£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your dependent	name of									
Your first name	and m	iddle initial	Last na	me					Your	soc	ial security	number
SHRAVAN	Ι		KATE	KALA					370)-6	1-3932	!
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	se's	social seci	urity number
	•	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.				n Campaign
123 S R							T	202	- 1		ere if you, o	or your ly, want \$3
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta			code				Checking a
BLOOMING					_ I		_	1701	_		w will not o	change
Foreign country	y name			Foreign province/sta	e/coun	ity	For	eign postal cod	e your	tax (or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acqui	re any	financial inter	est ir	any virtual	currency	y?	Yes	⊠ No
Standard Deduction	_	eone can claim:		•		a dependent n						
Age/Blindness	You:	Were born before January 2, 1	956	Are blind S	pouse	e: Was bo	orn be	efore Januar	v 2, 195	6	☐ Is blir	nd
Dependents				(2) Social secu		(3) Relations					(see instruc	tions):
If more		irst name Last name		number	,	to you		Child tax		- 1		er dependents
than four										十		<u></u>
dependents,										T		
see instruction and check	s —									T		
here ►]
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1	9	2,309.
Attach	2a	Tax-exempt interest	2a		b 7	axable intere	st			2b		
Sch. B if required.	3a	Qualified dividends	3a	3.	b (Ordinary divid	ends			3b		3.
	4a	IRA distributions	4a		b٦	Taxable amou	nt .			4b		
	5a	Pensions and annuities	5a		b 7	Taxable amou	nt .			5b		
Standard	6a	Social security benefits	6a		b 7	Taxable amou	nt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quirec	l, check here		•		7		30.
Single or Married filing	8	Other income from Schedule 1, lir	ne 9 .							8	-1	3,000.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total ir	come				•	9	7	9,342.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	Оа					
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard deduction. S	ee inst	tructions 10	Ob					
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments t	inco	me			•	10c		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross in	come				•	11	7	9,342.
If you checked	12	Standard deduction or itemized	Standard deduction or itemized deductions (from Schedule A)									2,400.
any box under Standard	13	Qualified business income deduct	Qualified business income deduction. Attach Form 8995 or Form 8995-A									
Deduction, see instructions.	14	Add lines 12 and 13	dd lines 12 and 13									2,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	s, ente	er-0				15	6	6,942.

Form 1040 (2020	0)									Page 2		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	2 3 🗆			16	10,514.		
	17	Amount from Schedule 2, lin	ie 3						17			
	18	Add lines 16 and 17							18	10,514.		
	19	Child tax credit or credit for	other dependen	ts					19			
	20	Amount from Schedule 3, lin	ie 7						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,514.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.		
	24	Add lines 22 and 23. This is	your total tax					. •	24	10,514.		
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				25a	14	,344				
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			250						
	d	Add lines 25a through 25c	•				.		25d	14,344.		
	26	2020 estimated tax payment							26	, -		
 If you have a L qualifying child, 	27	Earned income credit (EIC)										
attach Sch. EIC.	28	Additional child tax credit. A										
 If you have nontaxable 	29	American opportunity credit										
combat pay, see instructions.	30	Recovery rebate credit. See		-			1	,366				
000 111011 00110110.	31	Amount from Schedule 3. lin						, 500				
	32	Add lines 27 through 31. The	32	1,366.								
	33	Add lines 25d, 26, and 32. T		15,710.								
	34	If line 33 is more than line 24						. ,	34	5,196.		
Refund	35a	Amount of line 34 you want	35a	5,196.								
Direct deposit?	> b	Routing number 0 7 1		3,190.								
See instructions.	►d	Account number 7 9 5			▶ c Type:	X Chec	King	Savings	,			
		Amount of line 34 you want a			nd toy	▶ 36	┬!					
Amarint	36	•							27			
Amount You Owe	37	Subtract line 33 from line 24		-					37			
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.										
how to pay, see		·										
instructions.	38	Estimated tax penalty (see in				▶ 38						
Third Party		you want to allow another					□ Vaa C		a balaw	⊠ No		
Designee				Phone		. ▶	☐ Yes. Co	•				
		signee's me ▶		no.				onal ider ber (PIN)	ntification			
Sign	Un	der penalties of perjury, I declare t	hat I have examine			schedules	and statemer	nts. and	to the be	st of my knowledge and		
•		ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupatio	n		If t	he IRS se	nt you an Identity		
	k							- 1		IN, enter it here		
Joint return?	b -				SOFTWARE		NEER	`	ee inst.) 🕨			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occup	pation		- 1		nt your spouse an ection PIN, enter it here		
your records.								- 1	ee inst.) >			
	———Ph	one no. (309)665-986	 5	Email address	SHRAVANI.	0822@	GMATI, CO	M				
-		eparer's name	Preparer's signat		SIMAVANI.	Date		PTIN		Check if:		
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			GIIPTA TAI.I.				82703	Self-employed		
Preparer		m's name ► GLOBAL TA		DIMONI			-0,2021			(678)965-9522		
Use Only		m's address > 2530 Pebb		n Cummin	g GA 3004	1			m's EIN			
Co to warm for				Cannati			1.07/00/21 75 3		III S LIIN	Form 1040 (2020)		
GO TO WWW.Irs.go	JV/FOR	n1040 for instructions and the late	st information.		BAA	KE	V 07/28/21 PRC	'		Form 1040 (2020)		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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** Your social security number

SHRA	AVANI KATEKALA	370-6	1-393	2
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	[1	
2 a	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 Sched	lule E	5	-13,000.
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 line 8		9	-13,000.
Par	t II Adjustments to Income			13,000.
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis govern			
	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			
С	Date of original divorce or separation agreement (see instructions) ▶			
19	IRA deduction		19	
20	Student loan interest deduction		20	
21	Tuition and fees deduction. Attach Form 8917		21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here on Form 1040, 1040-SR, or 1040-NR, line 10a		22	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

2020

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99) ➤ Go to www.irs.gov/ScheduleD for instructions and the latest information.

➤ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

SHRAVANI KATEKALA

270-61-3932

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number
370-61-3932

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 645. 617. 2. 30. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 30. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 30. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 Attachment Sequence No. 12A

Name(s) shown on return SHRAVANI KATEKALA Social security number or taxpayer identification number

370-61-3932

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I

instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/23/20	645.	617.	W	2.	30.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	645.	617.		2.	30.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Attachment

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

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

Sequence No. 13 Your social security number

370-61-3932 SHRAVANI KATEKALA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 Physical address of each property (street, city, state, ZIP code) Α SRI NAGAR COLONY HYDERABAD TELANGANA IN 500045 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a (from list below) **Days Days** 365 0 Α Α qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 650. 4 4 Royalties received Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,500. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 3,150. 14 Repairs. 14 15 2,300. 15 Supplies . Taxes 16 16 17 17 5,500. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 13,650. 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 -13,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -13,000.) 650 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 13,650. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 13,000. 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 -13,000.

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

1991

370-61-3932

SHRAVANI KATEKALA

123 S REGENCY DR

202

BLOOMINGTON

IL 61701

MONROE



		75.11.0101		
	В	Filing status: X Single Married filing jointly Married filing separately Widowed Head	of househol	Ч
	C	Check If someone can claim you, or your spouse if <u>filling</u> jointly, as a dependent. See in <u>structions</u> .		u
		Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident	J Spouse	-l- ND
	<u>D</u>	· · · · · · · · · · · · · · · · · · ·		
	Ste	p 2: Income	(Whole	dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	79,342 <u>.00</u>
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
Ţ	3	Other additions. Attach Schedule M.	3	.00
	4	Total income. Add Lines 1 through 3.	4	79,342 <u>.00</u>
	Ste	p 3: Base Income		
Staple W-2 and 1099 forms here	5	Social Security benefits and certain retirement plan income		
μ		received if included in Line 1. Attach Page 1 of federal return.	.00	
ns	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
Ž		Schedule 1, Ln. 1. 6	.00	
5 5	7	Schedule 1, Ln. 1. 6 Other subtractions. Attach Schedule M. 7	.00	
<u>ള</u>		Check if Line 7 includes any amount from Schedule 1299-C.		
70	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
nd	9	Illinois base income. Subtract Line 8 from Line 4.	9	79,342.00
a	Ste	p 4: Exemptions		
<u>``</u>		a Enter the exemption amount for yourself and your spouse. See instructions. a2,32	5.00	
<u>~</u>	10	b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b	.00	
ğ		c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c	.00	
šta		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00	
0,			0.00	
•		Exemption allowance. Add Lines a through d.	<u>0.00</u>	2,325.00
T	Cto		10	27323.00
		p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.	up dd	77 017 00
	10	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule I	NR. II	77,017.00
<u> </u>	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	10	2 012 00
9	10	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	3,812.00
9	13	Recapture of investment tax credits. Attach Schedule 4255.	13 14	3,812.00
		Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	3,012.00
9		p 6: Tax After Nonrefundable Credits		
an		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.		
ec		Attach Schedule ICR. 16	.00	
c	17		.00	•
Ä		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
2		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,812.00
Staple your check and IL-1040-V		p 7: Other Taxes		
ab	20	Household employment tax. See instructions.	20	.00
St	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
	22	Tatal Tay: Add Lines 10,00,01 and 00	22	3 812 00

Total Tax. Add Lines 19, 20, 21, and 22.

IL-1040 2D Front (R-12/20) This form is authorized as ou

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.



3,812.00

23



24 7	Total tax from Page 1, Line 23.						24	3,812 <u>00</u>				
Step	8: Payments and Refundal	ole Credit										
25 Illi	nois Income Tax withheld. Atta	ch Schedule IL-W	IT.		25	4,569.	00					
26 Es	stimated payments from Forms	IL-1040-ES and II	L-505-I,				_					
	cluding any overpayment applie				26		00					
27 Pa	ass-through withholding. Attach	Schedule K-1-P o	r K-1-T.		27).	<u>00</u>					
28 Ea	arned Income Credit from Sched	lule IL-E/EIC, Step	4, Line 8. A	.ttach Schedule IL-E/EIC	. 28	.(<u>00</u>					
29 To	otal payments and refundable	credit. Add Lines	25 through	28.			29	4,569 _{.00}				
Step	9: Total											
30 If I	Line 29 is greater than Line 24, s	ubtract Line 24 fro	m Line 29.				30	757 _{.00}				
31 If I	Line 24 is greater than Line 29, s	ubtract Line 29 fro	m Line 24.				31	.00				
Step	Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty											
for ur	nderpayment of estimated	tax or to make	a voluntar	y charitable dona	tion.							
32 La	ate-payment penalty for underpa	ayment of estimate	ed tax.		32).	00					
а	☐ Check if at least two-thirds	of your federal gro	ss income is	s from farming.								
	☐ Check if you or your spouse		-		-							
С	☐ Check if your income was n	ot received evenly	during the	ear and you annualiz	zed your inco	me on For	m IL-221	0.				
	Attach Form IL-2210.											
	d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.											
	oluntary charitable donations. A				33		<u>)()</u>	00				
	otal penalty and donations. A	ad Lines 32 and 3	3.				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 . 35 757.00											
	36 Amount from Line 35 you want refunded to you . Check one box on Line 37. See instructions. 36 757.00											
	37 I choose to receive my refund by											
а	☑ direct deposit - Complete	he information be	low if you ch	neck this box.								
	Routing numb	er 0 7 1 0	0 0 0	1 3 × Ch	ecking or	Savings						
	Account numb	per 7 9 5 9	3 2 1	9 8	$\overline{}$							
b	☐ Illinois Individual Income http://tax.illinois.gov/Deb	Tax refund debit	card. I ackr	owledge I have revie	wed the card	informatio	n found	at				
C	paper check.	icaid phor to ma	King this ele	Clion.								
	mount to be credited forward. S	uhtract Line 36 fro	om Line 35	See instructions			38	.00				
		abtract Line 50 in	JIII LINE 33.	oce manachons.				.00				
•	12: Amount You Owe											
	you have an amount on Line 31											
	you have an amount on Line 30						00	0.0				
SU	ıbtract Line 30 from Line 34. Th	s is the amount y	ou owe. Se	e instructions.			39	.00				
Step	13: If this is a joint return, both y		_									
	Under penalties of perjury, I	state that I have ex	xamined this	return and, to the bes	t of my knowle	edge, it is ti	rue, corre	ect, and complete.				
Sign						(30	9) 66!	5-9865				
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yy	yyy) Dayti	ime phone	e number				
	SYAM PRIYA RAM SAGAR GUPTA T		-		09/16/20			P02082703				
Paid	Print/Type paid preparer's name		Paid prepare		Date (mm/dd/yy	colf	employed					
Prepare	Firm's name	TAXES LLC		-			101719	•				
Use Onl	ly 	bble Creek LnC	'ummina		Firm's FEIN		8) 965					
Third	7 2530 PE	DDIE CIEEK DUC	.u119	GW 2004T	Firm's phone	È						
Party				()				e Department may eturn with the third				
Designe	Designee's name (please print)			Designee's phone num	nber			e shown in this step.				
	Refer to the 202	0 11 1040 1										
	Refer to the 202	u II = 111411 INS	struction	s ior the addre	ss to mai	u vour f	PILITA					

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1. ID: 3WM

REV 04/06/21 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	K
1099-OID	0	1099-NEC	N

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

SH	IRAVANI KATEK	IALA		3	7 (0 _	6	1 _	3	9	3	2		
Yo	ur name as shown	on Form IL-1040		Your	Your Social Security number									
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings as, Compensa			mn D Vinnings, mpensation		Column E Illinois Income Tax Withheld		me			
1	W	20-5754043	\$	92,309	• <u>00</u>	\$	92	2,309 .0	<u>D</u>	\$	4,56	<u>9•00</u>		
2			\$		• <u>00</u>	\$		<u>•0</u>	0	\$		<u>•00</u>		
3			\$		• <u>00</u>	\$		<u>•0</u>	<u>0</u>	\$		<u>•00</u>		
4			\$		• <u>00</u>	\$		•0	<u>0</u>	\$		•00		
5			\$		• <u>00</u>	\$		•0	<u>0</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 s	hown on Form IL-1040	Your spouse's S	Social Security number	
	Column B	Column C	Column D	Column E

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross 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			_ \$	<u>•00</u>	\$	•00	\$	•00	
10			_ \$	•00	\$	•00	\$	<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 \$ 4,569**.00**

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





Illinois Department of Revenue

			_								_							
Ī	Submission ID																	

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

<u></u>	(Do Hot Illall Folli IL-62	<u>'</u>	rtment of Revenue ur	nless it is requested for review.)
Step	1: Provide taxpayer information SHRAVANI		KALA	3 7 0 - 6 1 - 3 9 3 2
		's first name (and last name if differe		Social Security number
Print	123 S REGENCY DR 202	•	,	·
	Mailing address			Spouse's Social Security number
.,,,,	BLOOMINGTON	IL	61701	(309) 665-9865
	City	State	ZIP	Daytime phone number
Step	2: Complete information from	om tax return		
	let income from Form IL-1040, L			177,017 00 _
	ax from Form IL-1040, Line 14			2 3,812 <u>00</u>
	llinois Income Tax withheld from	Form IL-1040, Line 25 only	(enter "0" if none)	3 4,569 100
	Overpayment from Form IL-1040,			4 757 l_ 00
5 T	otal amount due from Form IL-10	040, Line 39		5I <u>.00</u>
6 F	Filing status: 🗶 Single Ma	rried filing jointly Marrie	ed filing separately W	/idowed Head of household
7 F 8 A 9 T 10 E	Routing no. (RN): 0 7 1 0 Account no. (AN): 7 9 5 9 Type of account: X Checking Date the payment is to be electronic funds withdrawal amounts Jame on account:	0 0 0 1 3 9 3 2 1 9 8 Savings nically withdrawn://		not be accepted and refunds will be via paper check.
Step	4: Taxpayer declaration and	signature (Sign only aft	ter completing Step 2	and, if applicable, Step 3.)
×	I consent that my refund may b	be directly deposited as desi	ignated in Step 3 and dec	clare the information on Lines 7 through 9 is bouse as an agent to receive the refund.
	withdrawal as designated in th	e electronic portion of my 20 n electronic overpayment of	020 Illinois Individual Inco	gent to initiate an ACH electronic funds me Tax return. I authorize the financial institutions itial information necessary to answer inquiries
	I do not want direct deposit of	my refund, or an electronic f	funds withdrawal (direct d	ebit) 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	ırn is true, correct, and cor authorize IDOR to inform ı	formation 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	I			
	Your signature	Date		e (if joint return, both must sign) Date
I decl have		payer's electronic Form IL-1 program and declare, under	040, the information on th	nis Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return
	ERO's signature		Date	Check if paid preparer: (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-employe	d		Your PTIN
use	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).

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

