Form 8879
(Rev. January 2021)
Department of the Treesury

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)

Taynaver's name

Тахрау	ver's name			So	cial se	curity	numb	er
DHA	NUNJAY KUMAR DONIPUDI			7	92-	74-4	4017	7
Spouse	o's name			Sp	ouse's	socia	l secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31,		(Ente	er yea	ar yo	u are	e aut	horizing.)
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	67,482.
2	Total tax					. [2	7,907.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					. [3	9,331.
4	Amount you want refunded to you					. [4	1,424.
5	Amount you owe					. [5	
Par	Taxpayer Declaration and Signature Authorization (Be sure y	von de	t and	kee	nac	onv	of v	our return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

тахрау	er's PIN: che	eck one box	only			4 4 0 1 7
X	I authorize	GLOBAL ?	TAXES	LLC	to enter or generate my PIN	as my
	signature or	n the income	e tax retu	ERO firm name urn (original or amended) I am now	authorizing.	Enter five digits, but don't enter all zeros
	if you are e			ure on the income tax return (origin and your return is filed using the		
	below.		$\langle \gamma \rangle$	ł		
Your sig	nature 🕨	0	MON /	v	Date 🕨	02/10/2021
		v	p			
Spouse	's PIN: chec	k one box o	only			
Spouse	's PIN: chec I authorize	k one box o	only		to enter or generate my PIN	as my
Spouse		k one box o	only	ERO firm name	to enter or generate my PIN	Enter five digits, but
Spouse	I authorize		-	ERO firm name urn (original or amended) I am now	5	

Spouse's s	signature 🕨 🛛 🛛 🖸	ate 🖡											
	Practitioner PIN Method Returns Only—continue	e bel	ow										
Part III	Certification and Authentication – Practitioner PIN Method Only												
ERO's EFI	N/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	
					Dor	n't er	nter	all ze	ros				

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 🕨	
	RO Must Retain This Form — Se omit This Form to the IRS Unless		
For Demonstration Act Notice and			Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	20	OMB No. 1545	5-0074	IRS Use	e Only	—Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single Arried filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separatel your spouse. If yc									
Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ty number	
DHANUNJ	AY K	UMAR	DONI	PUDI							74-401	-	
lf joint return, s	pouse's	s first name and middle initial	Last na									curity number	
Home address		er and street). If you have a P.O. box, see ROAD	instructio	ons.				Apt. no. 202		Check h	iere if you,		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	S	tate	ZIP c	ode				ntly, want \$3 Checking a	
Westerv	ille				0	DH	43	081		U U	ow will not	0	
Foreign countr	y name		F	oreign province/st	ate/cou	nty	Forei	gn postal o	code	your tax or refund.			
											You	Spouse	
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	lire an	y financial intere	est in	any virtu	al cu	rrency?	C Yes	X No	
Standard Deduction	_	eone can claim:	•	·		s a dependent en							
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	956	Are blind	Spous	e: 🗌 Was bo	rn bef	ore Janu	ary 2	2, 1956	🗌 ls b	lind	
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relations	air	(4)	if a	ualifies for	(see instru	uctions):	
If more		irst name Last name		number	,	to you		Child		1		her dependents	
than four									\Box				
dependents,													
see instruction and check	s —												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2						. 1		71,682.	
Attach	2a		2a 🎽		b	Taxable interes	t .			2b			
Sch. B if	3a	Qualified dividends	3a			Ordinary divide				3b			
required.	4a	IRA distributions	4a			Taxable amour				. 4b			
	5a	Pensions and annuities	5a		b	Taxable amour	nt			. 5b			
Standard	6a	Social security benefits	6a		b	Taxable amour	nt			. 6b			
Deduction for –	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not r	equire	d, check here			•	7			
 Single or Married filing 	8	Other income from Schedule 1, lin								. 8		-3,950.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,								▶ 9		67,732.	
Married filing	10	Adjustments to income:		,									
jointly or Qualifying	а					10	a						
widow(er),	b	From Schedule 1, line 22 10a Charitable contributions if you take the standard deduction. See instructions 10b						0.					
\$24,800 • Head of	с	Add lines 10a and 10b. These are				L				► 10c	;	250.	
household, \$18,650	11	Subtract line 10c from line 9. This	-	-						▶ 11	-	67,482.	
 If you checked 	12	Standard deduction or itemized								. 12		12,400.	
any box under Standard	13	Qualified business income deducti								. 13		,	
Deduction,	14									. 14	-	12,400.	
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, en							55,082.	
	-					· · · · ·							

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			. 16	7,907.
	17	Amount from Schedule 2, lir	ie3							. 17	
	18	Add lines 16 and 17								. 18	7,907.
	19	Child tax credit or credit for	other dependen	ts						. 19	
	20	Amount from Schedule 3, lir	ie7							. 20	
	21	Add lines 19 and 20								. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	7,907.
	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	7,907.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	9	,33	1.	
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								. 25 d	9,331.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 retur	m				. 26	
qualifying child,	27	Earned income credit (EIC)			1	Nọ .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	ie 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	d refunda	able cr	redits		▶ 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments						▶ 33	9,331.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is t	the amou	nt you	overpaid		. 34	1,424.
Horana	35a	Amount of line 34 you want			3 is attac	hed, che	ck here	e	▶ [35a	1,424.
Direct deposit?	►b	Routing number 0 7 1			► c Ty	ype: 🗙	Chec	king 🗌	Savin	gs	
See instructions.	►d	Account number 9 0 3	6 1 2 3	3 6							
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .					▶ 37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not repre	esent all o	of the	taxes you	owe t	for	
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.						
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party		you want to allow another	person to disc	cuss this retu	rn with	the IRS?	See	_			_
Designee	ins	structions					. 🕨	Yes. C	omple	te below.	× No
		signee's		Phone						entification	
<u></u>		ne 🕨		no. ►					ber (Pl	,	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	1	cupation					nt you an Identity
		ar signature		Duic		oupation					IN, enter it here
Joint return?					DEVE	LOPER			(see inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse	's occupat	ion				nt your spouse an
your records.	,									dentity Prot see inst.) 🕨	ection PIN, enter it here
	Dh			Email address					(
		one no. eparer's name	Preparer's signat	Email address			Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			CIIDTA	መልተ ተ አ м		10/2021		082703	Self-employed
Preparer				API SAGAR	GUPIA	тчптчы	02/	10/2021			
Use Only		m's name ► GLOBAL TAX n's address ► 2530 Pebb		n Cummin	a C ^	300/1					(678)965-9522
					-					Firm's EIN Ⅰ	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		В	AA	REV	/ 02/01/21 PRO	נ		Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

r soc	ial security number
	Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Name(s)

Name	e(s) shown on Form 1040, 1040-SR, or 1040-NR	Your so	ocial security numb	er	
DHA	DHANUNJAY KUMAR DONIPUDI 792-74				
Ра	rt I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1		

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 Schedule E	5	-3,950.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
	line 8	9	-3,950.
Par	t II Adjustments to Income		

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
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 and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/01/21 PRO	Schedu	le 1 (Form 1040) 2020

(Form 1	orm 1040) (From rental real estate, royalties, partners				hips, S corporations, estates, trusts, REMICs, etc.)					9	M20		
Departm	artment of the Treasury Attach to Form 1040), 1040-SR, 1040-NR, or 1041.						Attachment		
	Internal Revenue Service (99) Go to www.irs.gov/ScheduleE for						and the	latest i	nformation.		Attacr Seque	ence No. 13	
Name(s) shown on return										Your soci	al securit	y number	
DHAN	UNJAY KUMAR	DON	IIPUDI							792-7	4-401	7	
Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal										rsonal pr	roperty, use		
	Schedule C	C. See i	instructions. If you ar	e an individual, rep	ort farr	n rental i	ncome o	r loss fr	om Form 48 3	35 on page	2, line 4	0.	
A Dic	A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions												
B If "	Yes," did you or	will yo	ou file required For	m(s) 1099?							. 🗆 ۱	res 🗌 No	
1a			each property (stre										
Α	GANDHI NAG	AR H	IYDERABAD IN	500072									
В													
С													
1b	Type of Prop	erty	2 For each ren	tal real estate prop	oerty li	isted		Fair	Rental	Persona	l Use	QJV	
	(from list belo	ow)	above, repor	t the number of fa	ir rent	al and		D	ays	Day	s	QUV	
Α	3		if you meet th	days. Check the one requirements to	o file a	s a	Α		365		0		
В	Τ		qualified join	t venture. See inst	ructio	ns.	В						
С							С						
Туре с	of Property:												
1 Sing	le Family Reside	ence	3 Vacation/Sh	ort-Term Rental	5 La	nd	7	' Self-l	Rental				
2 Mult	ti-Family Resider	nce	4 Commercial		6 Ro	yalties	8	8 Othe	r (describe)				
Incom	e:			Properties:			Α		В			С	
3	Rents received				3		4	450.					
4	Royalties receiv	ved.			4								
Expen													
5	Advertising .				5								
6	Auto and travel	(see ir	nstructions)		6		3	350.					
7	Cleaning and m	ainten	nance		7								
8	Commissions.				8								
9	Insurance				9								
10	Legal and other	[,] profe	ssional fees		10								
11	Management fe	es.			11		6	500.					
12	Mortgage intere	est pai	d to banks, etc. (se	ee instructions)	12								
13	Other interest.				13		2,5	500.					
14	Repairs				14		5	500.					
15	Supplies				15								
16					16								
17	Utilities				17		4	450.					
18	Depreciation ex	pense	e or depletion .		18								
19	Other (list) ►				19								
20	Total expenses.	. Add I	lines 5 through 19		20		4,4	400.					
21	Subtract line 20) from	line 3 (rents) and/o	or 4 (royalties). If									
	()		instructions to find	,									
					21		-3,9	950.					
22			estate loss after l	imitation, if any,									
	on Form 8582 (22	(-3 , 9	50.)	()	(
23a			eported on line 3 fo					23a		450.			
b			eported on line 4 fo		erties	· ·		23b					
С			eported on line 12		• •			23c					
d			eported on line 18			· ·		23d					
е			eported on line 20					23e		4,400.			
24			e amounts shown			-		•••		. 24			
25	-	-	sses from line 21 an								(3,950.	
26			ate and royalty in										
			V, and line 40 on										
	Schedule 1 (For	rm 10 4	40), line 5. Otherwi	se, include this ar	nount	in the t	otal on l	line 41	on page 2	. 26		-3 , 950.	

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

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

			1994			X10.14.641.9129	di Sudrin	
		2-74-4017 ANUNJAY KUMAR	DONIPUDI					
	393	3 LAZELLE ROAD		202				
	Mod		42001			RANG-AND-CONTRACTOR - 19490	LAN MALINA MARINA	NAY KEY KEN MIT TUT
	wes	sterville OH	43081					
	в	Filing status: X Single	Married filing jointly	/ Married fi	ling separately	/idowed 🛛 Head	d of househo	ld
	c	Check If someone can claim						
	D	Check the box if this applies	s to you during 2020:	× Nonresider	it - Attach Sch. NR	Part-year reside	nt - Attach S	Sch. NR
	Ste	p 2: Income				<u>y</u>		e dollars only)
	1	Federal adjusted gross inco	me from your federa	l Form 1040 or	1040-SR, Line 11.		1	67,482 _{.00}
	2	Federally tax-exempt interest)40-SR, Line 2a.	2	.00
T	3	Other additions. Attach Sch					3	.00
	4	Total income. Add Lines 1 t	through 3.				4	67,482 <u>.00</u>
Ø		p 3: Base Income						
Jer	5	Social Security benefits and				-	0.0	
IS P	6	received if included in Line			- 1040 CD	5	.00	
rm	0	Illinois Income Tax overpaym Schedule 1, Ln. 1.		ai F0111 1040 0	11040-3n,	6	.00	
50	7	Other subtractions. Attach S	Schedule M.			6 7	.00	
360		Check if Line 7 includes ar		edule 1299-C.				
11	8	Add Lines 5, 6, and 7. This i					8	.00
anc	9	Illinois base income. Subtr	ract Line 8 from Line	4.			9	67,482.00
2		p 4: Exemptions						
Staple W-2 and 1099 forms here	10	a Enter the exemption amou	unt for yourself and yo	our spouse. Se	e instructions.	a2,3	25.00	
ple		b Check if 65 or older: Check if legally blind:	J You + □ Spous J You + □ Spous	e # of che	ckboxes X \$1,000 ckboxes X \$1,000			
Sta		d If you are claiming depende					.00	
-		Attach Schedule IL-E/EIC.			,, etop _,e	d	0.00	
		Exemption allowance. Add	l Lines a through d.				10	2,325.00
	Ste	p 5: Net Income and Tax						
	11	Residents: Net income. Su						
		Nonresidents and part-yea				IR. Attach Schedule	e NR. 11	1,898.00
~	12	Residents: Multiply Line 11 Nonresidents and part-yea					12	94.00
40	13	Recapture of investment tax			ieuuie Nn.	`	12	.00
-10	14	Income tax. Add Lines 12 a					14	94.00
E	Ste	p 6: Tax After Nonrefund	able Credits					
na	15	Income tax paid to another		resident. Attac	h Schedule CR.	15	.00	
k a	16	Property tax and K-12 educ	ation expense credit	amount from S	chedule ICR.			
Jec		Attach Schedule ICR.				16	.00	
C	17	Credit amount from Schedu				17	<u>.00</u> 18	0.00
Inc	18 19	Add Lines 15, 16, and 17. The Tax after nonrefundable c				int on Line 14.	10	94.00
ž		p 7: Other Taxes						00
ble	20	Household employment tax.	See instructions				20	.00
Staple your check and IL-1040-V	21	Use tax on internet, mail or		ate purchases	from UT Worksheet or	r UT Table		.00
		in the instructions. Do not le	eave blank.	·			21	0.00
•	22	Compassionate Use of Medi		n Act and sale o	of assets by gaming lic	ensee surcharges.		.00
	23	Total Tax. Add Lines 19, 20, IL-1040 2D Front (R-12/20) This form is	, 21, and 22. s authorized as outlined under	the Illippie In			23	94.00
		come Tax A	Act. Disclosure of this informati	on is required.				
		Lealure to n	provide information could result	in a penalty 1				

24 Tot	al tax from Page 1, Line 23.					24	94 .00
Step 8:	Payments and Refundabl	e Credit					
25 Illino	ois Income Tax withheld. Attacl	h Schedule IL-W	IT.		25	97 .00	
26 Estir	mated payments from Forms II	1040-ES and II	505-I,				
	iding any overpayment applied				26	.00	
	s-through withholding. Attach S				27	.00	
	ned Income Credit from Schedu Il payments and refundable of				28	<u></u> 29	97 _{.00}
Step 9:		Feur. Add Lines		20.		2j	<u> </u>
-	ne 29 is greater than Line 24, sul	btract Line 24 from	m Line 29			30	3.00
	ne 24 is greater than Line 29, su					31	.00
-): Underpayment of Estima erpayment of estimated ta		-	-		or late-payme	ent penalty
32 Late	-payment penalty for underpay	ment of estimate	ed tax.	-	32	.00	
	Check if at least two-thirds of			-			
	Check if you or your spouse						
cL	Check if your income was not Attach Form IL-2210.	received evenly	during the y	ear and you annualiz	ed your income o	n Form IL-2210	
dГ	Check if you were not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax w	rear	
	ntary charitable donations. Att				33	.00	
	Il penalty and donations. Add					34	.00
Step 11	: Refund						
35 If yo	u have an amount on Line 30 a	and this amount	is greater th	an Line 34, subtract L	ine 34 from Line	30.	
This	is your overpayment .					35	3.00
36 Amo	ount from Line 35 you want refu	inded to you. Ch	neck one box	on Line 37. See instr	ructions.	36	3.00
	pose to receive my refund by						
a 🗵	direct deposit - Complete th	e information be	low if you ch	eck this box.			
	Routing numbe	r 0 7 1 0	0 0 0	1 3 × Ch	ecking or Sav	ings	
	Account numbe	er 9 0 3 6	1 2 3	36			
b 🗌] Illinois Individual Income Ta http://tax.illinois.gov/Debit	ax refund debit Card prior to ma	card. I ackn king this ele	owledge I have review	wed the card infor	mation found at	:
c	paper check.						
38 Amo	ount to be credited forward. Su	btract Line 36 fro	om Line 35. S	See instructions.		38	.00
Step 12	2: Amount You Owe						
39 If yo	u have an amount on Line 31,	add Lines 31 an	d 34. - or -				
•	u have an amount on Line 30 a						
subt	ract Line 30 from Line 34. This	is the amount y	ou owe . Se	e instructions.		39	.00
Step 13	3: If this is a joint return, both yo Under penalties of perjury, I s	• •	-		t of my knowledge,	it is true, correc	t, and complete.
Sign	WW 24	2/10/2021				()	
Here	Your signature	Date (mm/dd/yyyy)	y) Spouse's signature Da		Date (mm/dd/yyyy)	Daytime phone i	number
	SYAM PRIYA RAM SAGAR GUPTA TA	LLAM	SYAM PRIYA R		02/10/2021	Check if I	202082703
Paid	Print/Type paid preparer's name				Date (mm/dd/yyyy)	self-employed F	Paid Preparer's PTI
Preparer Use Only						301017196	
	Firm's address > 2530 Peb	ble Creek LnC	umming	GA 30041	Firm's phone	(678) 965-	-9522
Third				()			Department may
Party	Designee's name (places print)				bor		urn with the third
Designee	Designee's name (please print) Designee's phone number					party designee	shown in this step.

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

ID

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



		Department of Re	
Į	2020	Schedule	NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	DHANUNJAY KUMAR DONIPUDI	7 9 2 _ 7 4 _ 4 0 1 7
_	Your name as shown on your Form IL-1040	Your Social Security number
S	tep 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year resident	of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP you	cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year reside	ent during the tax year, tell us your residency dates for 2020.
	a I lived in Illinois from/ / 2 0 to/ / 2 0 I in Month Day Year Month Day Year	ived in from/ / 2 0 to/ / 2 0 State Month Day Year Month Day Year
	b My spouse lived in Illinois from/ / <u>2</u> <u>0</u> to / / <u>2</u> <u>0</u> to / / <u>2</u> <u>0</u> Month Day Year Month Day Year	
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spot	
4	Iowa Kentucky Michigan List any state other than Illinois or any states already indicated on Lin Enter the two-letter abbreviation of that state.	Wisconsin Military Spouse ne 2 or 3 above, that you claimed residency for tax purposes in 2020.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_				Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 _	71,682 _{.00}	1,965 _{.00}
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2	a) 9 _	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1	, Line 3) 10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11_	.00	.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Li	ne 4) 12 _	.00	.00
	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
<u></u>		Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
Ĕ∣	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-3,950 _{.00}	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Lir	e 6) 16 _	.00	.00
	17	Unemployment compensation and Alaska Permanent Fund dividends			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line	e 6b) 18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Sche	· · · ·		
		Include winnings from the Illinois State Lottery as Illinois income in	Column B. 19	.00	.00
_	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your t	ederal total income	. 20	1,965 _{.00}
		Continue with Step 3			
				lined under the Illinois Income Tax ailure to provide information could	



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued		olumn A deral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	1,965 _{.00}
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
	I 1	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24	.00	.00
e	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
D	I 1	Schedule 1, Line 13)	25	.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26	.00	.00
	27				
5	I 1			.00	.00
Its	28		28	.00	.00
ē	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	29	.00	.00
đ	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30	.00	.00
djustments	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	31	.00	.00
Ē	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	32	.00	.00
∢	33	Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33	.00	.00
	34	RESERVED	34		
	35	Other adjustments (see instructions)	35	250 _{.00}	0.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
	I 1	adjustments to income.		36	0.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	67,482 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted group	ss income	e. 38	1,965 _{.00}

Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
at a	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
let m	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	1,965.00
ĮĘ	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	UTU.	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
i.c	2	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
ΙΞ	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

Step 5: Figure your Illinois income and tax

Γ	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	1,965.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
ons	47	Enter the base income from Form IL-1040, Line 9.	47	67,482 _{.00}	
lati	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
Ĩ	I	decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 029	
lcu	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,325.00	
Ca	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
_	I	allowance.		50	67.00
Tax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
1	I	Enter the amount here and on your Form IL-1040, Line 11.		51	1,898.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
	L	Enter the amount here and on your Form IL-1040, Line 12.			
		This is your tax.		52	94.00



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	Ν								

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

DHANUNJAY KUMAR DONIPUDI Your name as shown on Form IL-1040	79 Your Social S		<u> </u>	<u>1</u> 0	1 7	
Column AColumn BForm typeEmployer/PayerIdentification Number	Federal Wages,	mn C Winnings, Gross ompensation, etc.	Illinois Wa	Column D ages, Winnings, Gros ns, Compensation, e	s Illi	Column E inois Income ax Withheld
1 <u>W</u> <u>45-5488835</u>	\$	71,682 .00	\$	1,965 .00	\$	97 •00
2	\$	•00	\$	•00	\$	•00
3	\$	•00	\$	•00	\$	•00
4	\$	•00	\$	•00	\$	•00
5	\$	•00	\$	•00	\$	•00

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

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	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.		Column E Illinois Income Tax Withheld	
6		- \$	•00	\$	•00	\$	•00
7		\$	•00	\$	•00	\$	•00
8		- \$	•00	\$	•00	\$	•00
9		- \$	•00	\$	•00	\$	•00
10		\$	•00	\$	•00	\$	<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.

➡ Attach all Schedules IL-WIT to your IL-1040.

Illinois Department of Reve	nue								
5 2020 IL-8453 Illinois I	ndividual Inco		nission ID Onic Filing Declaration						
(Do not mail Form IL-8453 to the			•						
Step 1: Provide taxpayer information DHANUNJAY KUMAR		7 9 2 _ 7 4 _ 4 0 1 7							
First name and middle initial Spouse's first name (an	DONIPUDI d last name if different)	Last name	Social Security number						
Print 393 LAZELLE ROAD 202	· ··· · · · · · · ,								
type Mailing address			Spouse's Social Security number						
Westerville	ОН	43081	()						
City	State	ZIP	Daytime phone number						
Step 2: Complete information from tax retu	Irn								
1 Net income from Form IL-1040, Line 11			11,898 00						
2 Tax from Form IL-1040, Line 14		2 94 00							
3 Illinois Income Tax withheld from Form IL-104	3 97 00								
4 Overpayment from Form IL-1040, Line 35	o, Ellio 20 only (ontoi		43 00						
5 Total amount due from Form IL-1040, Line 39			5 00						
6 Filing status: <u>×</u> Single <u>Married filing jo</u>	intly Married filing	separately Widov	ved Head of household						
Step 3: Complete direct deposit of refund		-							
To initiate a payment or refund transaction, the does not support international ACH transactions. ID within the United States or those not funded by interaction Routing no. (RN): $\begin{array}{cccccccccccccccccccccccccccccccccccc$	Information in this Ste IOR will only perform di rnational funds. Electro 0_1_3	ep must be included ward rect transactions (e.g.,	ithin the electronic transmission. Illinois debit, deposit) with financial institutions located						
8 Account no. (AN): 9 0 3 6 1 2			_						
9 Type of account: <u>×</u> Checking <u>Savin</u>	ngs								
10 Date the payment is to be electronically withdrawn://									
11 Electronic funds withdrawal amount:	I_ <u>00_</u>								
12 Name on account:									
Step 4: Taxpayer declaration and signature	(Sign only after cor	npleting Step 2 and	, if applicable, Step 3.)						
I consent that my refund may be directly de correct. If I have filed a joint return, this is a									
I authorize the Illinois Department of Rever withdrawal as designated in the electronic involved in the processing of an electronic and resolve issues related to the payment.	portion of my 2020 Illin	iois Individual Income T	ax return. I authorize the financial institutions						
I do not want direct deposit of my refund, o	r an electronic funds w	vithdrawal (direct debit)	of my balance due.						
Under penalties of perjury, I declare the information originator (ERO) are identical. To the best of my kno and accompanying information may be sent to IDO been accepted or rejected. If rejected, I authorize IE	wledge, my return is tr R by my ERO. I authori:	ue, correct, and comple ze IDOR to inform my E	te. I consent that my return, this declaration, RO and/or the transmitter when my return has						
Sign	2/10/2021								
here Your signature	Date	Spouse's signature (if jo	int return, both must sign) Date						
Step 5: Electronic return originator (ERO)	and paid preparer of	declaration and sign	nature						
I declare that I have examined this taxpayer's elect have followed all requirements of this program and and accompanying information are true, correct, a	ronic Form IL-1040, th declare, under penalt	exinformation on this Fo	orm IL-8453, and accompanying information. I						
		02/10/2021							
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-employed			Your PTIN						
use 2530 Pebble Creek Ln		3 0 - 1 0 1 7 1 9 6							
Mailing address		Federal employer identification number (FEIN)							

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.

GA

State

Cumming

City

30041

ZIP



(678) 965-9522

Daytime phone number