## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately ( your spouse. If you	,	_			_			
Your first name	and m	iddle initial	Last na	me					You	r soc	cial security	y number
SRUTHI			KUNA	KUNAM							34-6042	2
If joint return, s	pouse's	s first name and middle initial	Last na	Last name					Spouse's social			urity number
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.				on Campaign
		OURI AVENUE			T 04-	1-	710	8			ere if you, o if filing joint	tly, want \$3
MORTON	OST OTTI	ce. If you have a foreign address, also c	complete s	paces below.	Sta			code .550	to g	o to	this fund. (	Checking a
Foreign countr	, namo			Foreign province/state			<del></del>	eign postal coc			ow will not on the contract of	change
Foreign country	упапте			-oreign province/state	Couri	ıy	FOR	eigri postai coc	je you	ιαλ	You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial intere	est in	any virtual	currenc	;y?	Yes	<b>⊠</b> No
Standard Deduction		eone can claim:	•			•						
Age/Blindness	You	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore Januar	y 2, 195	56	☐ Is blii	nd
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relationsh	nip	(4) 🗸 i	f qualifie	s for	(see instruc	ctions):
If more		irst name Last name		number	-	to you		Child tax		- 1		er dependents
than four												
dependents, see instruction												
and check												
here ▶ □									]			
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	7	78,256.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		.	2b		
required.	3a	Qualified dividends	3a		<b>b</b> 0	Ordinary divide	nds		.	3b		
	4a	IRA distributions	4a		<b>b</b> T	axable amoun	t.		.	4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	t.		.	5b		
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amoun	t.		.	6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not req	uired	, check here		•		7		
Married filing	8	Other income from Schedule 1, li	ne 9							8		5,220.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total inc</b>	ome				<b>•</b>	9	7	73,036.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	dard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	e your <b>tot</b>	al adjustments to	inco	me			•	10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				▶	11	7	73,036.
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedule	e A)				. [	12	1	2,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or Fo	orm 8	8995-A			. [	13		
Deduction, see instructions.	14	Add lines 12 and 13							. [	14	1	2,400.
550 monuotions.	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	er-O			. [	15	6	0,636.

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	9,128.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	9,128.
	19	Child tax credit or credit for other dependen	ts					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	9,128.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>					. ▶	24	9,128.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	12	,466.		
	b	Form(s) 1099			25b		-		
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	12,466.
	26	2020 estimated tax payments and amount a						26	
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule			28			-	
If you have nontaxable	29	American opportunity credit from Form 8863			29			_	
combat pay, see instructions.	30	Recovery rebate credit. See instructions .	•		30				
see manuchons.	31	Amount from Schedule 3, line 13			31			-	
	32	Add lines 27 through 31. These are your <b>tot</b> :				lite	. ▶	32	
	33	Add lines 25d, 26, and 32. These are your to						33	12,466.
	34	If line 33 is more than line 24, subtract line 2						34	3,338.
Refund	35a				•	-	· ·	35a	3,338.
Direct deposit?	> b	Amount of line 34 you want <b>refunded to you</b> Routing number 0 2 1 2 0 0 3			Checkir		Savings	SSA	3,330.
See instructions.	►d	Account number 3 8 1 0 3 8 4			J CHECKII	ig	aviriys		
	36	Amount of line 34 you want applied to your			36	j			
Amount	37	Subtract line 33 from line 24. This is the amo						37	
You Owe	0,		-						
For details on		<b>Note:</b> Schedule H and Schedule SE filers, 2020. See Schedule 3, line 12e, and its instr	•	•	or the ta	xes you o	owe ioi		
how to pay, see instructions.	38	Estimated tax penalty (see instructions) .			38				
Third Party		you want to allow another person to disc							
Designee		structions				Yes. Co	mplete	below.	X No
Ü	De	signee's	Phone			Perso	nal ident	ification	
-	naı	me ►	no. ▶			numb	er (PIN)	<u> </u>	
Sign		der penalties of perjury, I declare that I have examine							
Here		ief, they are true, correct, and complete. Declaration			ased on al	i iniormatio			,
	Yo	ur signature	Date	Your occupation			- 1		nt you an Identity IN, enter it here
Joint return?				   SOFTWARE	ENGTNE	R.F.R	- 1	inst.)	111111111111111111111111111111111111111
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat			If th	e IRS ser	nt your spouse an
Keep a copy for							- 1		ection PIN, enter it here
your records.							(see	inst.) 🕨	
_		one no. (201)674-6274	Email address	SRUTHIREDDY		MAIL.CO			
Paid	Pre	eparer's name Preparer's signat	ture		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 09/25	5/2021	P0208	2703	Self-employed
Use Only	Fir	m's name ► GLOBAL TAXES LLC					Pho	ne no. (	678)965-9522
————	Fir	m's address ▶ 2530 Pebble Creek I	n Cummin	g GA 30041			Firm	n's EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 08	3/30/21 PRO			Form <b>1040</b> (2020)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

Your social security number

824-34-6042

Department of the Treasury Internal Revenue Service

SRUTHI KUNAM

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 01

OMB No. 1545-0074

**Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 2a 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -5,220. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -5,220. Adjustments to Income Part II 10 Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 . . . . . . 13 13 14 Deductible part of self-employment tax. Attach Schedule SE . . . . . . . . . . . 14 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . . . . . . 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . . . . 20 20 21 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 1040)

### **Supplemental Income and Loss**

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

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

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

20**20** 

OMB No. 1545-0074

Attachment Sequence No. **13** 

Internal Revenue Service (99)
Name(s) shown on return
SPITTHI KIINAM

Department of the Treasury

Your social security number

SRUT	HI KUNAM							_	24-34-60	
Part		s From Rental Real Estate and Roy							• .	
	Schedule C. See	instructions. If you are an individual, repo	ort far	m rental i	ncome	or loss f	rom Form 48	<b>35</b> or	n page 2, line	e 40.
A Dic	l you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? S	See instr	ructions .		[	Yes 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[	Yes 🗌 No
1a		each property (street, city, state, ZIF								
Α	CHILAKAPADU ON	IGOLE ANDHRA PRADESH IN 5	232	25						
В										
С										
1b	Type of Property	2 For each rental real estate prop	erty !	listed			Rental	Per	rsonal Use	QJV
	(from list below)	above, report the number of fair personal use days. Check the	ır rent <b>OJV</b> t	ial and oox only			Days		Days	40.5
Α	3	if you meet the requirements to	) file a	as a	Α		365		0	
В		qualified joint venture. See inst	ructio	ons.	В					
С					С					
	of Property:									
	le Family Residence	3 Vacation/Short-Term Rental				7 Self-				
	ti-Family Residence		6 Ro	oyalties		8 Othe	r (describe)			
Incom		Properties:	<u> </u>		Α		E	3		С
3			3			650.				
4			4	-						
Expen			_			000				
5			5			200.				
6	•	nstructions)	6			470.				
7	•	nance	7							
8			8							
9			9							
10		essional fees	10							
11 12	_	d to banks, etc. (see instructions)	12							
13			13			000.				
14			14		٥,	200.				
15	•		15			200.				
16			16							
17			17							
18		e or depletion	18							
19	Other (list)	or depiction	19							
20	` ′	lines 5 through 19	20		5.	870.				
21	·	line 3 (rents) and/or 4 (royalties). If								
<b>4</b> 1		instructions to find out if you must								
	file <b>Form 6198</b>		21		-5,	220.				
22		l estate loss after limitation, if any,								
-	on Form 8582 (see in		22	(	-5,2	220.)	(		) (	
23a	•	eported on line 3 for all rental prope	rties			23a		6	50.	
b		eported on line 4 for all royalty prope				23b				
С	Total of all amounts re	eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е	Total of all amounts re	eported on line 20 for all properties				23e		5,8	70.	
24	Income. Add positive	e amounts shown on line 21. <b>Do no</b>	<b>t</b> inclu	ude any	losses				24	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from lir	ne 22. E	inter tota	al losses her	е.	25 (	5,220.
26	Total rental real esta	ate and royalty income or (loss).	Comb	oine lines	24 an	nd 25. E	nter the re	sult		
		V, and line 40 on page 2 do not								
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	noun	t in the t	otal on	line 41	on page 2		26	-5,220.

### 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**

1991

824-34-6042

SRUTHI KUNAM

1500 S MISSOURI AVENUE

TAZEWELL 61550 MORTON IL



	B C D	Filing status: Single Married filing jointly Married filing separately Widowed Head Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident	Spouse : - Attach	Sch. NR
	Ste	p 2: Income	(Whol	e dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	73,036 <sub>.00</sub>
_	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
T	3	Other additions. Attach Schedule M.	3	.00
	4	Total income. Add Lines 1 through 3.	4	73,036 <sub>.00</sub>
•	Ste	p 3: Base Income		
ere	5	Social Security benefits and certain retirement plan income		
P		received if included in Line 1. Attach Page 1 of federal return. 5	.00	
ms	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
or		Schedule 1, Ln. 1. 6	.00	
9	7	Other subtractions. Attach Schedule M. 7	.00	
09	_	Check if Line 7 includes any amount from Schedule 1299-C. □	•	
d 1	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00 73,036 <sub>.00</sub>
Staple W-2 and 1099 forms here	9	Illinois base income. Subtract Line 8 from Line 4.	9	/3,036.00
?		p 4: Exemptions		
$\geq$	10	a Enter the exemption amount for yourself and your spouse. See instructions. a 2,32		
g		b Check if 65 or older:    You +    Spouse # of checkboxes X \$1,000 = b	.00	
taj		c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c	.00	
S		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	0.00	
			0 <sub>.00</sub> <b>10</b>	2,325.00
4	_	Exemption allowance. Add Lines a through d.	10	2,325.00
		p 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 I	NR. <b>11</b>	70,711.00
>	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	40	2 500
40	40	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	3,500.00
10	13	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	13 14	.00 3,500.00
7		Income tax. Add Lines 12 and 13. Cannot be less than zero.		3,300.00
9		p 6: Tax After Nonrefundable Credits		
an	15	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	.00	
×	16	Property tax and K-12 education expense credit amount from Schedule ICR.	0.0	
λec	17	Attach Schedule ICR.  Credit amount from Schedule 1299-C. Attach Schedule 1299-C.  16  17	.00	
$\overline{c}$	17	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C. <b>17</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<u>.00</u> <b>18</b>	0.00
Ž		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,500.00
×			13	3,300.00
Staple your check and IL-1040-V 🏲		p 7: Other Taxes	00	0.0
ta		Household employment tax. See instructions.	20	.00
(V)	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	21	0.00
$\blacksquare$	22	in the instructions. <b>Do not</b> leave blank.  Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	21 22_	.00
		Compassionate Use of Medical Carnabis Program Act and sale of assets by gamling licensee surcharges.	22	3 500 00

3,500.00

23



24	Total tax from Pa	ge 1, Line 23.						24	3,500.00	
Ste	p 8: Payments a	and Refundab	le Credit							
25	Illinois Income Tax	withheld. <b>Attac</b>	<b>h</b> Schedule IL-W	IT.		25	3,874	00		
26	Estimated paymer	nts from Forms I	L-1040-ES and II	505-I,						
	including any over	payment applied	d from a prior yea	ır return.		26		.00		
27	Pass-through withl	holding. <b>Attach</b> 9	Schedule K-1-P o	r K-1-T.		27		00		
					ttach Schedule IL-E/EIC.	. 28		00		
	Total payments a	nd refundable	credit. Add Lines	25 through	28.			29	3,874.00	
Ste	p 9: Total									
	If Line 29 is greater							30	374.00	
	If Line 24 is greater							31	.00	
				•	ations - Only com y charitable dona		10 for la	te-paym	ent penalty	
	Late-payment pen				,	32		00		
	a ☐ Check if at le		•		s from farming.	<u> </u>	<u> </u>	<u>50</u>		
			-		ntly living in a nursing	g home.				
	C ☐ Check if your	r income was no	t received evenly	during the y	ear and you annualiz	zed your inco	me on For	m IL-221	0.	
	Attach Form	n IL-2210.								
	<b>d</b> Check if you	were not require	ed to file an Illino	is Individual	Income Tax return in	the previous	tax year.			
	Voluntary charitab					33		<u>00</u>		
	Total penalty and	I donations. Add	d Lines 32 and 3	3.				34	.00	
Ste	p 11: Refund									
35	If you have an am	ount on Line 30	and this amount	is greater th	an Line 34, subtract L	_ine 34 from	Line 30.	35		
	This is your <b>overpayment</b> . <b>36</b> Amount from Line 35 you want <b>refunded to you</b> . Check <b>one</b> box on Line 37. See instructions.								374.00	
36	Amount from Line	35 you want <b>ref</b> u	unded to you. Ch	neck <b>one</b> box	c on Line 37. See instr	ructions.		36	374.00	
	I choose to receive	,								
	a 🗵 direct depo	sit - Complete th	ne information be	low if you ch	neck this box.					
		Routing number	er 0 2 1 2	0 0 3	3 9 X Ch	ecking or	Savings			
		Account number	er 3 8 1 0	3 8 4	4 2 1 8 4	$\overline{}$	$\vdash$			
	http://tax.ill	inois.gov/Debit	ax refund debit Card prior to ma	card. I ackn king this ele	lowledge I have review ction.	wed the card	l informatio	n found a	at	
	c ☐ paper checl									
38	Amount to be <b>cred</b>	ited forward. Su	btract Line 36 fro	om Line 35.	See instructions.			38	.00	
Ste	p 12: Amount Yo	ou Owe								
39	If you have an am	ount on Line 31,	add Lines 31 an	d 34. <b>- or -</b>						
	If you have an am	ount on Line 30	and this amount	is less than	Line 34,					
	subtract Line 30 fr	om Line 34. This	s is the <b>amount y</b>	<b>/ou owe</b> . Se	e instructions.			39	.00	
Ste	<b>p 13:</b> If this is a joi									
	Under pena	Ities of perjury, I s	state that I have ex	kamined this	return and, to the bes	t of my knowl	edge, it is t	rue, corre	ect, and complete.	
Sign							(20	1) 674	1-6274	
Here	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/y	yyy) Dayt	time phone	e number	
	SYAM PRIYA RA	M SAGAR GUPTA TA	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	09/25/20		Check if	P02082703	
Paid	Print/Type paid	preparer's name		Paid prepare	r's signature	Date (mm/dd/y	yyy) self-	employed	Paid Preparer's PTIN	
Prepai Use O	Eirm'o nomo	▶GLOBAL	TAXES LLC			Firm's FEIN		101719		
USE U	Firm's address	▶ 2530 Peb	ble Creek LnC	umming		Firm's phone	<b>)</b> (67	78) 965		
Third					l, \	,			e Department may	
Party					( <i>)</i>			discuss this return with the third		
Desig	nee Designee's na	me (please print)			Designee's phone num	ber	par	y designe	e shown in this step.	
	Pofor	r to the 202	0 II -1040 Ind	struction	s for the addre	ee to ma	il vour	roturn		

RR DC

AP\_\_\_\_\_

ID

IR

ID: 3WM REV 04/06/21 PRO

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1.

DR\_\_\_\_\_





### 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	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

SRUTHI KUN	IAM		8	2 4		3 4	6	0	4	2	
Your name as	shown on Form IL-1040	Your Social Security number									
Column Form typ		Federal Wa	Column C ages, Winnings, as, Compensatio			Column ages, Winn ns, Compe	IIIi	Column E Illinois Income Tax Withheld			
1W	26-0147535	\$	78,256 <b>.</b> 0	00	\$	78,2	56 <b>•00</b>	\$	3,85	74 <b>•00</b>	
2		\$	<u>•</u> 0	00	\$		<u>•00</u>	\$		<u>•00</u>	
3	<u> </u>	_ \$	<u>•</u> 0	00	\$		<u>•00</u>	\$		<u>•00</u>	
4		\$	•0	00	\$		<u>•00</u>	\$		<u>•00</u>	
5	_	\$	•0	00	\$		<u>•00</u>	\$		<u>•00</u>	

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

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

Your spouse's Social Security number

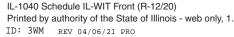
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross compensation, etc.	Illinois Wage	lumn D s, Winnings, Gross Compensation, etc.	Illir	olumn E nois Income x Withheld
6			_ \$	•00	\$	•00	\$	<u>•00</u>
7			_ \$	•00	\$	•00	\$	<u>•00</u>
8			- \$	•00	\$	<u>•00</u>	\$	<u>•00</u>
9			_ \$	•00	\$	•00	\$	<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** \$ 3,874**.00** 

→ Attach all Schedules IL-WIT to your IL-1040. ←





### Illinois Department of Revenue

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		•	- 5	uhmi	ssion	ID						

# 2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

<u> </u>		· ·	rtment of Revenue u	nless it is requested for review.)	
Step	1: Provide taxpayer information SRUTHI	<b>ation</b> KUNA	M	8 2 4 _ 3 4 _ 6 0 4	2
		's first name (and last name if differe		Social Security number	
Print	1500 S MISSOURI AVENU	,	,		
or type				Spouse's Social Security number	
· y po	MORTON	IL	61550	(201) 674-6274	
	City	State	ZIP	Daytime phone number	
Step	2: Complete information from	om tax return			
	Net income from Form IL-1040, L			170,711 <sub> </sub>	00
	ax from Form IL-1040, Line 14			23,500 0	00
	llinois Income Tax withheld from	Form IL-1040, Line 25 only	(enter "0" if none)	<b>3</b> 3,874  <u>0</u>	<u>)0</u>
	Overpayment from Form IL-1040,			4374 0	<u>)0</u>
<b>5</b> T	otal amount due from Form IL-10	040, Line 39		5I <u>.</u> C	<u> 00</u>
<b>6</b> F	Filing status: 🗶 Single Ma	rried filing jointly Marrie	ed filing separately V	Vidowed Head of household	
7 F 8 A 9 T 10 E	Routing no. (RN): $0 2 1 2$ Account no. (AN): $3 8 1$ Type of account: $\times$ Checking Date the payment is to be electro-Electronic funds withdrawal amounts.	0 0 0 3 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 4	not be accepted and refunds will be via paper che	3011.
	lame on account:				
Step	4: Taxpayer declaration and	signature (Sign only aft	ter completing Step 2	and, if applicable, Step 3.)	
×				clare the information on Lines 7 through 9 is pouse as an agent to receive the refund.	
	withdrawal as designated in th	e electronic portion of my 20 in electronic overpayment of	020 Illinois Individual Inco	agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutio ntial information necessary to answer inquiries	ns
	I do not want direct deposit of	my refund, or an electronic f	funds withdrawal (direct d	lebit) of my balance due.	
origin and a	ator (ERO) are identical. To the be ccompanying information may be	est of my knowledge, my retu sent to IDOR by my ERO. I	urn is true, correct, and co authorize IDOR to inform	nformation I provided to my electronic return mplete. I consent that my return, this declaration my ERO and/or the transmitter when my return h may be corrected and retransmitted if possible.	
Sign	l				
<u>here</u>	Your signature	Date	Spouse's signatur	re (if joint return, <b>both</b> must sign)  Date	
I decl have		payer's electronic Form IL-1 program and declare, under	040, the information on the penalties of perjury, that	signature his Form IL-8453, and accompanying informatio to the best of my knowledge the taxpayer's retu	
	FRO's signature		09/25/2021	Check if paid preparer: X (See instructions	.)
	ERO's signature		Date		2
<b></b>	GLOBAL TAXES LLC Firm's name or your name if self-employe			$\frac{P}{Y_{\text{Our}}} \frac{0}{PTIN} \frac{2}{PTIN} \frac{0}{PTIN} \frac{8}{PTIN} \frac{2}{PTIN} \frac{7}{PTIN} \frac{0}{PTIN} = \frac{1}{2} \frac{1}{PTIN} \frac{1}$	3_
ERO		id Die			
use		ed e			
	2530 Pebble Creek Ln Mailing address	ed 		3 0 - 1 0 1 7 1 9 6  Federal employer identification number (FEIN)	_
use	2530 Pebble Creek Ln	ed GA	30041	3 0 - 1 0 1 7 1 9 6	-

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.



IL-8453 (R-12/20)