

(Rev. August 2020)

Department of the Treasury Internal Revenue Service

IRS effle Signature Authorization

▶ EROmust obtain and retain completed Form 8879.

▶ Go towww.irs.gov/Farm8879for the latest information

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
KRISHNA GUJJETI	696-27-9921
Spouse's name	Spouse's social security number
ABIRAMI KARTHIKEYAN	310-75-3274
Part I Tax Return Information — Tax Year Ending December 31,	(Enter year you are authorizing)
Enterwhole dollars only on lines 1 through 5.	
Note: Form 1C40-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
	1 75,949.
2 Total tax	2 5,740.
3 Feoteral income tax withheld from Form(s) W-2 and Form(s) 1099	3 7,509.
4 Amountyou want refunded to you 5 Amountyou owe	=1100:
5 Amountyou owe	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 arr	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpanment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating the contact the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic FundsWithdrawal Consent.	transmitter, or electronic return originator (ERO) for rejection of the transmission, (b) the reason at the U.S. Treasury and its designated Financial unt indicated in the tax preparation software for institution to debit the entry to this account This minate the authorization. To revoke: (cancel) a for requests must be received no latter than 2 in the processing of the electronic payment of the payment. I further acknowledge that the
Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or general learning of 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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	Enter five digits, but don't enter all zeros I am now authorizing. Check this box only
Your signature Dat	te ►
Spouse's PIN check one box only	
I authorize GLOBAL TAXES LLC to enter or gen FRO firm name signature on the income tax return (original or amended) I am now authorizing.	erate my PIN 5 3 2 7 4 asmy 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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	
Spouse's signeture ▶ Dat	te 🕨
Practitioner PIN Method Returns Only—continue I	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 incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided	n submitting this return in accordance with the
	te >
EROMust Retain This Form — See Instruction	ons

Dan't Submit This Form to the IRS Unless Requested To Do So

E 1010 Department of the Tressury-Internal Revenue Service (1) U.S. Individual Income Tax Returns))	_
		_



IRS Use Only—Do not write or staple in this space

Filing Statu Checkonly	_	Singe X Married filing jointly Couchedked the MFS box, enter the n									
ane bax	-	con is a child but not your dependen	_	, , ,							1 3 3
Yourfirstname	eandm	iddeirital	Læstra	me					Yoursoo	ial securit	yrumber
KRISHNA			GUJJ	ETI					696-2	7-9921	1
Ifjointretum, s	pases	first name and midble initial	Lastna	me					Spouse's	social sec	aritynumber
ABIRAMI			KART	HIKEYAN					310-7	75-3274	4
Homeacbress	(rumbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no).	Presiden	tial Electio	n Campaign
2421 W Z	ARTH	INGTON ST					2F			ere if you,	
City, town, ark	offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State	2	ZIP code			0,	tly, want\$3 C'hedkinga
CHICAGO					IL		60612			w will not	
Fareignacuntr	yrame		F	oreign province/state/o	county	F	oreign post			or refund.	
										You	Spouse
Atany time du	rirg 20	020, did you receive, sell, send, exch	nange, o	r otherwise acquire	any fir	nancial interes	t in any vi	tual curr	rency?	Yes	X No
Standard		eone can claim:	pendent	Your spouse	e as a	dependent		7			
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status a	alien						
Age/Blindnes	s You:	☐ Were born before January 2, 19	956	Are blind Spo	use:	☐ Was born	before Ja	nuary 2,	1956	☐ Is bli	md
Dependent	s (see	instructions):		(2) Social security		(3) Relationship	(4) 🗸 if qua	alifies for	(see instruc	cittions):
Ifmare		rst name Last name		number		to you	Ch	ild tax cre	dit (Credit for oth	nerdependents
thanfour											
dependents, see instruction	s]
and check]
here▶ _											
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	N-2					1	8	31,899.
Attach	2a	Tax-exempt interest	2a		b Tax	xable interest			2b		
Sch Bif required	3a	Qualified dividends	3a		b Ord	dinary dividend	ds		3b		
	4a	IRA distributions	4a		b Tax	xable amount			4b		
	5a	Pensions and annuities	5a		b Tax	xable amount			5b		
Standard)	6a	Social security benefits	6a		b Tax	xable amount			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sched	dule D if	required. If not requ	ired, o	check here		. ▶ 🗆	7		
Married filing	В	Other income from Schedule 1, line	e9.						8		<u>5,950.</u>
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your total inco	me			🕨	9	7	75,949.
Married filing	10	Adjustments to income:									
jaintlyar Qualifying	а	From Schedule 1, line 22				10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	instru	ctions 10b					
Head of	C	Add lines 10a and 10b. These are your total adjustments to income									
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	djusted gross inco	me			🕨	11	7	75,949.
Ifyouchecked	12	Standard deduction or itemized	deducti	ons (from Schedule	A)				12	2	24,800.
anyboxunder Standard	13	Qualified business income deducti	on. Atta	ch Form 8995 or For	rm 89	95-A			13		
Deduction, see instructions	14	Add lines 12 and 13							14	2	24,800.
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter	-0			15	5	1,149.

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

Form 1040(2020)

Fam 1040(2020)						Page 2
	16	Tax (see instructions). Check if any from Fam(s): 1	8814	2 4972	3	. 16	5,740.
	17	Amount from Schedule 2 line 3					<u> </u>
	18	Add lines 16 and 17				. 18	5,740.
	19	Child tax areal tarareal transfer other dependents .				. 19	
	20	Amount from Schedule 3 line 7				. 20	
	21	Add lines 19 and 20				. 21	
	22	Subtractline 21 from line 18 Ifzeroonless, enter-	-O			. 22	5,740.
	23	Other taxes, including self-employment tax, from S	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:					
	а	Form(s) W-2			25a 7,50	09.	2.
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)		[25c		
	d	Add lines 25a through 25c				. 25d	7,509.
Ifyouhavea	26	2020 estimated tax payments and amount applied		1		. 26	
qualifying child, attach Sch. EIC. F	27	Earned income credit (EIC)		No .	27		
lfyouhave	28	Additional child tax credit. Attach Schedule 8812			28		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8		t	29		
sæinstructions	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				32	
	3	Add lines 25d, 26, and 32. These are your total pa				▶ 33	7,509.
Refund	34	If line 33 is more than line 24, subtract line 24 from				. 34	1,769.
	35a	Amount of line 34 you want refunded to you. If Fo				35a	1,769.
Direct deposit? See instructions	▶b	Routing number X X X X X X X X X X X		► c Type:		ngs	
occii bi cola a	►d	Account number X X X X X X X X X X	-	<i>*</i> · · · · i			
	36	Amount of line 34 you want applied to your 2021 e		-	36		
Amount	3	Subtract line 33 from line 24. This is the amount y					
You Owe Fordetailson		Note: Schedule H and Schedule SE filers, line 3			the taxes you owe	for	
how to pay, see	~	2020. See Schedule 3, line 12e, and its instruction:		1	00		
instructions	33	Estimated tax penalty (see instructions)			38		
Third Party		you want to allow another person to discuss the tructions	this return	with the IRS?	See ▶ ☐ Yes. Comp	lete helow	× No
Designee		signee's	Phone			identification	
	nan	ne ►	no, ▶		number (F	PIN) ►	
Sign Lbm		der penalties of perjury, I declare that I have examined this in the fitting are true, correct, and complete. Declaration of prepare the property of the prope					
Here	You	ur signature Date	,	Your occupation			it you an Idlentity N, enter it here
Jaintretum?				SOFTWARE E	NGINEER	(see inst.) ▶	
Sæinstructions	Sno	puse's signature If a joint return both must sign Date		Spouse's occupation	in .	If the IRS ser	t vour snot so an

Sign Lbm	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.									
Here	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here						
Jaintretum?			SOFTWARE ENGINEER	(see inst.) ▶						
Sæinstructions Kæpacopyfor	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 her						
yourrecords _			SOFTWARE ENGINEER	(see inst.) ▶						
	Phone no	Email address								

Paid	
Preparer	
UseOnly	

Preparer's name		Prepare	er's signa	ture				Date	PT	IN	Check if:
SYAM PRIYA RAM SAGA	R GUPTA TALLAM	SYAM	PRIYA	RAM	SAGAR	GUPTA	TALLAM	01/25/2021	P0	2082703	Self-employed
Firm's name ►	SLOBAL TAX	XES I	LC							Phone no. (678) 965-9522
Firm's address	2530 Pebb	le Cr	eek I	n C	ummin	a GA	30041			Firm's FIN	30-1017196

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. OI

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040 SR, or 1040 NR.

► Go towww.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Farm 1040, 1040 SR, or 1040 NR

KRISHNA GUJJETI & ABIRAMI KARTHIKEYAN

696-27-9921

officials. Attach Form 2106	Par	tl Additional Income		
b Deterof original divorce or separation agreement (see instructions) ▶ 3 Business income or (loss). Attach Schedule C	1	Taxable refunds, credits, or offsets of state and local income taxes	1	
3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797	2 a	Alimony received	2 a	
3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797	b	Date of original divorce or separation agreement (see instructions) ▶		
5 Rantal real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -5,950. 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 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 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8. 10 Educator expenses 11 Cartain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 11 Health savings account deduction. Attach Form 8889 12 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 Self-employed health insurance deduction 16 17 Penalty on early withdrawal of savings 17 18a Alimony paid 18 Recipient's SSN 19 IRA céduction 19 IRA céduction 19 IRA céduction 20 Student loan interest deduction. Attach Form 8917 21 Add lines 10 through 21. These are your adjustments to income. Enter here and	3		3	
6 Farm income or (loss). Attach Schedule F	4	Other gains or (losses). Attach Form 4797	4	
7 Unemployment compensation	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,950.
8 Other income. List type and amount ▶ 9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8. 9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8. 9 -5,950. PartII Adjustments to Income 10 Ecl.card 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 Decl.ctible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 Self-employed health insurance deduction 16 17 Penalty on early withdrawal of savings 17 18a Alimory paid 18a b Recipient's SSN 18a c Date of original divorce or separation agreement (see instructions) ▶ 19 IRA deduction 19 20 St.clent loan interest deduction. Attach Form 8917 21 Add lines 10 through 21. These are your adjustments to income. Enter here and	6	Farm income or (loss). Attach Schedule F	6	
Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	7	Unemployment compensation	7	
Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	8	Other income. List type and amount ▶	_	
Part Adjustments to Income Square Adjustments to Income 10 Educator expenses 10 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 Paralty on early withdrawal of savings 17 18a Alimony paid 18a b Recipient's SSN			8	
Adjustments to Income 10 Educator expenses	9		9	-5 950
10 Educator expenses	Par	tll Adjustments to Income		3,730.
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	10		10	
officials. Attach Form 2106	11			
Moving expenses for members of the Armed Forces. Attach Form 3903			11	
14 Declutible part of self-employment tax. Attach Schedule SE	12	Health savings account deduction. Attach Form 8889	12	
15 Self-employed SEP, SIMPLE, and qualified plans	13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
16 Self-employed health insurance deduction	14	Deductible part of self-employment tax. Attach Schedule SE	14	
17 Peralty on early withdrawal of savings	15	Self-employed SEP, SIMPLE, and qualified plans	15	
18a Alimony paid	16	Self-employed health insurance deduction	16	
b Recipient's SSN	17	Penalty on early withdrawal of savings	17	
c Date of original divorce or separation agreement (see instructions) ▶ 19 IRA deduction	18a	Alimony paid	18a	
19 IRA deduction	b	Recipient's SSN		
Student loan interest deduction	С	Date of original divorce or separation agreement (see instructions) ▶		
21 Tuttor and fees deduction. Attach Form 8917	19	IRA deduction	19	
22 Add lines 10 through 21. These are your adjustments to income. Enter here and	20	Student loan interest deduction	20	
	21	Tuition and fees deduction. Attach Form 8917	21	
	22		22	

SCHEDULE E

(Farm 1040)

Supplemental Income and Loss

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

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

► Go towww.irsgov/ScheduleE for instructions and the latest information.

OMB No. 15450074

2020
Attachment
Sequence No. 13

Department of the Treesury Internal Revenue Service (99) Name(s) shown on return

KRISHNA GUJJETI & ABIRAMI KARTHIKEYAN

Yoursocial security number 696-27-9921

Part		_							
	Schedule C. See instructions I fyou are an individual, rep								
	Byourmake any payments in 2020 that would require you to								
B If"	Yes," old you or will you file required Form(s) 1099?							. 🔲 '	Yes No
1a	Physical address of each property (street, city, state, ZII	Pcoc	le)						
A	MANI NAGAR CHENNAI TAMIL NADU IN 6000	60							
В								$\sqrt{2}$	
C									
1b	Type of Property 2 For each rental real estate pro	perty	listed		100 10000000000000000000000000000000000	Rental	Personal		QJV
	(from list below) above, report the number of fa personal use days. Check the	QJV	box only		L	Days	Days	/	
A	if you meet the requirements to qualified joint venture. See ins	o file	as a	Α		365		0	
B_	qualified joint venture. See ins	tructi	ons.	В					
C				С		$\overline{}$			
• .	of Property:								
_	De Family Residence 3 Vacation/Short-Term Rental				7 Self-				
	ti-FamilyResidence 4 Commercial	6 R	oyalties		8 Othe	r (describe)			
Incom				A		В			<u>C</u>
	Rents received	3			600.				
	Royaltics received	4							
Expen		_			1 = 0				
	Advertising	5			150.				
	Auto and travel (see instructions)	6			200.				
7	Clearing and maintenance	7			200.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
	Management fees	11	_						
	Montgage interest paid to banks, etc. (see instructions)	12	_	F	0.00				
	Other interest	14		٥,	800. 200.				
15		15			200.				
16	Supplies	16	_						
17	Utilites	17							
18	Depreciation expense or depletion	18	_						
		19							
20	Total expenses. Add lines 5 through 19	20		6	550.				
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			· · /	330.				
21	resultisa (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,								
	an Form 8582 (see instructions)	22	(-5,	950.)	()()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a	,	600.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e		6,550.		
24	Income. Add positive amounts shown on line 21. Do no		lude any	losses	-	can can be me	. 24		
25	Losses Add royalty losses from line 21 and rental real estate	eloss	esfromli	ne 22 l	Enter tot	al losses her	e. 2 5	(5,950.)
26	Total rental real estate and royalty income or (loss).	Cam	bine line	s 24a	7d 25 E	inter the res	sut		
	here If Parts II, III, IV, and line 40 on page 2 do not								
	School le 1 (Form 1010) line 5 Otherwise include this a	mai	atin the	total c	nline /11	mme?	25		-5.950.

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



2 Fecbrally ax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 Other actitions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. 5tep 3 Base Income 5 Social Security benefits and certain retirement plan income	nly) 949.00 .00 .00 949.00
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 1 Fechal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2 Fechally ax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. Step 3 Pascolneome.	. <u></u>
D Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR Step 2 Income 1 Fectoral adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2 Fectorally ax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. Step 3 Recolumna	. <u></u>
Step 2 Income 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2 Federally ax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. Step 3 Pascolneome.	. <u></u>
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2 Federally ax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. Stop 3 Pascolnome.	. <u></u>
2 Fecterally ax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. Stop 3 Paso Income.	<u></u>
3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. Stop 3 Pass Income.	
4 Total income. Add Lines 1 through 3. 4 Total income. Add Lines 1 through 3.	
Ston 2 Posculneama	
5 Social Security benefits and certain retirement plan income	
w	
received if included in Line 1. Attach Page 1 of federal return.	
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	
Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 7 .00	
7 Other subtractions. Attach Schedule M. 7	
Check if Line 7 includes any amount from Schedule 1299-C.	6
S AddLines 5, 6, and 7. This is the total of your subtractions. 9 Illinois base income. Subtract Line 8 from Line 4. 9 75, 9	<u>.w</u> . 949.00
N Step 4 Exemptions	<u>w</u>
 Sep 4 Examptions 10 a Enter the exemption amount for yourself and your spouse. See instructions. 	
b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b	
C Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c	
Attach Schedule IL-E/EIC. d0.00	
Exemption allowance. Add Lines a through d. 10 4,6	50. <u>@</u>
Step 5 Net Income and Tax	
11 Residents: Net income. Subtract Line 10 from Line 9.	
	.99 <u>.</u> @
> 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	20.00
Nonresidents and part-year residents: Enter the tax from Schedule NR. 12 3,5 13 Recapture of investment tax credits. Attach Schedule 4255.	(29 <u>.</u> 00
Norresidents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Norresidents and part-year residents: Enter the tax from Schedule NR. 12 3,5 13 Recapture of investment tax credits. Attach Schedule 4255. 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. 14 3,5	<u>.@</u> 529.@
Step 6 Tax After Nonrefundable Credits	<u>=>.&</u> >
Step 6 Tax After Nonrefundable Credits 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 17 Orecitamount from Schedule 1299-C. Attach Schedule 1299-C. 18 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
15 Property tax and K-12 education expense credit amount from Schedule ICR.	
Attach Schedule ICR. 16	
17 Creditamount from Schedule 1299-C. Attach Schedule 1299-C. 17	
	∞ .0
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 20 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 20 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 20 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 21 Use tax an internet mail cross, crother out-of-state purchases from UT Worksheet cr UT Table.	29 <u>.</u>
Step 7. Other Taxes	
20 Householdemployment tax See instructions 20	<u>.</u>
	0 ~
in the instructions Do not leave blank 21	<u>0.0</u>
 22 Compassionate Use of Medical Cannabis Program Actandisale of assets by gaming licensee surcharges 22 Total Tax. Add Lines 19, 20, 21, and 22 23 Total Tax. Add Lines 19, 20, 21, and 22 	.CO

ID: 3WM REV 01/11/21 PRO

IL-10402DFront(R-1220)

This form is authorized as autined 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. 26 Estimated payments from Forms IL-1040ES and IL-5051,		25 3,9	974 _.	
induding any overpayment applied from a prior year return		26	<u>.0</u> 0	
27 Pass-throughwithdding Attach Schedule K-1-Par K-1-T.		27	<u></u>	
28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8.		28	.00	2 074 ~
29 Total payments and refundable credit. Add Lines 25 through	1 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 Do	nations - Only comp	lete Step 10 fo		
for underpayment of estimated tax or to make a volunta		•	i lato payin	
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 perman				
C Check if your income was not received evenly during the	year and you annualize	ed your income or	n Form IL-221	0.
Attach Form IL-2210. cl ☐ Check if you were not required to file an Illinois Individua	Lincome Tay return in t	he previous tax ve	aar	
33 Voluntary charitable donations. Attach Schedule G.	i income tax return in ti	33	.00	
34 Total penalty and donations. Add Lines 32 and 33.			34	
Step 11: Refu nd	,			
35 If you have an amount on Line 30 and this amount is greater the	nan Line 34, subtract Li	ne 34 from Line 3	80.	
This is your overpayment.			35	445.00
36 Amount from Line 35 you want refunded to you. Check one bo	x on Line 37. See instru	ıctions.	36	445.00
37 I choose to receive my refund by				
a direct deposit - Complete the information below if you of	heck this box.	No.		
Routing number	Che	cking or Savi	ngs	
Account number				
b Illinois Individual Income Tax refund debit card. I ack	nowledge I have review ection.	ed the card inforr	nation found a	t
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				
subtractLine 30 from Line 34. This is the amount you owe. S	ee instructions.		39	.00
Step 13 If this is a joint return, both you and your spouse must sign. Under penalties of perjury, I state that I have examined this		of my knowledge,	it is true, corre	ct, and complete
Sign			(312) 607	-9546
Here Your signature Date (mm/dd/yyyy) Spouse's signature	gnature D	ate (mm/dd/yyyy)	Daytime phone	number
	RAM SAGAR GUPTA TALLAM C)1/25/2021	Check if	P02082703
Paid Print/Type paid preparer's name Paid prepar	er's signature D	ate (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN
Preparer Use Only Firm's name GLOBAL TAXES LLC	F	irm's FEIN	301017196	
Firm's address 2530 Pebble Creek LnCumming	GA 30041 F	irmisphere 🕨	(678) 965	-9522
7.1				
Third	()			e Departmentmay
Party Designed Designed Sname (please print)	() Designed sphare rumb	70°	dscuss trisre	e Departmentmay sturnwith the third eshown in this step

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

IL-104020Badk(R-1220)
Printed by authority of the State of
Illinais-webanly, 1.
ğ .

DR______ AP____ RR DC IR ID

ID: 3WM REV 01/11/21 PRO



Illinois Department of Revenue

2020 Schedule IL-WIT Illinais 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 Ashawn 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	
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

IZD T GIINIA	OILT TREE					7	0 0	0	1
KRISHNA Yourname	GUJJETI asshown on Fo	orm IL-1040		6 9 Your Social Se	curity numbe	<u> </u>	9 9	2	
Colum Farm	nnA	Column B Employer/Payer Identification Number	Colui Federal Wages, V Distributions, Co	mn C Vinnings, Gross	Illinois Wag	column D les, Winnings, Gro s, Compensation,	ss III	Col umr inois Inc ax With	ome .
1 <u>W</u>		8-0429806 000 6	. \$8	1,899.00	\$	81,899 .00	\$	3,9	74.00
2			\$	•00	\$	•00	\$		•00
3			\$	•00	\$	<u>•00</u>	\$		
4			\$	•00	\$	• <u>00</u>	\$		<u>•</u> @
5			\$	•00	\$	•00	\$		<u>•</u> @
Step 2 Provice spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)									
	KARTHIKEYA					5	3 2	7	4
Yarspass	esnanie as sho	own on Form IL-1040		Your spouse's S	Social Securit	y number			
Cdun		Column B Employer/Payer	Colur Federal Wages, V		_	olumn D jes, Winnings, Gro		Col umr inoisIm	

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



	Keva Le LL					
			ectronic Filing Declaration rlessitis requested for review)			
Step 1: Provide taxpayer information			,			
	ıı KARTHIKEYAN GUJJ	ETI	6 9 6 _ 2 7 _ 9 9 2 1			
	t name (and last name if differen		Social Security number			
Print ₂₄₂₁ W ARTHINGTON ST 2F			3 1 0 _ 7 5 _ 3 2 7 4			
type Mailingaddress			Spouse's Social Security number			
CHICAGO	IL	60612	(312) 607-9546			
City	State	ZIP	Daytime phone number			
	tov roturn					
Step 2 Complete information from			1 71,299 00			
Netincome from Form IL-1040, LineTax from Form IL-1040, Line 14	11		2 3,529 00			
3 Illinois Income Tax withheld from Form	all 1040 Line 25 enl y	(onter "O" if none)	$\frac{2}{3}$ $\frac{3,974}{3,974}$ $\frac{100}{3}$			
4 Overpayment from Form IL-1040, Line		(enter o in none)	4 445 00			
5 Total amount due from Form IL-1040,			5 00			
6 Filing status: Single _X Married		ed filing senarately V	<u> </u>			
Step 3 Complete direct deposit of I						
			ed within the electronic transmission. Illinois			
			e.g., debit, deposit) with financial institutions located			
	-	Electronic payments will r	not be accepted and refunds will be via paper check			
7 Routingno (RN):						
8 Accountro (AN):						
9 Type of account: Checking	Savings					
10 Date the payment is to be electronica	lly withdrawn://		*			
11 Electronic funds withdrawal amount: _	1 00					
	·					
12 Name on account:						
Step 4 Taxpayer declaration and sig	nature (Sign only af	ter completing Step 2	and, if applicable, Step 3.)			
			clare the information on Lines 7 through 9is pouse as an agent to receive the refund.			
			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 p	ayment.					
X I abnotwent direct deposit of my r		,				
			nformation I provided to my electronic return mplete. I consent that my return, this declaration			
			my ERO and/or the transmitter when my return has			
			may be corrected and retransmitted if possible.			
Sign	Date	Spouso's signatur	o (if joint return both must sign)			
here Yoursignature	_		e (if joint return, both must sign) Date			
Step 5 Electronic return originator						
			nis Form IL-8453, and accompanying information I			
and accompanying information are true, co		penallies of perjury, that	to the best of my knowledge the taxpayer's return			
al dassinpar yir y information are true, or	orrect, and complete.					
		01/25/2021	Check if paid preparer: X (See instructions)			
EROssignature		Date				
ERO GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3			
Timistatied your name it self-employed			Your PTIN			
mly 2530 Pepple Creek Lil			3 0 - 1 0 1 7 1 9 6			
Mailing address			Federal employer identification number (FEIN)			
Cumming	GA	30041	(678) 965-9522			
aty	State	ZIP	Daytime phone number			

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

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

