Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

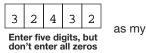
Taxpayer's name	Social security number
PRUDHVI KANTEM	014-63-2432
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 11,460.
2 Total tax	2 0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 1,582.
4 Amount you want refunded to you	4 3,382.
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	ceep 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) my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov	

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

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



ERO firm name 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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

				as my
inter five digits, but				

ERO firm name 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	Da	ate 🕨	•							
	Practitioner PIN Method Returns Only—continue	belo	ow							
Part III Certification and Aut	thentication — Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digi	it EFIN followed by your five-digit self-selected PIN.	5	8	 	8 enter	 	9	8	9	

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 authorized 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 F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/01/21 PRO	Form 8879 (Rev. 01-2021)

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1	545-0074	IRS Use Only	∕−Do not wr	ite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the n son is a child but not your dependent	ame of y	d filing separately		· <u> </u>		hold (HOH)	Qual	ifying wid	ow(er) (QW)
Your first name	and mi	iddle initial	Last nan	ne					Your so	cial securi	ty number
PRUDHVI			KANT	EM					014-6	53-243	2
lf joint return, s	pouse's	first name and middle initial	Last nan	ne					Spouse's	s social se	curity number
		er and street). If you have a P.O. box, see N STREET	instructio	ns.			,	Apt. no.	1	ntial Electi ere if you,	on Campaign or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces below.	St	ate	ZIP c	ode			ntly, want \$3
CHICAGO					II	L	606	554		this fund.	Checking a change
Foreign country	/ name		F	oreign province/sta	te/cour	nty	Forei	gn postal code		or refund.	0
				0.1						You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exch	nange, or	otherwise acqu	ire any	financial inf	erest in a	any virtual cu	irrency?	Yes	X No
Standard Deduction		eone can claim:				s a depende n	nt				
Age/Blindness	You:	Were born before January 2, 1	956	Are blind	Spous	e: 🗌 Was	born bef	ore January	2, 1956	🗌 ls bl	ind
Dependents	s (see	instructions):		(2) Social secu	iritv	(3) Relatio	nship	(4) 🖌 if a	ualifies for	(see instru	ictions):
If more		irst name Last name		number	,	to yo		Child tax c			her dependents
than four											
dependents,											
see instruction	s ——										
here											
	1	Wages, salaries, tips, etc. Attach F	orm(s) W	1-2					. 1		11,460.
Attach	2a	- · · · · ·	2a		ь.	Taxable inte	rest		2b		
Sch. B if	3a	· –	3a			Ordinary div			3b		
required.	4a		4a			Taxable amo			. 4b		
	5a		5a			Taxable amo			. 5b		
Standard	6a		6a			Taxable amo			. 6b		
Deduction for -	7	Capital gain or (loss). Attach Scher		required. If not re				▶	7		
 Single or Married filing 	8	Other income from Schedule 1, line			quires		•		. 8		
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		nis is vour total i	ncome	 a			► <u>9</u>		11,460.
\$12,400Married filing	10	Adjustments to income:				•					<u>, 100.</u>
jointly or	а	From Schedule 1, line 22					10a				
Qualifying widow(er),	b	Charitable contributions if you take					10b		_		
\$24,800		Add lines 10a and 10b. These are				L			► 10c		
 Head of household, 	с 11	Subtract line 10c from line 9. This		•					► 11		11,460.
\$18,650		Standard deduction or itemized									
 If you checked any box under 	12		~		,						12,400.
Standard Deduction,	13 14	Qualified business income deducti	on. Alla	211 FULLI 0993 OL	1.0(11)						12 400
see instructions.	14 15	Add lines 12 and 13	from line							+ ·	<u>12,400.</u> 0.
Far Dia-l	15 Deixoo	Taxable income. Subtract line 14				. -0			. 15		1040 (2020)

Form 1040 (2

Form 1040 (2020))			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	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	0.
	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	0.
	25	Federal income tax withheld from:		
	а	Form(s) W-2	. _	
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	1,582.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812		
nontaxable	29	American opportunity credit from Form 8863, line 8		
combat pay, see instructions.	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 13		
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
	33	Add lines 25d, 26, and 32. These are your total payments	33	3,382.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,382.
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,382.
Direct deposit?	►b	Routing number X X X X X X X X X X F C Type: Checking Savings		
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2021 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on		2020. See Schedule 3, line 12e, and its instructions for details.		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	structions	below.	X No
		signee's Phone Personal iden		
		ne no, number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi		
Here				nt you an Identity
	. 10			N, enter it here
Joint return?		ANDROID DEVELOPER (se	e inst.) 🕨	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.	,		ntity Prote e inst.) 🕨	ection PIN, enter it here
,			5 II ISt.) 🕨	
		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:
Paid			22702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2021 P0208		
Use Only				678)965-9522
			n's EIN ▶	
Go to www.irs.go	ov/Forn	m1040 for instructions and the latest information. BAA REV 02/01/21 PRO		Form 1040 (2020)

latest information.

BAA

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

	014	-63-2432			1995				
		JDHVI		KANTEM					
	PRU			KAN I EM					
						10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	75() DEARBORN STRE	ET						
	CHI	CAGO	IL	60654	COOK				
	В						🗌 Widowed 🔲 Hea		old
	С	Check If someone ca	n claim	you, or your s	pouse if filing joint	y, as a dependent. See	e instructions. UYou	Spouse	
	D		applies	to you durin	g 2020: 🖵 Nonres	ident - Attach Sch. N	R L Part-year reside		
	Ste	p 2: Income	oo inoor	no from vou	fodoral Form 104	0 or 1040-SR, Line 11		(00110)	le dollars only) 11 , 460 _{.00}
_	2					ur federal Form 1040 o		2	.00
T	3	Other additions. Atta	ch Sche	edule M.	, , .			3	.00
	4	Total income. Add L	ines 1 t	hrough 3.				4	11,460.00
e	Ste	p 3: Base Income Social Security bene	fito and	oortoin rotire	mont plan income				
Staple W-2 and 1099 forms here	5	received if included i					5	.00	
ms	6	Illinois Income Tax ov							
for	7	Schedule 1, Ln. 1.	ttooh S	abadula M			6 7	<u> </u>	
66(1	Other subtractions. Check if Line 7 incl			om Schedule 129	9-C. 🗖	Ι	.00	
110	8	Add Lines 5, 6, and						8	.00
anc	9	Illinois base incom	e. Subtra	act Line 8 fro	m Line 4.			9	11,460 <u>.00</u>
1-2		p 4: Exemptions				O a s in a financial in a s	- 0		
le M	10	a Enter the exemption b Check if 65 or old	er: D	You +	Spouse # of	checkboxes X \$1.0	a2,3 000 = b	<u>325.00</u> .00	
apl		c Check if legally bl	ind: 🗌]You 🕂 🔲	Spouse # of	checkboxes X \$1,	000 = c	.00	
Si				ents, enter the	amount from Sche	edule IL-E/EIC, Step 2,		0.00	
		Attach Schedule IL Exemption allowan		Lines a through	uah d		d	<u>0.00</u> 10	2,325.00
T	Ste	p 5: Net Income ar			girta				
	11	Residents: Net inco							
	10	Nonresidents and p	part-yea	r residents:	Enter the Illinois n	et income from Schedu	ule NR. Attach Schedu	le NR. 11	9,135.00
2-	12	Residents: Multiply Nonresidents and						12	452.00
04(13	Recapture of investment	nent tax	credits. Atta	ch Schedule 4255	j.	×	13	.00
L-1	14	Income tax. Add Lin				0.		14	452.00
1 p		p 6: Tax After Non					15	00	
an	15 16	Income tax paid to a Property tax and K-1					15	.00	
eck		Attach Schedule ICI	٦.				16	.00	
ch	17	Credit amount from					17	.00	0.00
our	18 19	Tax after nonrefund				annot exceed the tax a	imount on Line 14.	18 19	<u> </u>
Staple your check and IL-1040-V		p 7: Other Taxes							
apl	20	Household employm	ent tax.	See instructi	ons.			20	.00
S	21				out-of-state purcha	ses from UT Workshe	et or UT Table	64	0.00
	22	in the instructions. D Compassionate Use			Program Act and s	ale of assets by namin	ig licensee surcharges	21 . 22	0 <u>.00</u> 00.
	23	Total Tax. Add Lines				gaining gaining	g	23	452.00
				ct. Disclosure of th	ned under the Illinois In- is information is required.				

|--|

24	Total tax from Pag	ge 1, Line 23.					24	452.00				
Ste	Step 8: Payments and Refundable Credit											
25	Illinois Income Tax	withheld. Attac	h Schedule IL-W	IT.		25	567 <u>.00</u>					
26	Estimated paymen	ts from Forms I	L-1040-ES and II	505-I,								
	including any over					26	.00					
	Pass-through withh	-				27	.00					
					ttach Schedule IL-E/EIC	. 28	.00					
	29 Total payments and refundable credit. Add Lines 25 through 28. 29 567.00 Step 9: Total											
	p 9: Total											
	If Line 29 is greater						30	115.00				
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 3100 Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty												
				•			or late-paym	ient penalty				
					y charitable dona	32	00					
32	Late-payment pena a □ Check if at le	• •	-		from farming	32	.00					
					ntly living in a nursing	n home						
		•			vear and you annualiz		Form IL-221	0.				
	Attach Form			samg me y								
	d 🗌 Check if you	were not requir	ed to file an Illino	is Individual	Income Tax return in	the previous tax y	ear.					
33	Voluntary charitabl	e donations. At	tach Schedule G			33	.00					
34	Total penalty and	donations. Ad	d Lines 32 and 3	3.			34	.00				
Ste	p 11: Refund											
35	If you have an amo	ount on Line 30	and this amount	is greater the	an Line 34, subtract I	Line 34 from Line 3	30.					
	This is your overp	ayment.					35	115.00				
36	Amount from Line	35 you want ref	u nded to you . Ch	neck one box	on Line 37. See inst	ructions.	36	115.00				
37	I choose to receive	e my refund by										
	a 🗌 direct depos	sit - Complete tl	ne information be	low if you ch	eck this box.							
		Routing number	er		Ch Ch	ecking or 📃 Savi	ngs					
		Account numb	er									
	_											
	b Illinois Indiv	vidual Income 1	Tax refund debit Card prior to ma	card. I ackn	owledge I have revie	wed the card inforr	nation found a	at				
	c x paper check	-	Phor to hid	ning this close								
38	Amount to be cred		ubtract Line 36 fro	om Line 35. S	See instructions.		38	.00				
	p 12: Amount Yo											
	-		add Linos 21 an	d 24 - or -								
39	If you have an amount of you have an amount of the second				l ing 31							
	subtract Line 30 fr						39	.00				
Cto												
516	p 13: If this is a join			•	return and, to the bes	t of my knowledge	it is true corre	act and complete				
Sign		ties of perjury, its			retarri and, to the bes	t of my knowledge,		cor, and complete.				
Here				a		_	()					
	Your signature			Spouse's sigr		Date (mm/dd/yyyy)	Daytime phone					
Paid		M SAGAR GUPTA TA	ALLAM		AM SAGAR GUPTA TALLAM	02/04/2021	Check if	P02082703				
Prepa	rer	preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN				
Use C	Only Firm's name		TAXES LLC			Firm's FEIN	30101719					
T I · · ·	Firm's address	2530 Peb	ble Creek LnC	umming	GA 30041	Firm's phone	_	5-9522				
Third Party					()			e Department may				
Party Desig		ne (please print)			Designee's phone num	iber		eturn with the third e shown in this step.				
Desig		(prodec print)					party accigite	e should in and stop.				

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

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1. DR_____ AP_____ RR DC IR ID ____

REV 01/23/21 PRO



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	К								
1099-OID	0	1099-NEC	N								

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

PRUDHVI KANTEM	on Form II -1040	0_1 Your Social Se	4 - 6 3 - 2	4 3 2	
Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld		
1 <u>W</u>	27-0425334 000	- \$ <u>11,460.00</u>	\$ <u>11,460.00</u>	\$ <u>567•00</u>	
2		- \$ <u>.00</u>	\$\$	\$00	
3		- \$.00	\$_00	\$00	
4		- \$ <u>-</u> •00	\$\$00	\$00	
5		\$ <u>-</u> •00	\$\$_00	\$00	

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

Your spouse's name	e as shown on Form IL-1040		Your spouse's S	Social Security	number		
Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	u mn C , Winnings, Gross Compensation, etc.	Illinois Wages	umn D , Winnings, Gross Compensation, etc.	Illinois	u mn E s Income Vithheld
6		_ \$	•00	\$	•00	\$	•00
7		_ \$	•00	\$	•00	\$	•00
8		- \$	•00	\$	•00	\$	•00
9 (_ \$	•00	\$	•00	\$	•00
10		_ \$	•00	\$	•00	\$	•00
o. o -							

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.

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

33	Illinois Department of F	Revenue		
S			Income Tax Elec	submission ID Estronic Filing Declaration ess it is requested for review.)
Ste	p 1: Provide taxpayer information PRUDHVI	KANT	EM	0 1 4 _ 6 3 _ 2 4 3 2
	•	ame (and last name if differe	ent) Last name	Social Security number
or	1 750 DEARBORN STREET			
type			60 6 5 4	Spouse's Social Security number
	CHICAGO		60654	
	City	State	ZIP	Daytime phone number
1 2 3 4 5	P 2: Complete information from ta Net income from Form IL-1040, Line 11 Tax from Form IL-1040, Line 14 Illinois Income Tax withheld from Form I Overpayment from Form IL-1040, Line 3 Total amount due from Form IL-1040, Li Filing status: X Single Married fi	L-1040, Line 25 only 35 ne 39		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
To ir does withi 7	s not support international ACH transaction in the United States or those not funded b Routing no. (RN):	a, the information in t ons. IDOR will only per by international funds.	this Step must be included form direct transactions (e.g Electronic payments will not	mation (Optional) I within the electronic transmission. Illinois y., debit, deposit) with financial institutions located t be accepted and refunds will be via paper check.
	Account no. (AN):			
9	Type of account: Checking	Savings		
10	Date the payment is to be electronically	withdrawn://		
11	Electronic funds withdrawal amount:	I_00		
12	Name on account:			
Ste	o 4: Taxpayer declaration and signa	ature (Sign only aft	er completing Step 2 ar	nd, if applicable, Step 3.)
Ľ	I consent that my refund may be dire	ctly deposited as desi	ignated in Step 3 and decla	re the information on Lines 7 through 9 is use as an agent to receive the refund.
C	withdrawal as designated in the elect	ronic portion of my 20 tronic overpayment of	020 Illinois Individual Incom	ent to initiate an ACH electronic funds e Tax return. I authorize the financial institutions al information necessary to answer inquiries
5	I do not want direct deposit of my ref	und, or an electronic f	unds withdrawal (direct deb	bit) of my balance due.
origi and	nator (ERO) are identical. To the best of r accompanying information may be sent to	ny knowledge, my retu o IDOR by my ERO. I a	irn is true, correct, and comp authorize IDOR to inform my	rmation I provided to my electronic return olete. I consent that my return, this declaration, / ERO and/or the transmitter when my return has nay be corrected and retransmitted if possible.
Sig	n			
her	e Your signature	Date	Spouse's signature (i	if joint return, both must sign) Date
l dec have		s electronic Form IL-1 m and declare, under	040, the information on this	ignature Form IL-8453, and accompanying information. I the best of my knowledge the taxpayer's return
			02/04/2021	Check if paid preparer: X (See instructions.)
	ERO's signature		Date	
ERC	GLOBAL TAXES LLC			$\frac{P}{V_{OUT}} \frac{O}{PTIN} \frac{2}{PTIN} \frac{O}{PTIN} \frac{8}{PTIN} \frac{2}{PTIN} \frac{7}{PTIN} \frac{O}{PTIN} \frac{3}{PTIN} \frac{1}{PTIN} \frac{1}{P$

	Times name of your name if self-employed				
use only	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9	6
Only	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). Do not mail Form IL-8453 and these documents unless requested for review.

