loans from partners (or persons related to partners)				
<b>b</b>	Mortgages, notes, bonds payable in 1 year or more				
<b>20</b>	Other liabilities (attach statement)				
<b>21</b>	Partners' capital accounts				
<b>22</b>	Total liabilities and capital				

**Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return**

**Note:** The partnership may be required to file Schedule M-3. See instructions.

<b>1</b>	Net income (loss) per books		<b>6</b>	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		<b>a</b>	Tax-exempt interest \$	
<b>3</b>	Guaranteed payments (other than health insurance)		<b>7</b>	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
<b>4</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		<b>a</b>	Depreciation \$	
<b>a</b>	Depreciation \$		<b>8</b>	Add lines 6 and 7	
<b>b</b>	Travel and entertainment \$		<b>9</b>	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
<b>5</b>	Add lines 1 through 4				

**Schedule M-2 Analysis of Partners' Capital Accounts**

<b>1</b>	Balance at beginning of year		<b>6</b>	Distributions: <b>a</b> Cash	
<b>2</b>	Capital contributed: <b>a</b> Cash			<b>b</b> Property	
	<b>b</b> Property		<b>7</b>	Other decreases (itemize):	
<b>3</b>	Net income (loss) (see instructions)		<b>8</b>	Add lines 6 and 7	
<b>4</b>	Other increases (itemize):		<b>9</b>	Balance at end of year. Subtract line 8 from line 5	
<b>5</b>	Add lines 1 through 4				

Schedule K-1 (Form 1065)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning / / 2022 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 87-1048018
B Partnership's name, address, city, state, and ZIP code A-1 CONSULTING LLC 823 LEWISBURG LN AURORA, IL 60504
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 645-11-5153
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. BHUVANESWARI KOLLA 823 LEWISBURG LN AURORA IL 60504
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions): Beginning Ending
K Partner's share of liabilities: Beginning Ending

L Partner's Capital Account Analysis
Beginning capital account
Capital contributed during the year
Current year net income (loss)
Other increase (decrease) (attach explanation)
Withdrawals and distributions
Ending capital account

M Did the partner contribute property with a built-in gain (loss)?
Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning
Ending

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Code, and Amount. Rows include: 1 Ordinary business income (loss) -21,765.00; 2 Net rental real estate income (loss); 3 Other net rental income (loss); 4a Guaranteed payments for services; 4b Guaranteed payments for capital; 4c Total guaranteed payments; 5 Interest income; 6a Ordinary dividends; 6b Qualified dividends; 6c Dividend equivalents; 7 Royalties; 8 Net short-term capital gain (loss); 9a Net long-term capital gain (loss); 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss); 11 Other income (loss); 12 Section 179 deduction; 13 Other deductions; 14 Self-employment earnings (loss) -21,765.00; 15 Credits; 16 Schedule K-3 is attached if checked; 17 Alternative minimum tax (AMT) items; 18 Tax-exempt income and nondeductible expenses; 19 Distributions; 20 Other information; 21 Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes\*
23 More than one activity for passive activity purposes\*
\*See attached statement for additional information.

For IRS Use Only

**Statement A—QBI Pass-through Entity Reporting**

<b>Partnership's name:</b> A-1 CONSULTING LLC		<b>Partnership's EIN:</b> 87-1048018	
<b>Partner's name:</b> BHUVANESWARI KOLLA		<b>Partner's identifying no:</b> 645-11-5153	
		1065, Line 22	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .	-21,765.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Section 199A dividends</b> . . . . .		

**Statement A—QBI Pass-through Entity Reporting**

<b>Partnership's name:</b>		<b>Partnership's EIN:</b>	
<b>Partner's name:</b>		<b>Partner's identifying no:</b>	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Section 199A dividends</b> . . . . .		



Schedule K-1 (Form 1065)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning / / 2022 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 87-1048018
B Partnership's name, address, city, state, and ZIP code A-1 CONSULTING LLC 823 LEWISBURG LN AURORA, IL 60504
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 577-37-7085
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. SRINIVASULA KOLLA 823 LEWISBURG LN AURORA IL 60504
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.00000% 50.00000%
Loss 50.00000% 50.00000%
Capital 50.00000% 50.00000%
Check if decrease is due to sale or exchange of partnership interest
K Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ \$
Recourse \$ \$
Check this box if item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis
Beginning capital account \$
Capital contributed during the year \$
Current year net income (loss) \$
Other increase (decrease) (attach explanation) \$
Withdrawals and distributions \$ ( )
Ending capital account \$

M Did the partner contribute property with a built-in gain (loss)?
Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Code, and Amount. Includes rows for Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes\*
23 More than one activity for passive activity purposes\*
\*See attached statement for additional information.

For IRS Use Only

**Statement A—QBI Pass-through Entity Reporting**

<b>Partnership's name:</b> A-1 CONSULTING LLC		<b>Partnership's EIN:</b> 87-1048018	
<b>Partner's name:</b> SRINIVASULA KOLLA		<b>Partner's identifying no:</b> 577-37-7085	
<b>Partner's share of:</b>		1065, Line 22	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .	-21,765.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Section 199A dividends</b> . . . . .		

**Statement A—QBI Pass-through Entity Reporting**

<b>Partnership's name:</b>		<b>Partnership's EIN:</b>	
<b>Partner's name:</b>		<b>Partner's identifying no:</b>	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Section 199A dividends</b> . . . . .		

**Partnership Special Allocation Information**

(See tax help for more detail)

**Note:** Special allocation codes for QBI items below will default to codes used for similar item classes for regular tax purposes. To change the default behavior, you may select a different option on the Partnership Information Worksheet. . . . . ▶ \_\_\_\_\_

- Copy special allocation codes for items that are specially allocated on Schedule K (default).
- Remove default special allocations and allocate items according to profit, loss, or ownership % (based on selection made on the Partnership Information Worksheet).
- Remove default special allocations and leave these items blank on K-1 Stmt A (manual entry).

Partnership's Name: A-1 CONSULTING LLC Partnership's EIN: 87-1048018

1065, Line 22		
<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

Partner's share of:  
QBI or qualified PTP items subject to shareholder-specific determinations:

Special Allocation	S A			
Ordinary business inc (loss) . . . . .	_____	-43,530.	_____	_____
Rental income (loss) . . . . .	_____	_____	_____	_____
Royalty income (loss) . . . . .	_____	_____	_____	_____
Section 1231 gain (loss) . . . . .	_____	_____	_____	_____
Other income (loss) . . . . .	_____	_____	_____	_____
Section 179 deduction . . . . .	_____	_____	_____	_____
Other deductions . . . . .	_____	_____	_____	_____
W-2 wages . . . . .	_____	_____	_____	_____
UBIA of qualified property . . . . .	_____	_____	_____	_____

\* See tax help for W2 wage or UBIA Special Allocations

Qualified REIT dividends . . . . .  \_\_\_\_\_

Partnership's Name: \_\_\_\_\_ Partnership's EIN: \_\_\_\_\_



<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
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Partner's share of:  
QBI or qualified PTP items subject to shareholder-specific determinations:

Special Allocation	S A			
Ordinary business inc (loss) .	_____	_____	_____	_____
Rental income (loss) . . . . .	_____	_____	_____	_____
Royalty income (loss) . . . . .	_____	_____	_____	_____
Section 1231 gain (loss) . . .	_____	_____	_____	_____
Other income (loss) . . . . .	_____	_____	_____	_____
Section 179 deduction . . . . .	_____	_____	_____	_____
Other deductions . . . . .	_____	_____	_____	_____
W-2 wages . . . . .	_____	_____	_____	_____
UBIA of qualified property . . .	_____	_____	_____	_____
<i>* See tax help for W2 wage or UBIA Special Allocations</i>				

Qualified REIT dividends . . . . .	_____	_____	
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# 199A Worksheet by Activity

**2022**

▶ Keep for your records

Partnership's name <u>A-1 CONSULTING LLC</u>	Partnership's EIN <u>87-1048018</u>
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**Note: See 199A Summary for Special Allocation information**

QuickZoom to 199A Summary . . . . ▶ \_\_\_\_\_

Aggregation Code: _____	Trade or Business: <u>1065, Line 22</u> EIN: <u>87-1048018</u>
Is this activity a qualified trade/business? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Specified Service Trade or Business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**QBI or qualified PTP items subject to partner-specific determinations:**

<b>1 a</b> Ordinary business income (loss) . . . . . <b>1 a</b>	-43,530.		
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted ordinary business income (loss) . . . . .		<b>1 c</b>	-43,530.
<b>2 a</b> Rental income (loss) . . . . . <b>2 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted rental income (loss) . . . . .		<b>2 c</b>	
<b>3 a</b> Royalty income (loss) . . . . . <b>3 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted royalty income (loss) . . . . .		<b>3 c</b>	
<b>4 a</b> Section 1231 gain (loss) . . . . . <b>4 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted section 1231 gain (loss) . . . . .		<b>4 c</b>	
<b>5</b> Other income (loss) . . . . . <b>5</b>		<b>5</b>	
<b>6 a</b> Section 179 deduction . . . . . <b>6 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted section 179 deduction . . . . .		<b>6 c</b>	
<b>7</b> Other deductions . . . . . <b>7</b>		<b>7</b>	
<b>8 a</b> W-2 wages . . . . . <b>8 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted W-2 Wages . . . . .		<b>8 c</b>	
<b>9 a</b> UBIA of qualified property . . . . . <b>9 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted UBIA of qualified property . . . . .		<b>9 c</b>	

**Section 179 Carryover Detail for this Activity**

Tentative Section 179 deduction from current year assets . . . . .

**Part I: Prior Year Carryovers**

**by Year and Category**

- A Before 2018 . . . . .
- B 2018 . . . . .
- C 2019 . . . . .
- D 2020 . . . . .
- E 2021 . . . . .
- Total prior year carryovers to this year . . . . .**

Section 179 Regular Tax	Section 179 QBI
	0.

**Part II: 179 Deduction Allowed  
by Year and Category**

**Total 179 deduction allowed for this activity in current year . . . . .**

- A Amount allowed from 2022 . . . . .
- B Amount allowed from before 2018 . . . . .
- C Amount allowed from 2018 . . . . .
- D Amount allowed from 2019 . . . . .
- E Amount allowed from 2020 . . . . .
- F Amount allowed from 2021 . . . . .

Section 179 Regular Tax	Section 179 QBI

**Part III: Total Carryforward to 2023  
by Year and Category**

- A Carryforward from 2022 . . . . .
- B Carryforward from before 2018 . . . . .
- C Carryforward from 2018 . . . . .
- D Carryforward from 2019 . . . . .
- E Carryforward from 2020 . . . . .
- F Carryforward from 2021 . . . . .
- Total carryforward to next year . . . . .**

Section 179 Regular Tax	Section 179 QBI

## Additional Information From 2022 Federal Partnership Tax Return

### Form 1065: Partnership Tax Return

#### Line 20, Other Deductions

#### Continuation Statement

Description	Amount
AIR TRAVEL EXPENSE - DOMESTIC/OVERSEAS PROCUREMENT OF CLIENT SITES	3,945.
AUTO & TRAVEL EXPENSE	2,690.
BUSINESS INSURANCE	4,092.
CLIENT PROCUREMENT EXPENSE	3,281.
CORPORATION RENEWAL FEE	165.
HEALTH CARE EXPENSE	3,687.
JOB TRAINING - SNOWFLAKE SOFTWARE	3,250.
LODGING EXPENSE - CLIENT PROCUREMENT	2,280.
MISC. EXPENSE/UN CATEGORIZED EXPENSE	919.
OFFICE CLEANING & MAINTENANCE	1,865.
OFFICE SUPPLIES & COMPUTERS / PRINTERS	3,473.
PROFESSIONAL FEE	1,180.
REFERENCE MATERIAL / BOOKS	420.
SHAREHOLDERS INSURANCE	2,361.
SOFTWARE SUBSCRIPTION EXPENSE	720.
TELEPHONE & INTERNET EXPENSE	1,986.
TRAINING & EDUCATION EXPENSE - CERTIFICATIONS	5,400.
UTILITIES - ELECTRIC & HEATING GAS	1,419.
<b>Total</b>	<b>43,133.</b>



Illinois Department of Revenue  
**2022 Form IL-1065**  
**Partnership Replacement Tax Return**



See "When should I file?" in the Form IL-1065 instructions for a list of due dates.

If this return is not for calendar year 2022, enter your fiscal tax year here.

Tax year beginning        month        day 20 year, ending        month        day 20 year

Enter the amount you are paying.

**WARNING** This form is for tax years ending on or after December 31, 2022, and before December 31, 2023. For all other situations, see instructions to determine the correct form to use.

\$ \_\_\_\_\_

**Step 1: Identify your partnership**

- A** Enter your complete legal business name.  
If you have a name change, check this box.   
Name: A-1 CONSULTING LLC
- B** Enter your mailing address.  
Check this box if either of the following apply:   
• this is your **first return**, or  
• you have an **address change**.  
C/O: \_\_\_\_\_  
Mailing address: 823 LEWISBURG LN  
City: AURORA State: IL ZIP: 60504
- C** If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination.        mm        dd        yyyy)
- D** If this is a final return because you sold this business, enter the date sold (mm dd yyyy)                     , and the new owner's FEIN. \_\_\_\_\_
- E Apportionment Formulas.** Check the appropriate box or boxes and see Apportionment Formula instructions.  
 Financial organizations  Transportation companies  
 Federally regulated exchanges  Sales companies
- F** Check this box if you are:  
 classified as an investment partnership  
 classified as a publicly-traded partnership
- G** Check this box if you made an IRC § 761 election.
- H** Check this box if you are a 52/53 week filer.
- I** Check this box if you elected to file and pay Pass-through Entity (PTE) Tax. See instructions.
- J** If you are paying Pass-through Entity (PTE) Tax and you annualized your income on Form IL-2220, check this box and **attach** Form IL-2220.

- K** Enter your federal employer identification number (FEIN).  
8 7 - 1 0 4 8 0 1 8
- L**  Check this box if you are a member of a unitary business group **and** are included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared the Schedule UB and **attach** it to this return.  
\_\_\_\_\_
- M** Enter your North American Industry Classification System (NAICS) Code. See instructions.  
5 4 1 5 1 1
- N** Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, **e.g.**, IL, GA, etc.)  
AURORA IL 60504  
City State ZIP
- O** If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44.
- P** If you have completed the following, check the box and **attach** the federal form(s) to this return.  
 Federal Form 8886  Federal Sch. M-3, Part II, Line 10
- Q** Check this box if you attached Form IL-4562.
- R** Check this box if you attached Illinois Schedule M (for businesses).
- S** Check this box if you attached Schedule 80/20.
- T** Check this box if you attached Schedule 1299-A.
- U** Check this box if your business activity is protected under Public Law 86-272.
- V** Check this box if you attached the Subgroup Schedule.

**Step 2: Figure your ordinary income or loss**

	(Whole dollars only)
<b>1</b> Ordinary income or loss, or equivalent from federal Schedule K.	<b>1</b> <u>-43,530.00</u>
<b>2</b> Net income or loss from all rental real estate activities.	<b>2</b> <u>.00</u>
<b>3</b> Net income or loss from other rental activities.	<b>3</b> <u>.00</u>
<b>4</b> Portfolio income or loss.	<b>4</b> <u>.00</u>
<b>5</b> Net IRC Section 1231 gain or loss.	<b>5</b> <u>.00</u>
<b>6</b> All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1065. See instructions. Identify: _____	<b>6</b> <u>.00</u>
<b>7</b> Add Lines 1 through 6. This is your ordinary income or loss.	<b>7</b> <u>-43,530.00</u>

**Step 3: Figure your unmodified base income or loss**

<b>8</b> Charitable contributions.	<b>8</b> <u>.00</u>
<b>9</b> Expense deduction under IRC Section 179.	<b>9</b> <u>.00</u>
<b>10</b> Interest on investment indebtedness.	<b>10</b> <u>.00</u>
<b>11</b> All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065. See instructions. Identify: _____	<b>11</b> <u>.00</u>
<b>12</b> Add Lines 8 through 11.	<b>12</b> <u>.00</u>
<b>13</b> Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	<b>13</b> <u>-43,530.00</u>

Attach your payment and Form IL-1065-V here.





**Step 4: Figure your income or loss**

14	Enter your unmodified base income or loss from Line 13.	14	_____ -43,530.00
15	State, municipal, and other interest income excluded from Line 14.	15	_____ .00
16	Illinois taxes deducted in arriving at Line 14. See instructions.	16	_____ .00
17	Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.	17	_____ .00
18	Related-Party Expenses addition. <b>Attach</b> Schedule 80/20.	18	_____ .00
19	Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	19	_____ .00
20	Guaranteed payments to partners from U.S. Form 1065.	20	_____ .00
21	The amount of loss distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	21	_____ .00
22	Other additions. <b>Attach</b> Illinois Schedule M (for businesses).	22	_____ .00
23	Add Lines 14 through 22. This amount is your income or loss.	23	_____ -43,530.00

**Step 5: Figure your base income or loss**

24	Interest income from U.S. Treasury or other exempt federal obligations.	24	_____ .00
25	August 1,1969, valuation limitation amount. <b>Attach</b> Schedule F.	25	_____ .00
26	Personal service income or reasonable allowance for compensation of partners.	26	_____ .00
27	Share of income distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	27	_____ .00
28	River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-A.	28	_____ .00
29	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-A.	29	_____ .00
30	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	30	_____ .00
31	Related-Party Expenses subtraction. <b>Attach</b> Schedule 80/20.	31	_____ .00
32	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	32	_____ .00
33	Other subtractions. <b>Attach</b> Schedule M (for businesses).	33	_____ .00
34	Total subtractions. Add Lines 24 through 33.	34	_____ .00
35	<b>Base income or loss.</b> Subtract Line 34 from Line 23.	35	_____ -43,530.00

	<b>A</b> If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input checked="" type="checkbox"/>
	<small>Note</small> <b>→</b> If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.
	<b>B</b> If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/>

**Step 6: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. <b>Attach</b> Schedule NB.	36	_____ .00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	_____ .00
38	Add Lines 36 and 37.	38	_____ .00
39	Business income or loss. Subtract Line 38 from Line 35.	39	_____ .00
40	Total sales everywhere. This amount cannot be negative.	40	_____ .00
41	Total sales inside Illinois. This amount cannot be negative.	41	_____ .00
42	Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42	_____ .
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	_____ .00
44	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	44	_____ .00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	_____ .00
46	<b>Base income or loss allocable to Illinois.</b> Add Lines 43 through 45.	46	_____ .00



Step 7: Figure your net income

Table with 2 columns: Description and Amount. Rows 47-53 showing calculations for net income, resulting in -43,530.00.

Step 8: Figure the taxes, pass-through withholding, and penalty you owe

Table with 2 columns: Description and Amount. Rows 54-64 showing calculations for taxes and penalties, resulting in 0.00.

Step 9: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 65-71 showing calculations for refund/balance due, resulting in 0.00. Includes a box for routing and account numbers.

Special Note: Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signatures and preparer information section. Includes fields for partner signature, date, title, phone, and preparer name, signature, date, PTIN, firm name, address, FEIN, and phone.

If a payment is enclosed, mail your Form IL-1065 to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19053
SPRINGFIELD IL 62794-9053

If a payment is not enclosed, mail your Form IL-1065 to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19031
SPRINGFIELD IL 62794-9031



A-1 CONSULTING LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

8 7 - 1 0 4 8 0 1 8

Enter your federal employer identification number (FEIN).

Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Illinois Department of Revenue. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)



Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1
2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2
3 Add the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all pages for which you have checked the box indicating the entity is subject to Illinois replacement tax or an ESOP. Enter the total here. See instructions. 3

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Line J for your
a. nonresident individual members. See instructions. 4a 0
b. nonresident estate members. See instructions. 4b
c. partnership and S corporation members. See instructions. 4c
d. nonresident trust members. See instructions. 4d
e. C corporation members. See instructions. 4e
5 Add Line 4a through Line 4e. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065 (Form IL-1065-X), Line 59, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. 5 0
6 Enter the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K. 6
7 Enter the total pass-through entity tax credit received and distributed on all pages of Schedule B, Section B, Line L. 7

Attach all pages of Schedule B, Section B behind this page.



A-1 CONSULTING LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

8 7 - 1 0 4 8 0 1 8

Enter your federal employer identification number (FEIN).

**Section B: Members' information** (See instructions before completing.)

	Member 1	Member 2	Member 3	Member 4
<b>A Name</b>	BHUVANESWARI KOLLA	SRINIVASULA KOLLA		
C/O				
Address 1	823 LEWISBURG LN	823 LEWISBURG LN		
Address 2				
City	AURORA, IL 60504	AURORA, IL 60504		
State, ZIP				
<b>B Partner or Shareholder</b>	I	I		
<b>C SSN/FEIN</b>	645-11-515	577-37-708		
<b>D Subject to Illinois replacement tax or an ESOP</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E Member's distributable amount of base income or loss</b>	-21,765	-21,765		
<b>F Excluded from pass-through withholding</b>	R	R		
<b>G Share of Illinois income subject to pass-through withholding</b>				
<b>H Pass-through withholding before credits</b>				
<b>I Distributable share of credits</b>				
<b>J Pass-through withholding amount</b>				
<b>K PTE tax credit paid to members</b>				
<b>L PTE tax credit received and distributed to members</b>				

**Note** If you have more members than space provided, attach additional copies of this page as necessary.