

IRS efile Signature Authorization

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name KRISHNA GUJJETI	Social security number 696-27-9921
Spouse's name ABIRAMI KARTHIKEYAN	Spouse's social security number 310-75-3274

Part I Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	75,949.
2 Total tax	2	5,740.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,509.
4 Amount you want refunded to you	4	1,769.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	9	9	2	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	3	2	7	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial KRISHNA	Last name GUJJETI	Your social security number 696-27-9921
If joint return, spouse's first name and middle initial ABIRAMI	Last name KARTHIKEYAN	Spouse's social security number 310-75-3274
Home address (number and street). If you have a P.O. box, see instructions. 2421 W ARTHINGTON ST		Apt. no. 2F
City, town or post office. If you have a foreign address, also complete spaces below. CHICAGO		State IL
Foreign country name		ZIP code 60612
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions): If more than four dependents see instructions and check here▶ <input type="checkbox"/>	(1) First name		Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
							Child tax credit	Credit for other dependents
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	81,899.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	5a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 9	8	-5,950.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	75,949.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions	10 Adjustments to income:		
	a From Schedule 1, line 22	10a	
	b Charitable contributions if you take the standard deduction. See instructions	10b	
	c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	75,949.
12 Standard deduction or itemized deductions (from Schedule A)	12	24,800.	
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14 Add lines 12 and 13	14	24,800.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	51,149.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	5,740.												
17	Amount from Schedule 2 line 3	17													
18	Add lines 16 and 17	18	5,740.												
19	Child tax credit or credit for other dependents	19													
20	Amount from Schedule 3 line 7	20													
21	Add lines 19 and 20	21													
22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,740.												
23	Other taxes, including self-employment tax, from Schedule 2 line 10	23	0.												
24	Add lines 22 and 23. This is your total tax	24	5,740.												
25	Federal income tax withheld from:														
a	Form(s) W-2	25a	7,509.												
b	Form(s) 1099	25b													
c	Other forms (see instructions)	25c													
d	Add lines 25a through 25c	25d	7,509.												
26	2020 estimated tax payments and amount applied from 2019 return	26													
27	Earned income credit (EIC) No	27													
28	Additional child tax credit. Attach Schedule 8812	28													
29	American opportunity credit from Form 8863, line 8	29													
30	Recovery rebate credit. See instructions	30													
31	Amount from Schedule 3, line 13	31													
32	Add lines 27 through 31. These are your total other payments and refundable credits	32													
33	Add lines 25d, 26, and 32. These are your total payments	33	7,509.												
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,769.												
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,769.												
b	Routing number <table border="1"><tr><td>0</td><td>8</td><td>1</td><td>9</td><td>0</td><td>4</td><td>8</td><td>0</td><td>8</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	0	8	1	9	0	4	8	0	8					
0	8	1	9	0	4	8	0	8							
d	Account number <table border="1"><tr><td>2</td><td>9</td><td>1</td><td>0</td><td>2</td><td>2</td><td>4</td><td>7</td><td>9</td><td>5</td><td>0</td><td>9</td></tr></table>	2	9	1	0	2	2	4	7	9	5	0	9		
2	9	1	0	2	2	4	7	9	5	0	9				
36	Amount of line 34 you want applied to your 2021 estimated tax	36													
37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37													
38	Estimated tax penalty (see instructions)	38													

• If you have a qualifying child, attach Sch EIC.
• If you have non-taxable combat pay, see instructions.

Refund

Direct deposit?
See instructions

Amount You Owe

For details on how to pay, see instructions

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?
See instructions. Keep a copy for your records

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/29/2021	P02082703	
Firm's name	Firm's address		Phone no. (678) 965-9522	
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		Firm's EIN 30-1017196	

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
KRISHNA GUJJETI & ABIRAMI KARTHIKEYAN

Your social security number
696-27-9921

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions) ▶ _____		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,950.
6 Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation	7	
8 Other income. List type and amount ▶ _____	8	
9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.	9	-5,950.

Part II Adjustments to Income

10 Educator expenses	10	
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12 Health savings account deduction. Attach Form 8889	12	
13 Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14 Deductible part of self-employment tax. Attach Schedule SE	14	
15 Self-employed SEP, SIMPLE, and qualified plans	15	
16 Self-employed health insurance deduction	16	
17 Penalty on early withdrawal of savings	17	
18a Alimony paid	18a	
b Recipient's SSN ▶ _____		
c Date of original divorce or separation agreement (see instructions) ▶ _____		
19 IRA deduction	19	
20 Student loan interest deduction	20	
21 Tuition and fees deduction. Attach Form 8917	21	
22 Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E
(Form 1041)

Supplemental Income and Loss

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

OMB No 1545-0074

2020

Attachment
Sequence No 13

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1041, 1041-SR, 1041-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

KRISHNA GUJJETI & ABIRAMI KARTHIKEYAN

Your social security number

696-27-9921

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2 line 40

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)					
A	MANI NAGAR CHENNAI TAMIL NADU IN 600060					
B						
C						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A	3		A	365	0	<input type="checkbox"/>
B			B			<input type="checkbox"/>
C			C			<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses				
5 Advertising	5	150.		
6 Auto and travel (see instructions)	6	200.		
7 Cleaning and maintenance	7	200.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	5,800.		
14 Repairs	14	200.		
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,550.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-5,950.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,950.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		600.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		6,550.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(5,950.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-5,950.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2020



Illinois Department of Revenue

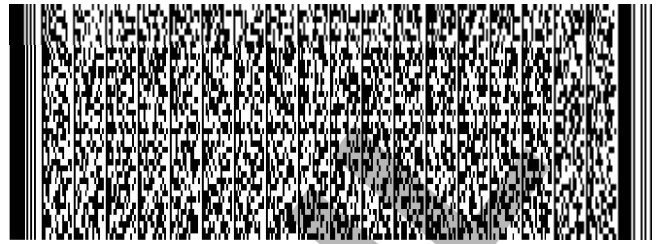
2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1989
 696-27-9921 310-75-3274 1989
 KRISHNA GUJJETI
 ABIRAMI KARTHIKEYAN
 2421 W ARTHINGTON ST 2F
 CHICAGO IL 60612 COOK



- B Filing status: Single Married filing jointly Married filing separately Widowed Head of household
 C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
 D Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2 Income

(Whole dollars only)

1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. **1** 75,949.00
 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. **2** .00
 3 Other additions. Attach Schedule M. **3** .00
 4 Total income. Add Lines 1 through 3. **4** 75,949.00

Step 3 Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. **5** .00
 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule I, Ln. 1. **6** .00
 7 Other subtractions. Attach Schedule M. **7** .00
 Check if Line 7 includes any amount from Schedule 1299-C.
 8 Add Lines 5, 6, and 7. This is the total of your subtractions. **8** .00
 9 Illinois base income. Subtract Line 8 from Line 4. **9** 75,949.00

Step 4 Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions. **a** 4,650.00
 b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = **b** .00
 c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = **c** .00
 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. **d** 0.00
 Exemption allowance. Add Lines a through d. **10** 4,650.00

Step 5 Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. **11** 71,299.00
 Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. **11** 71,299.00
 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. **12** 3,529.00
 Nonresidents and part-year residents: Enter the tax from Schedule NR. **12** 3,529.00
 13 Recapture of investment tax credits. Attach Schedule 4255. **13** .00
 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. **14** 3,529.00

Step 6 Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. **15** .00
 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. **16** .00
 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. **17** .00
 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. **18** 0.00
 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. **19** 3,529.00

Step 7 Other Taxes

20 Household employment tax. See instructions. **20** .00
 21 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. **21** 0.00
 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. **22** .00
 23 Total Tax. Add Lines 19, 20, 21, and 22. **23** 3,529.00

Step 1: Personal Information

Step 2: Income

Step 3: Base Income

Step 4: Exemptions

IL-1040(2) Front (R-1220)

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.

60012201V

24 Total tax from Page 1, Line 23 24 3,529.00

Step 8 Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 3,974.00
26 Estimated payments from Forms IL-1040ES and IL-5051, 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 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 3,974.00

Step 9 Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 445.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10 Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .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 annualized your income on Form IL-2210. Attach Form IL-2210.
d [] Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 445.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 445.00
37 I choose to receive my refund by
a [X] direct deposit - Complete the information below if you check this box.

Routing number 081904808 [X] Checking or [] Savings
Account number 291022479509

b [] Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.
c [] paper check.

38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12 Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13 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.

Table with 5 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only (Firm's name, address, FEIN, phone) and Third Party Designee.

Refer to the 2020 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

KRISHNA GUJJETI 6 9 6 - 2 7 - 9 9 2 1
 Your name as shown on Form IL-1040 Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 <u>W</u>	<u>98-0429806 000 6</u>	\$ <u>81,899.00</u>	\$ <u>81,899.00</u>	\$ <u>3,974.00</u>
2 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
3 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
4 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
5 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

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

ABIRAMI KARTHIKEYAN 3 1 0 - 7 5 - 3 2 7 4
 Your spouse's name as shown on Form IL-1040 Your spouse's Social Security number

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

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

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

11 \$ 3,974.00

Attach all Schedules IL-WIT to your IL-1040

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review)

Step 1: Provide taxpayer information

KRISHNA	ABIRAMI KARTHIKEYAN	GUJJETI	6	9	6	-	2	7	-	9	9	2	1
First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Security number										
2421 W ARTHINGTON ST 2F			3	1	0	-	7	5	-	3	2	7	4
Mailing address			Spouse's Social Security number										
CHICAGO	IL	60612	(312)	607-9546									
City	State	ZIP	Daytime phone number										

Step 2 Complete information from tax return

1	Net income from Form IL-1040, Line 11	1	71,299	00
2	Tax from Form IL-1040, Line 14	2	3,529	00
3	Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none)	3	3,974	00
4	Overpayment from Form IL-1040, Line 35	4	445	00
5	Total amount due from Form IL-1040, Line 39	5		00
6	Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input type="checkbox"/> Head of household			

Step 3 Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no (RN): 0 8 1 9 0 4 8 0 8

8 Account no (AN): 2 9 1 0 2 2 4 7 9 5 0 9

9 Type of account: Checking Savings

10 Date the payment is to be electronically withdrawn: ___/___/___

11 Electronic funds withdrawal amount: _____ | 00

12 Name on account: _____

Step 4 Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here: _____ Date _____ Spouse's signature (if joint return, both must sign) _____ Date _____

Step 5 Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO signature	01/29/2021	Check if paid preparer: <input checked="" type="checkbox"/> (See instructions)
GLOBAL TAXES LLC	Date	P 0 2 0 8 2 7 0 3
Firm's name or your name if self-employed		Your PTIN
2530 Pebble Creek Ln		3 0 - 1 0 1 7 1 9 6
Mailing address		Federal employer identification number (FEIN)
Cumming	GA 30041	(678) 965-9522
City	State ZIP	Daytime phone number

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

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