1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last n	ame						Your so	cial sec	urity number
VIDYADHA	RR	EDDY	LEK	KALA								8682
		s first name and middle initial	Last n								· · ·	security number
RAJASRI				GILI								2707
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign
		ACE CIRCLE							P -			ou, or your
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode			ointly, want \$3
										nd. Checking a		
Foreign country				Foreian p	rovince/state/c				n postal code	1	ow will r c or refui	not change nd.
							,	Yo	_			
Filing Status] Single					Head of he	huseh	old (HOH)			
-		Married filing jointly (even if only or	ne had	income)				Jubern				
Check only one box.		Married filing separately (MFS)	ne nau	inconic)			Qualifying	surviv	ina snouse	(OSS)		
one box.	lf v	you checked the MFS box, enter the	name	of your s	nouse If vou	ı che					ild's nar	ne if the
		alifying person is a child but not you			pouco. Il you						na o na	
Digital		ny time during 2023, did you: (a) rece						-				
Assets		hange, or otherwise dispose of a digi					-	t)? (Se	e instruction	ns.)	∐ Ye	es 🛛 No
Standard	_	neone can claim: 🗌 You as a de	•				a dependent					
Deduction		Spouse itemizes on a separate return	n or yc	ou were a	dual-status a	alien	l					
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are b	ind Spo	use	: 🗌 Was bor	n befc	ore January 2	2, 1959	🗌 Is	blind
Dependents	s (see	instructions):		(2) \$	Social security		(3) Relationsh	ip (4				see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit for	r other dependents
than four	THA	NUSHA REDDY LEKKALA		802	-55-397	6	Daughter		X			
dependents, see instructions												
and check	, <u> </u>											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	tions)	•				. 1a		159,339.
Attach Form(s)	b	Household employee wages not re	•		.,	•				. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	•		,					. 1c	:	
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	ictions)			. 1d	I	
1099-R if tax	е	Taxable dependent care benefits f				•		• •		. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .	• •			•				. 1g		
get a Form W-2, see	h	Other earned income (see instructi	,			•	· · · · ·	· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		•	1 i					
	z	Add lines 1a through 1h	• ;		· · · ·	•				. 1z		159,339.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest			. 2 b)	
if required.	<u>3a</u>		3a			b C	ordinary divider	nds .		. 3 b)	
Standard	4a		4a				axable amount			. 4b)	
Deduction for –	5a		5a				axable amount			. 5b		
 Single or Marriad filing 	6a	, _	6a				axable amount	t		. 6b	,	
Married filing separately,	С	If you elect to use the lump-sum e				•	,		[_		
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	ired	, check here		[7	_	
jointly or	8	Additional income from Schedule	1, line	10		•				. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is y	our total inc	omo	e			. 9	_	159,339.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1,	line 26		•				. 10		
household,	11	Subtract line 10 from line 9. This is	s your a	adjusted	gross incon	ne				. 11		159,339.
\$20,800 • If you checked г	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	:	27,700.
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	899	5-A			. 13		
Deduction,	14	Add lines 12 and 13				•				. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is ye	ourt	taxable incom	е.		. 15		131,639.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	19,576.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	19 , 576.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	e8					20	600.
	21	Add lines 19 and 20						21	2,600.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,976.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	16,976.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 18	,765.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	18,765.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•		-			33	18,765.
Refund	34	If line 33 is more than line 24						34	1,789.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆 İ	35a	1,789.
Direct deposit?	b	Routing number 0 7 2					Savings		
See instructions.	d	Account number 3 7 5					-		
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions					omplete be	elow.	🗙 No
		signee's		Phone			onal identific	cation	
<u></u>	nai			no.			ber (PIN)	+	- f l
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here	Vo	ur signature		Date	Your occupation		If the I	IRS cor	nt you an Identity
	10			Date					IN, enter it here
Joint return?					SENIOR SOFT	WARE ASSOCIA	_{TE} (see in	ıst.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.							Identit (see in		ection PIN, enter it here
,			•	_	PROGRAMMER ANALYST				
		one no. (734) 709-167	4 Preparer's signat	Email address	LEKKALAVR	GMAIL.COM	DTIN		Check if:
Paid		eparer's name				Date	PTIN		
Preparer		M PRIYA RAM SAGAR GUPTA	SYAM PRIY	a kam SA(JAK GUP'I'A	04/13/2024	P02082		Self-employed
Use Only		m's name GLOBAL TAX			T 0001 C				678)965-9522
			Y CT E BRU	NSWICK N			Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

Additional Credits and Payments

OMB No. 1545-0074

Attachment Sequence No. 03

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.

	(s) shown on Form 1040, 1040-SR, or 1040-NR YADHAR REDDY LEKKALA & RAJASRI PINGILI			'our so 777–1		ecurity number
Par			I			
1	Foreign tax credit. Attach Form 1116 if required				1	
2	Credit for child and dependent care expenses from Form 244 ¹ Form 2441			tach	2	600.
3	Education credits from Form 8863, line 19				3	
4	Retirement savings contributions credit. Attach Form 8880				4	
5a	Residential clean energy credit from Form 5695, line 15				5a	
b	Energy efficient home improvement credit from Form 5695, line 32	2.			5b	
6	Other nonrefundable credits:					
а	General business credit. Attach Form 3800	6a				
b	Credit for prior year minimum tax. Attach Form 8801	6b				
С	Adoption credit. Attach Form 8839	6c				
d	Credit for the elderly or disabled. Attach Schedule R	6d				
е	Reserved for future use	6e				
f	Clean vehicle credit. Attach Form 8936	6f				
g	Mortgage interest credit. Attach Form 8396	6g				
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified electric vehicle credit. Attach Form 8834	6i				
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to holders of tax credit bonds. Attach Form 8912	6k				
Т	Amount on Form 8978, line 14. See instructions	61				
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m				
z	Other nonrefundable credits. List type and amount:					
		6z				
7	Total other nonrefundable credits. Add lines 6a through 6z				7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040,	1040-SR	R, or		
	1040-NR, line 20			••[8	600.
				(co	ntinu	ed on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	
	BAA REV	03/07/24 PRO	Schedu	ule 3 (Form 1040) 2023

Form 2441

Department of the Treasury Internal Revenue Service

Child and Dependent Care Expenses

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074
2023
Attachment Sequence No. 21

Name(s) shown on return

Your social security number 777–15–8682

VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box .

Part I Persons or Organizations Who Provided the Care – You must complete this part. If you have more than three care providers, see the instructions and check this box . .

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	household em For example, this nannies but not	are provider your nployee in 2023? s generally includes t daycare centers. structions)	(e) Amount paid (see instructions)
	651 DEERFIELD PKWY		☐ Yes	X No	
BUFFALO GROVE KINDERCA	RE BUFFALO GROVE IL 60089	47-4478313			11,790.
			🗌 Yes	🗌 No	
			🗌 Yes	🗌 No	
d	Did you receive No		e only Part II k		

Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part	Credit for	r Child and	d Dependent Ca	re Expenses	8			
2	Information about yo	our qualifyin	g person(s) . If you h	have more than	three qualifying pers	ons, see the instr	uction	s and check this box
	(a) (Qualifying pers	on's name Last		(b) Qualifying person's social security number	(c) Check here i qualifying person wa age 12 and was dis (see instruction	as over abled.	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)
THAN	USHA REDDY	LE	CKKALA		802-55-3976			11,790.
3		()			000 if you had one q , enter the amount fr	, ,,	3	3,000.
4	Enter your earned	income. Se	e instructions .				4	111,179.
5					you or your spouse ount from line 4 .		5	48,160.
6	Enter the smallest	of line 3, 4,	or 5				6	3,000.
7	Enter the amount f	rom Form 1	040, 1040-SR, or 1	040-NR, line	11 7	159,339.		
8	Enter on line 8 the	decimal am	ount shown below	that applies to	o the amount on line	e 7.		
	If line 7 is:		If line 7 is:		If line 7 is:			
	Over Over	Decimal amount is	Over Over	Decimal amount is	Over But not over	Decimal amount is		
	\$0-15,000	.35	\$25,000-27,000	.29	\$37,000-39,000	.23		
	15,000-17,000	.34	27,000-29,000	.28	39,000-41,000	.22	8	X .20
	17,000-19,000	.33	29,000-31,000	.27	41,000-43,000	.21		χ.20
	19,000-21,000	.32	31,000-33,000	.26	43,000—No limit	.20		
	21,000-23,000	.31	33,000-35,000	.25				
	23,000-25,000	.30	35,000-37,000	.24				
9a	Multiply line 6 by th						9a	600.
b	If you paid 2022 ex							
				nter -0- on line	9b and go to line 9	с	9b	0.
-	Add lines 9a and 9l						9c	600.
10	Tax liability limit. Ente							
11					naller of line 9c or li		11	600.

For Paperwork Reduction Act Notice, see your tax return instructions.

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form 104	0. 1040-SR.	or 1040-NR.
/		o, io io oii,	01 10 10 1111

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2023 Attachment Sequence No. 47

Name(s) shown on return	Your	social s	ecurity number
VIDY	ADHAR REDDY LEKKALA & RAJASRI PINGILI	777-	-15-8	3682
Pa	t Child Tax Credit and Credit for Other Dependents	1		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	159,339.
2a	Enter income from Puerto Rico that you excluded	Ī		,
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	159,339.
4	Number of qualifying children under age 17 with the required social security number 4	1		·
5	Multiply line 4 by \$2,000		5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	2,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. J		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		13	18,976.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	•	14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal ch	ild ta	x credit

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: x \$1,600. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the on line 27 . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Nontaxable combat pay (see instructions). 18b Is the amount on line 18a more than \$2,500? . No. Leave line 19 blank and enter -0- on line 20.	16b 17	
20	 ❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24 25	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. Subtract line 24 from line 23. If zero or less, enter -0- .	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 03/07/24 PRO Sch	edule 8	812 (Form 1040) 2023

Form **88899** Department of the Treasury Internal Revenue Service

21

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. 52
ber of HSA beneficiary

Name(s		of HSA beneficiary. SAs, see instructions.	
VIDY		7-15-86	
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contra	cts, if requ	uired.
Part	HSA Contributions and Deduction. See the instructions before completing this para and both you and your spouse each have separate HSAs, complete a separate Part		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 20 See instructions		elf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by unextended due date of your tax return that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	ons,	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 family coverage). All others , see the instructions for the amount to enter	for	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 88 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, include any amount contributed to your spouse's Archer MSAs	also . 4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had fa coverage under an HDHP at any time during 2023, see the instructions for the amount to enter .	mily . 6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family cover under an HDHP at any time during 2023, enter your additional contribution amount. See instruction		
8	Add lines 6 and 7	. 8	7,750.
9	Employer contributions made to your HSAs for 2023	20.	
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	. 11	1,220.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 12	6,530.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line	e 13 13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.		HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	. 14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excontributions (and the earnings on those excess contributions) included on line 14a that w withdrawn by the due date of your return. See instructions	vere	
с	Subtract line 14b from line 14a	-	
15	Qualified medical expenses paid using HSA distributions (see instructions)		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include		
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (F 1040), Part II, line 17c	that orm	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the inst completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.	tructions e separate	
18	Last-month rule		
19	Qualified HSA funding distribution		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	. 20	

 1040), Part II, line 17d
 Image: Construction of the set of

Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form

Form 8889 (2023)

21

Res Paid Preparet's Due Diligence Checklist ONE No. 1545-0274 Import Normeter 2001 Chiki Tax Credit (CTG) indicating the Additional Child Tax Credit (ACTG) and Credit CTG indicating the Additional Child Tax Credit (ACTG) and Control Tax Credit (ACTG) and Contrelatitax Credit (ACTG) and Control Tax Credit (ACTG) and		2267	Paid Preparer's Due Diligence Checklist	ОМВ	No. 1545	-0074
Credit Not Uther Dependents (UDC), and Head Of Household (HOP) Hing Status To Dependent of the Teacy To Section 2014 S			Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and		-	
VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI 777-15-5682 Preparer name Preparer is identification number SYAM FRIYA RAM SAGAR GUPTA P02082703 Part Due Diligence Requirements Pease check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-1 for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Vest No NA 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 104, 1040-SR, 1040-NR, 10	Departm	nent of the Treasury	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.	Attac	hment	
Preparer harme Preparer ha	Тахрауе	er name(s) shown or	return Taxpayer identification	n number		
SYAM FRIYA RAM SAGA GUPTA P02082703 Part Dup Diligence Requirements EIC IN CTC/ACTC/ODC ACTC HOH 1 Did you complete the reduit(s) and/or HOH filing status claimed on the return and complete the related Parts I-1 for the benefit(s) claimed (check all that apply). EIC IN CTC/ACTC/ODC ACTC HOH 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer verses claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/DC worksheets found in the Form 140. 1040-SR, 1040-NR, 104	VID	YADHAR REDI	DY LEKKALA & RAJASRI PINGILI 777-15-868	2		
Part Due Diligence Requirements Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-I for the benefit(s) claimed (check all that apply). EIC SC CTC/ACTC/ODC AOTC 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Yes No 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC With the provides the same information, and all related forms and schedules 812 (Form 1040) Instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? Image: Complete the applicable EIC and/or CTC/ACTC/DCC 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Image: Complete the applicable or claim the credit(s) and/or HOH filing status. • Neview information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s). Image: Complete.or inconsistent? (If "Yes." answer questions 4a and 4b. If "No." go to question 5.) a Did you contemporaneously document you inquiries? (Documentation should include the questions you asked, when you asked, the information that was provided, and the impact the information referenced in question 4b. a copy of this Form 8867, a copy of any applicable worksheet(s) are cord returnine eligibility for the credit(s) and/or HOH filing status	Prepare	r's name	Preparer tax identific	ation num	ber	
Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-1 for the benefit(s) claimed (check all that apply). □ EIC X] CTC/ACTC/ODC △ AOTC □ HOH 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer Yes No N/A 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SR, or Schedule 8812 (Form 1040) Instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? X <td>SYAI</td> <td>M PRIYA RAN</td> <td>I SAGAR GUPTA P02082703</td> <td></td> <td></td> <td></td>	SYAI	M PRIYA RAN	I SAGAR GUPTA P02082703			
for the benefit(s) claimed (check all that apply). <pre></pre>	Part	Due Dili	gence Requirements			
 a tip credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information provided by the taxpayer or a third party for use in preparing the return, or information reasonable inquiries to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) a Did you contemporaneously document your inquiries? (Documentation should include the impart the information requirement? To meet the record retention requirement, you must keep a copy of your document grou maked, when you asked, the information requirement? To meet the record retention requirement, so un statist keep a copy of your documentation requirement? To meet the record retention requirement, so un state do record in questions for an applicable worksheet(s), a record of how, when, and from whom the information reasonable inguises? (Documentation realinement? To meet the record retention requirement, you must happing at a copy of your documentation referenced in question the, acopy of any applicable worksheet(s) as a cord of how, when, and from whom the information resole propare Form 8867 and any applicable worksheet(s) as a cord of how, when, and from whom the information rediverement. 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the am						
 worksheets found in the Form 1040, 1040-SR, 1040-SR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) Did you contemporaneously document you inquiries? (Documentation should include the questions you asked, when you asked, the information frequirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement. 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the cre	1				No	N/A
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 status and to figure the amount(s) of any credit(s)						
 information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)				X		
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 you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	а	Did you make	reasonable inquiries to determine the correct, complete, and consistent information? .			
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 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	5	keep a copy of applicable word 8867 and any taxpayer that the amount(s)	f your documentation referenced in question 4b, a copy of this Form 8867, a copy of any ksheet(s), a record of how, when, and from whom the information used to prepare Form applicable worksheet(s) was obtained, and a copy of any document(s) provided by the you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure of the credit(s)	X		
 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?						
 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 	6	credit(s) and/c	r HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her	X		
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)aDid you complete the required recertification Form 8862?bbif the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and	7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a previous year?			
 a Did you complete the required recertification Form 8862?		-				
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and	а					
	8	•				

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part V	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14 Part	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification	k year	Yes	No
r art	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	n the re or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	any app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under

- 1. A copy of this Form 8867.
- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)



Electronic only, one copy. ID: 3WM REV 02/14/24 PRO

Illinois Department of Revenue 2023 Form IL-1040 Individual Income Tax Return

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. Α

E	VID RAJ 427 BUF 3 Fili 5 Ch	-15-8682 1980 348-06-2707 1983 YADHAR REDDY LEKKALA ASRI PINGILI TOWN PLACE CIRCLE FALO GROVE IL 60089 LAKE LEKKALAVR@GMAIL.COM ing status: Single S Married filing jointly Separately Widowed Head of P neck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Seck the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident -	Spouse	
		p 2: Income	(Whole dollars only	y)
	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 159,33 2 3 4 159,33	<u>.00</u> .00
and 1099 forms here	Ste 5 6 7 8 9	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.		.00
Staple W-2 and 1099		a Enter the exemptions - See instructions for income limitations a 4,85 b Check if 65 or older: You + I Spouse # of checkboxes X \$1,000 = b b c Check if legally blind: You + I Spouse # of checkboxes X \$1,000 = c c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. d 2,42 Exemption allowance. Add Lines 10a through 10d. Id Id 2,42	<u>00.</u> 00.	<u>5.00</u>
↑	11 12	 P 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule I Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. 	NR.11 152,06 12 7,52 13 14 7,52	<u>7.00</u> .00
Staple your check and IL-1040-V	15 16 17 18 19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	<u>.00</u> 79.00 .00 18 <u>4</u> 7 19 7,04	<u>9.00</u> 8.00
 Staple your 	Ste 20 21 22 23	 P 7: Other Taxes Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22. 	20 21 22 23 7,04	<u>.00</u> 0.00 .00 8.00
		IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy. This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.		



24 Total tax from Page 1, Line 23.		24	7,048.00
Step 8: Payments and Refundable Credit			
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	25 5,503	.00	
26 Estimated payments from Forms IL-1040-ES and IL-505-I,			
including any overpayment applied from a prior year return.	26	.00	
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.00	
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28	.00	
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/EIC.	29	.00	
30 Total payments and refundable credit. Add Lines 25 through 29.		30	5,503 <u>.00</u>
Step 9: Total			
31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		31	.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24.		32	1,545.00
Step 10: Underpayment of Estimated Tax Penalty and Donations			
33 Late-payment penalty for underpayment of estimated tax.	33	.00	
a 🗌 Check if at least two-thirds of your federal gross income is from farming.			
b Check if you or your spouse are 65 or older and permanently living in a nursing	home.		
c 🔲 Check if your income was not received evenly during the year and you annualize	ed your income on Fo	rm IL-2210.	
Attach Form IL-2210.			
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in th	ne previous tax year.		
34 Voluntary charitable donations. Attach Schedule G.	34	.00	
35 Total penalty and donations. Add Lines 33 and 34.		35	.00
Step 11: Refund or Amount you owe			
36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Lin	ne 35 from Line 31.		
This is your overpayment .		36	.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru	ictions.	37	.00
38 I choose to receive my refund by			
a direct deposit - Complete the information below if you check this box.			
You may also contribute Routing number	Checking or	Savings	
to college savings funds here. See instructions! Account number		g_	
b 🔲 paper check.			
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.		39	.00
	Line 31 , and this an		.00
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.			.00
 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on 			.00 1,545.00

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must 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.**

Sign	Your signature		Date (mm/dd/yyyy)) Spouse's si	gnature			Date (mm/dd/yyy	y)	Daytime phone	e number
Here										(734) 709	9-1674
	Print/Type paid prepa	arer's name		Paid prepar	er's sigr	nature		Date (mm/dd/yyy	y)	Check if	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM	SAGAR GU	PTA	SYAM PRI	YA RAM	SAGAR GU	JPTA	04/13/202	4	self-employed	P02082703
Preparer Use Only			AXES LLC			Firm's FEIN	►	843171965			
				BRUNSWICKNJ 08816		Firm's phone	►	(678) 965-9522			
Third	Designee's name (please print)				Designee's phone number			nber		Check if the Department may discuss this return with the third	
Party											
Designee					()				party designee shown in this step.		

Refer to the 2023 IL-1040 Instructions for the address to mail your return.

IR

ID



Illinois Credits

Illinois Department of Revenue **2023 Schedule ICR** Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit See Publication 108.
- K-12 Education Expense Credit See Publications 112, 119, & 132.
- Volunteer Emergency Worker Credit See Instructions.

• You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.

IL Attachment No. 23

• The total amount of Illinois Property Tax Credit, K-12 Education Expense Credit, and Volunteer Emergency Worker Credit cannot exceed tax due.

Step 1: Provide the following information

	7 7 Ir Social Security	71_5_ number	8	6 8 2
Step 2: Figure your nonrefundable cred	IT			
Enter the amount of tax from your Form IL-1040, Line 14.			1	7,527.00
Enter the amount of credit for tax paid to other states from your Form IL-	-1040, Line 15.		2	.00
Subtract Line 2 from Line 1.			3	7,527.00
Section A - Illinois Property Tax Credit (See instructions for directi	ons on how to	obtain your pro	perty numb	per)
a Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence.	4a	9,585. 0 0)	
b Enter the county and property number of your principal residence. S			-	
4b LAKE <u>441498153</u> County Property number				
C Enter the county and property number of an adjoining lot, if included	l in Line 4a.			
4c County Property number				
County Property number d Enter the county and property number of another adjoining lot, if inc	ludad in Lina 4a			
		a.		
4d County Property number				
e Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even				
if you did not take the federal deduction.	4e	.00	-	
f Subtract Line 4e from Line 4a.	4f	9,585. 0 0		
g Multiply Line 4f by 5% (.05).	4g	479.00	<u>)</u>	
Compare Lines 3 and 4g, and enter the lesser amount here.			5	479.00
Subtract Line 5 from Line 3.	6	7,048.00)	
Section B - K-12 Education Expense Credit				
lote: You must complete the <i>K-12 Education Expense Credit Worksheet</i> f this schedule and attach any receipt(s) you received from your student's n education expense credit.		e		
a Enter the total amount of K-12 education expenses from Line 15				
of the worksheet on Page 3 of this schedule.	7a	.00)	
b You may not take a credit for the first \$250 paid.	7b	250.00	<u>)</u>	
c Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c	.00)	
d Multiply Line 7c by 25% (.25). Compare the result and \$750, and				
enter the lesser amount here.	7d	.00)	
Compare Lines 6 and 7d, and enter the lesser amount here.			8	.00
Subtract Line 8 from Line 6.	9	7,048. 00)	

Continue on Page 2. ->



Schedule ICR Illinois Credits

Step 2: Figure your nonrefundable credit, continued

Section C - Volunteer Emergency Worker Credit - see instructions.

Note: This credit is only available if you received a Volunteer Emergency Worker Credit Certificate from the Illinois Department of Revenue.

10 a	Enter your Volunteer Emergency Worker Credit Certificate Num	ber.		
	10a			
b	Enter your spouse's Volunteer Emergency Worker Credit Certifi	cate Number.		
	10b			
С	Enter \$500.00 if you, or your spouse if married filing jointly, were awarded the volunteer emergency worker credit. Enter \$1,000.0 if married filing jointly, and both you and your spouse were awa the credit.	0	.00	
11 C	compare Lines 9 and 10c, and enter the lesser amount here.		11	.00
12 S	ubtract Line 11 from Line 9.	12	7,048.00	

13 Add Lines 5, 8, and 11. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.

→ 13 _____479.00

Continue on Page 3. ->



K-12 Education Expense Credit Worksheet

14 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F School type (check only one) P = Public N = Non-public H = Home school	G Total tuition, book/lab fees
a						
b						
D					_ LJ LJ LJ P N H	
c						
d					_ LJ LJ LJ P N H	
е						
					P N H	
f	·				_ 🗆 🗆 🗆	
a						
9						
h						
I					_ LJ LJ LJ P N H	
j						
15 Add the amounts in Column G t	for Lines 14a through 14i (and th	ne amounts fro	om Column G of any		P N H	
additional pages you attached) this year. Enter this amount her	. This is the total amount of you	r qualified edu			→ ¹⁵	.00

Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.