

Form **8879**  
(Rev. January 2021)

# IRS efile Signature Authorization

OMB No 1545-0074

Department of the Treasury  
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

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

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

## 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
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 ▶ *KRISHNA GUJJETI* Date ▶ \_\_\_\_\_  
18E6011EF1834C6...

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	3	2	7	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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): 2421 W ARTHINGTON ST
Apt. no.: 2F
City, town or post office: CHICAGO
State: IL
ZIP code: 60612
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign:  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  Spouse itemizes on a separate return or you were a dual-status alien
Someone can claim:  You as a dependent  Your spouse as a dependent

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax table with 15 rows. Line 1: 81,899. Line 8: -5,950. Line 9: 75,949. Line 11: 75,949. Line 12: 24,800. Line 14: 24,800. Line 15: 51,149. Includes side boxes for 'Attach Sch B if required' and 'Standard Deduction for...'.



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 <b>total tax</b>	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) <span style="float:right">No</span>	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 <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	7,509.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,769.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,769.
b	Routing number <u>081904808</u> <span style="float:right">c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</span>		
d	Account number <u>291022479509</u>		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	
37	Subtract line 33 from line 24. This is the <b>amount you owe now</b> <b>Note:</b> 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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	
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.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

SCHEDULE 1  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No 1545-0074

2020

Attachment  
Sequence No 01

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 <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	22	



**SCHEDULE E**  
(Form 1040)

**Supplemental Income and Loss**

OMB No 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

KRISHNA GUJJETI & ABIRAMI KARTHIKEYAN

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 <b>QJV</b> 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			
<b>Expenses</b>				
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. <b>Do not</b> 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 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26			-5,950.



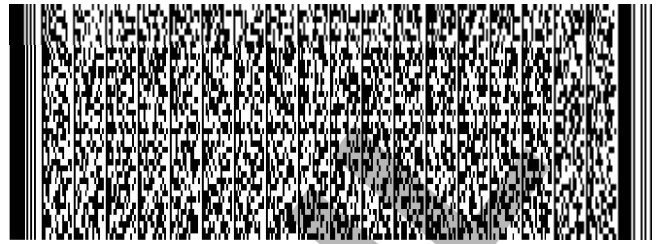
Illinois Department of Revenue  
**2020 Form IL-1040**

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. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	.00
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: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
	c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> 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. 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. 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

IL-1040-20 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\*



\*60012202V\*

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  **direct deposit** - Complete the information below if you check this box.

Routing number	0 8 1 9 0 4 8 0 8	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	2 9 1 0 2 2 4 7 9 5 0 9		

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.

Sign Here					(312) 607-9546
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
Paid Preparer Use Only	SYAM PRIYA RAM SAGAR GUPTA TALLAM		SYAM PRIYA RAM SAGAR GUPTA TALLAM		<input type="checkbox"/> Check if self-employed
	Print/Type paid preparer's name		Paid preparer's signature		Paid Preparer's PTIN
	Firm's name		Firm's FEIN		
	Firm's address		Firm's phone		
Third Party Designee				( )	<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
	Designee's name (please print)		Designee's phone number		

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  
Your name as shown on Form IL-1040

6 9 6 - 2 7 - 9 9 2 1  
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 W	98-0429806 000 6	\$ 81,899.00	\$ 81,899.00	\$ 3,974.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

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

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

3 1 0 - 7 5 - 3 2 7 4  
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		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

Step 3: Total Illinois withholding

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

11 \$ 3,974.00

Attach all Schedules IL-WIT to your IL-1040



Illinois Department of Revenue

Submission ID boxes

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

Form fields for taxpayer information: KRISHNA ABIRAMI KARTHIKEYAN GUJJETI, Social Security number 696-27-9921, Mailing address 2421 W ARTHINGTON ST 2F CHICAGO IL 60612, Spouse's Social Security number (312) 607-9546

Step 2 Complete information from tax return

Form fields for tax return information: 1 Net income from Form IL-1040, Line 11 71,299.00, 2 Tax from Form IL-1040, Line 14 3,529.00, 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only 3,974.00, 4 Overpayment from Form IL-1040, Line 35 445.00, 5 Total amount due from Form IL-1040, Line 39 1.00, 6 Filing status: X Married filing jointly

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

Form fields for direct deposit/withdrawal: 7 Routing no (RN): 081904808, 8 Account no (AN): 291022479509, 9 Type of account: X Checking, 10 Date the payment is to be electronically withdrawn: \_\_/\_\_/\_\_, 11 Electronic funds withdrawal amount: 1.00, 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 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 Your signature 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.

Form fields for ERO and paid preparer: ERO signature Date 01/29/2021, Check if paid preparer: X, Your PTIN P02082703, Mailing address 2530 Pebble Creek Ln Cumming GA 30041, Federal employer identification number (FEIN) (678) 965-9522

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

Do not mail Form IL-8453 and these documents unless requested for review.

