

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SAI PRAVEENA LAKSHMI
Last name: PARDESI
Your social security number: 679-51-2291
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 1635 HOWARD AVENUE
Apt. no.:
City, town, or post office: DES PLAINES
State: IL
ZIP code: 60018
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 76,209.

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

|           |  |            |         |
|-----------|--|------------|---------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b>  | 12,560. |
| <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b> | Add lines 16 and 17  | <b>18</b>  | 12,560. |
| <b>19</b> | Child tax credit or credit for other dependents  | <b>19</b>  |         |
| <b>20</b> | Amount from Schedule 3, line 7   | <b>20</b>  |         |
| <b>21</b> | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 12,560. |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10   | <b>23</b>  | 0.      |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 12,560. |
| <b>25</b> | Federal income tax withheld from:  |            |         |
| <b>a</b>  | Form(s) W-2  | <b>25a</b> | 13,685. |
| <b>b</b>  | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>  | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>  | Add lines 25a through 25c  | <b>25d</b> | 13,685. |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return  | <b>26</b>  |         |
| <b>27</b> | Earned income credit (EIC) <b>NO</b>   | <b>27</b>  |         |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812  | <b>28</b>  |         |
| <b>29</b> | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b> | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b> | Amount from Schedule 3, line 13  | <b>31</b>  |         |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 13,685. |

**Refund**

|            |   |            |   |
|------------|---|------------|---|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | 1,125.  |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> | 1,125.  |
| <b>b</b>   | Routing number 044000037  | <b>c</b>   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number 795396758  |            |   |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | <b>36</b>  |   |

**Amount You Owe**

For details on how to pay, see instructions.

|           |  |           |  |
|-----------|--|-----------|--|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | <b>37</b> |  |
| <b>38</b> | Estimated tax penalty (see instructions)                             | <b>38</b> |  |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |   |   |
|---|------|---|---|
| Your signature  | Date | Your occupation<br><b>SOFTWARE ENGINEER</b> | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                         | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (317) 756-8686 Email address PRAVEENA.PARDESI@GMAIL.COM

**Paid Preparer Use Only**

|   |  |                           |                          |  |
|---|--|---------------------------|--------------------------|--|
| Preparer's name<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> | Preparer's signature<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> | Date<br><b>09/23/2021</b> | PTIN<br><b>P02082703</b> | Check if:<br><input type="checkbox"/> Self-employed      |
| Firm's name<br><b>GLOBAL TAXES LLC</b>                      | Firm's address<br><b>2530 Pebble Creek Ln Cumming GA 30041</b>   |                           |                          | Phone no. (678) 965-9522<br>Firm's EIN <b>30-1017196</b> |

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SAI PRAVEENA LAKSHMI PARDESI

Your social security number  
679-51-2291

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -6,200. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -6,200. |

**Part II Adjustments to Income**

|            |   |            |  |
|------------|---|------------|--|
| <b>10</b>  | Educator expenses . . . . .   | <b>10</b>  |  |
| <b>11</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                 | <b>11</b>  |  |
| <b>12</b>  | Health savings account deduction. Attach Form 8889 . . . . .  | <b>12</b>  |  |
| <b>13</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>13</b>  |  |
| <b>14</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>14</b>  |  |
| <b>15</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>15</b>  |  |
| <b>16</b>  | Self-employed health insurance deduction . . . . .  | <b>16</b>  |  |
| <b>17</b>  | Penalty on early withdrawal of savings . . . . .  | <b>17</b>  |  |
| <b>18a</b> | Alimony paid . . . . .  | <b>18a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____   |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____   |            |  |
| <b>19</b>  | IRA deduction . . . . .   | <b>19</b>  |  |
| <b>20</b>  | Student loan interest deduction . . . . .   | <b>20</b>  |  |
| <b>21</b>  | Tuition and fees deduction. Attach Form 8917 . . . . .  | <b>21</b>  |  |
| <b>22</b>  | Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . . | <b>22</b>  |  |

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://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

SAI PRAVEENA LAKSHMI PARDESI

Your social security number

679-51-2291

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

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 lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 1,382.                           | 1,742.                          | 4.  | -356.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> -356.  |

**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 lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|   |           |          |
|---|-----------|----------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> | <b>16</b> | -356.    |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>  |           |          |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>   | <b>18</b> |          |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>   | <b>19</b> |          |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>  |           |          |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>   | <b>21</b> | ( 356. ) |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>   |           |          |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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.

Name(s) shown on return

Social security number or taxpayer identification number

SAI PRAVEENA LAKSHMI PARDESI

679-51-2291

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.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see 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.

- (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 Form 1099-B

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
|  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | Robinhood Securities LLC                                     | 09/01/20                                | 12/31/20  | 1,382.   | 1,742.   | W   | 4.                             | -356.  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |  |   |   | 1,382.   | 1,742.   |   | 4.                             | -356.  |

**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**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

Your social security number

SAI PRAVEENA LAKSHMI PARDESI

679-51-2291

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **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 . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | CHIMAKURTHI ONGOLE ANDHRA PRADESH IN 523225                       |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 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: |  | A           | B      | C       |
|------------------|---|-------------|--|-------------|--------|---------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |  | 650.        |        |         |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |  |             |        |         |
| <b>Expenses:</b> |   |             |  |             |        |         |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |  |             |        |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |  |             |        |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |  | 1,350.      |        |         |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |  |             |        |         |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |  |             |        |         |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |  |             |        |         |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |  |             |        |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |  |             |        |         |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |  |             |        |         |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |  | 1,650.      |        |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |  | 1,650.      |        |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |  |             |        |         |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |  | 2,200.      |        |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |  |             |        |         |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |  |             |        |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |  | 6,850.      |        |         |
| <b>21</b>        | 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 <b>Form 6198</b> . . . . .  | <b>21</b>   |  | -6,200.     |        |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>   |  | ( -6,200. ) | ( )    | ( )     |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |  |             | 650.   |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |  |             |        |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |  |             |        |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |  |             |        |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |  |             | 6,850. |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>   |  |             |        |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   |  | ( 6,200. )  |        |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b>   |  |             |        | -6,200. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020





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](http://tax.illinois.gov).

**Step 1: Personal Information**

1993

679-51-2291

SAI PRAVEENA LAKSHMI PARDESI

1635 HOWARD AVENUE

DES PLAINES IL 60018 COOK



- B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household  
**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** Check the box if this applies to you during 2020:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income**

(Whole dollars only)

|   |                    |
|---|--------------------|
| <b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.                     | <b>1</b> 88,609.00 |
| <b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | <b>2</b> .00       |
| <b>3</b> Other additions. Attach Schedule M.  | <b>3</b> .00       |
| <b>4</b> Total income. Add Lines 1 through 3.   | <b>4</b> 88,609.00 |

**Step 3: Base Income**

|   |                    |
|---|--------------------|
| <b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | <b>5</b> .00       |
| <b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.                                 | <b>6</b> .00       |
| <b>7</b> Other subtractions. Attach Schedule M.<br>Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/> | <b>7</b> .00       |
| <b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.   | <b>8</b> .00       |
| <b>9</b> Illinois base income. Subtract Line 8 from Line 4.   | <b>9</b> 88,609.00 |

**Step 4: Exemptions**

|   |                    |
|---|--------------------|
| <b>10 a</b> Enter the exemption amount for yourself and your spouse. See instructions.                                      | <b>a</b> 2,325.00  |
| <b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =   | <b>b</b> .00       |
| <b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | <b>c</b> .00       |
| <b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | <b>d</b> 0.00      |
| <b>Exemption allowance.</b> Add Lines a through d.  | <b>10</b> 2,325.00 |

**Step 5: Net Income and Tax**

|  |                     |
|--|---------------------|
| <b>11 Residents: Net income.</b> Subtract Line 10 from Line 9.   | <b>11</b> 39,079.00 |
| <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR. |                     |
| <b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.                                | <b>12</b> 1,934.00  |
| <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.                                     |                     |
| <b>13</b> Recapture of investment tax credits. Attach Schedule 4255.   | <b>13</b> .00       |
| <b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.   | <b>14</b> 1,934.00  |

**Step 6: Tax After Nonrefundable Credits**

|   |                    |
|---|--------------------|
| <b>15</b> Income tax paid to another state while an Illinois resident. Attach Schedule CR.                      | <b>15</b> .00      |
| <b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.         | <b>16</b> .00      |
| <b>17</b> Credit amount from Schedule 1299-C. Attach Schedule 1299-C.   | <b>17</b> .00      |
| <b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | <b>18</b> 0.00     |
| <b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.                                       | <b>19</b> 1,934.00 |

**Step 7: Other Taxes**

|   |                    |
|---|--------------------|
| <b>20</b> Household employment tax. See instructions.   | <b>20</b> .00      |
| <b>21</b> 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. | <b>21</b> 0.00     |
| <b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.                                     | <b>22</b> .00      |
| <b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.  | <b>23</b> 1,934.00 |

IL-1040 2D Front (R-12/20)

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.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 1,934.00

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 1,987.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00

28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 28 .00

29 **Total payments and refundable credit.** Add Lines 25 through 28. 29 1,987.00

**Step 9: Total**

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 53.00

31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

**Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.**

32 Late-payment penalty for underpayment of estimated tax. 32 .00

a  Check if at least two-thirds of your federal gross income is from farming.

b  Check if you or your spouse are 65 or older and permanently living in a nursing home.

c  Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.

d  Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

33 Voluntary charitable donations. **Attach** Schedule G. 33 .00

34 **Total penalty and donations.** Add Lines 32 and 33. 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 53.00

36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 53.00

37 I choose to receive my refund by

a  **direct deposit** - Complete the information below if you check this box.

|                |                   |  |
|----------------|-------------------|--|
| Routing number | 0 4 4 0 0 0 0 3 7 | <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings |
| Account number | 7 9 5 3 9 6 7 5 8 |  |

b  **Illinois Individual Income Tax refund debit card.** I acknowledge I have reviewed the card information found at <http://tax.illinois.gov/DebitCard> prior to making this election.

c  **paper check.**

38 Amount to be **credited forward**. Subtract Line 36 from Line 35. See instructions. 38 .00

**Step 12: Amount You Owe**

39 If you have an amount on Line 31, add Lines 31 and 34. - or -  
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the **amount you owe**. See instructions. 39 .00

**Step 13: If this is a joint return, both you and your spouse must sign below.**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

|                               |                                      |                   |                                   |                         |  |
|-------------------------------|--------------------------------------|-------------------|-----------------------------------|-------------------------|--|
| <b>Sign Here</b>              |                                      |                   |                                   |                         |  |
|                               | Your signature                       | Date (mm/dd/yyyy) | Spouse's signature                | Date (mm/dd/yyyy)       | Daytime phone number   |
|                               | SYAM PRIYA RAM SAGAR GUPTA TALLAM    |                   | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 09/23/2021              | (317) 756-8686   |
| <b>Paid Preparer Use Only</b> | Print/Type paid preparer's name      |                   | Paid preparer's signature         |                         | <input type="checkbox"/> Check if self-employed  |
|                               | Firm's name                          |                   | Firm's FEIN                       |                         | P02082703  |
|                               | Firm's address                       |                   | Firm's phone                      |                         | Paid Preparer's PTIN   |
|                               | GLOBAL TAXES LLC                     |                   |                                   | 301017196               |  |
|                               | 2530 Pebble Creek LnCumming GA 30041 |                   |                                   | (678) 965-9522          |  |
| <b>Third Party Designee</b>   | Designee's name (please print)       |                   |                                   | Designee's phone number |  |
|                               | ( )                                  |                   |                                   |                         |  |
|                               |                                      |                   |                                   |                         | <input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step. |

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



Illinois Department of Revenue  
**2020 Schedule NR**  
 Attach to your Form IL-1040

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

IL Attachment No. 2

SAI PRAVEENA LAKSHMI PARDESI

Your name as shown on your Form IL-1040

6 7 9 - 5 1 - 2 2 9 1

Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2020.  
 a I lived in **Illinois** from 01 / 01 / 20 to 05 / 30 / 20 I lived in Michigan from 06 / 01 / 20 to 12 / 31 / 20  
 Month Day Year Month Day Year State Month Day Year Month Day Year  
 b My spouse lived in **Illinois** from \_\_\_ / \_\_\_ / 20 to \_\_\_ / \_\_\_ / 20, and \_\_\_\_\_ from \_\_\_ / \_\_\_ / 20 to \_\_\_ / \_\_\_ / 20  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2020. Enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**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<br>Federal Total | Column B<br>Illinois Portion |
|---|---------------------------|------------------------------|
| <b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)   | <u>5</u> 95,165.00        | <u>40,132.00</u>             |
| <b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)   | <u>6</u> .00              | <u>.00</u>                   |
| <b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)   | <u>7</u> .00              | <u>.00</u>                   |
| <b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)  | <u>8</u> .00              | <u>.00</u>                   |
| <b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)   | <u>9</u> .00              | <u>.00</u>                   |
| <b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)  | <u>10</u> .00             | <u>.00</u>                   |
| <b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)   | <u>11</u> -356.00         | <u>0.00</u>                  |
| <b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)  | <u>12</u> .00             | <u>.00</u>                   |
| <b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)   | <u>13</u> .00             | <u>.00</u>                   |
| <b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)  | <u>14</u> .00             | <u>.00</u>                   |
| <b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)  | <u>15</u> -6,200.00       | <u>0.00</u>                  |
| <b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)  | <u>16</u> .00             | <u>.00</u>                   |
| <b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7)  | <u>17</u> .00             | <u>.00</u>                   |
| <b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)  | <u>18</u> .00             | <u>.00</u>                   |
| <b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 8)<br>Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B. | <u>19</u> .00             | <u>.00</u>                   |
| <b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.  | <b>20</b> 40,132.00       | <u>40,132.00</u>             |

Continue with Step 3 on Page 2 →



**Step 3: Continued**

|                              |  | Column A<br>Federal Total | Column B<br>Illinois Portion |
|------------------------------|--|---------------------------|------------------------------|
| <b>Adjustments to Income</b> | 21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.   | <b>21</b>                 | 40,132.00                    |
|                              | 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)   | <b>22</b>                 | .00                          |
|                              | 23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | <b>23</b>                 | .00                          |
|                              | 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)  | <b>24</b>                 | .00                          |
|                              | 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 13)   | <b>25</b>                 | .00                          |
|                              | 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)  | <b>26</b>                 | .00                          |
|                              | 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 15)  | <b>27</b>                 | .00                          |
|                              | 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)  | <b>28</b>                 | .00                          |
|                              | 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)  | <b>29</b>                 | .00                          |
|                              | 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)   | <b>30</b>                 | .00                          |
|                              | 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)   | <b>31</b>                 | .00                          |
|                              | 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)   | <b>32</b>                 | .00                          |
|                              | 33 Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)  | <b>33</b>                 | .00                          |
|                              | 34 RESERVED  | <b>34</b>                 | .00                          |
|                              | 35 Other adjustments (see instructions)  | <b>35</b>                 | .00                          |
|                              | 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.  | <b>36</b>                 | .00                          |
|                              | 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.  | <b>37</b>                 | 88,609.00                    |
|                              | 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.  | <b>38</b>                 | 40,132.00                    |

**Step 4: Figure your Illinois additions and subtractions**

*In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.*

|                             |   | Column A<br>Form IL-1040 Total | Column B<br>Illinois Portion |
|-----------------------------|---|--------------------------------|------------------------------|
| <b>Illinois Adjustments</b> | 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)   | <b>39</b>                      | .00                          |
|                             | 40 Other additions (Form IL-1040, Line 3)   | <b>40</b>                      | .00                          |
|                             | 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.                                 | <b>41</b>                      | 40,132.00                    |
|                             | 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)   | <b>42</b>                      | .00                          |
|                             | 43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | <b>43</b>                      | .00                          |
|                             | 44 Other subtractions (Form IL-1040, Line 7)  | <b>44</b>                      | .00                          |
|                             | 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.                                    | <b>45</b>                      | .00                          |

**Step 5: Figure your Illinois income and tax**

|                         |   |           |           |
|-------------------------|---|-----------|-----------|
| <b>Tax Calculations</b> | 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.                                   | <b>46</b> | 40,132.00 |
|                         | 47 Enter the base income from Form IL-1040, Line 9.   | <b>47</b> | 88,609.00 |
|                         | 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.         | <b>48</b> | 0.453     |
|                         | 49 Enter your exemption allowance from your Form IL-1040, Line 10.  | <b>49</b> | 2,325.00  |
|                         | 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.   | <b>50</b> | 1,053.00  |
|                         | 51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11. →                | <b>51</b> | 39,079.00 |
|                         | 52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. → | <b>52</b> | 1,934.00  |



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    | B                        |
| 1099-MISC | M                        | 1099-K    | K                        |
| 1099-OID  | O                        | 1099-NEC  | N                        |

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

SAI PRAVEENA LAKSHMI PARDESI

Your name as shown on Form IL-1040

6 7 9 - 5 1 - 2 2 9 1  
Your Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W                   | 27-1627713  | \$ 40,132.00  | \$ 40,132.00   | \$ 1,987.00                                 |
| 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<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 6                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 7                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 8                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 9                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 10                    |   | \$ .00  | \$ .00   | \$ .00                                      |

## 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 \$ 1,987.00

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



Illinois Department of Revenue

Submission ID boxes

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

SAI PRAVEENA LAKSHMI, PARDESI, Social Security number 679-51-2291, Mailing address 1635 HOWARD AVENUE, DES PLAINES, IL 60018, Spouse's Social Security number (317) 756-8686, Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 39,079.00, 2 Tax from Form IL-1040, Line 14 1,934.00, 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 1,987.00, 4 Overpayment from Form IL-1040, Line 35 53.00, 5 Total amount due from Form IL-1040, Line 39 0.00, 6 Filing status: X Single

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 044000037, 8 Account no. (AN): 795396758, 9 Type of account: X Checking, 10 Date the payment is to be electronically withdrawn: \_\_/\_\_/\_\_, 11 Electronic funds withdrawal amount: 0.00, 12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- X I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature GLOBAL TAXES LLC, Date 09/23/2021, Check if paid preparer: X (See instructions.), Your PTIN P02082703, Mailing address 2530 Pebble Creek Ln, Cumming, GA 30041, Federal employer identification number (FEIN) (678) 965-9522, 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.



# 2020 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 15, 2021.** Type or print in blue or black ink.

|   |  |      |                             |   |  |  |
|---|--|------|-----------------------------|---|--|--|
| 1. Filer's First Name<br><b>SAI PRAVEENA LAKSH</b>  |  | M.I. | Last Name<br><b>PARDESI</b> |   | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br><b>679 — 51 — 2291</b> |  |
| If a Joint Return, Spouse's First Name  |  | M.I. | Last Name                   |   | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —                   |  |
| Home Address (Number, Street, or P.O. Box)<br><b>1635 HOWARD AVENUE</b>   |  |      |                             |   | 4. School District Code (5 digits – see page 60)<br><b>38040</b>                         |  |
| City or Town<br><b>DES PLAINES</b>  |  |      | State<br><b>IL</b>          | ZIP Code<br><b>60018</b>  |  |  |
| 5. <b>STATE CAMPAIGN FUND</b><br>Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.<br>a. <input type="checkbox"/> Filer<br>b. <input type="checkbox"/> Spouse   |  |      |                             | 6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b><br><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.   |  |  |
| 7. <b>2020 FILING STATUS.</b> Check one.<br>a. <input checked="" type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input type="checkbox"/> Married filing separately*<br><br>* If you check box "c," complete line 3 and enter spouse's full name below:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |      |                             | 8. <b>2020 RESIDENCY STATUS.</b> Check all that apply.<br>a. <input type="checkbox"/> Resident<br>b. <input type="checkbox"/> Nonresident *<br>c. <input checked="" type="checkbox"/> Part-Year Resident *<br><br>* If you check box "b" or "c," you must complete and include Schedule NR. |  |  |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

|   |     |                          |   |         |      |      |    |
|---|-----|--------------------------|---|---------|------|------|----|
| a. Number of exemptions (see instructions).....   | 9a. | 1                        | x | \$4,750 | 9a.  | 4750 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. |                          | x | \$2,800 | 9b.  |      | 00 |
| c. Number of qualified disabled veterans.....   | 9c. |                          | x | \$400   | 9c.  |      | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions).....  | 9d. |                          | x | \$4,750 | 9d.  |      | 00 |
| e. Claimed as dependent, see line 9 NOTE above.....   | 9e. | <input type="checkbox"/> |   |         | 9e.  |      | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....  | 9f. |                          |   |         | 4750 | 00   |    |

|   |     |       |    |
|---|-----|-------|----|
| 10. <b>Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR (see instructions).....                        | 10. | 88609 | 00 |
| 11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....  | 11. |       | 00 |
| 12. <b>Total.</b> Add lines 10 and 11.....  | 12. | 88609 | 00 |
| 13. Subtractions from Schedule 1, line 29. <b>Include Schedule 1</b> .....  | 13. | 33576 | 00 |
| 14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | 55033 | 00 |
| 15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....                              | 15. | 2950  | 00 |
| 16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....        | 16. | 52083 | 00 |
| 17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....   | 17. | 2214  | 00 |

**NON-REFUNDABLE CREDITS**

|  | AMOUNT  | CREDIT  |
|--|---|---|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....                                  | 18a. <span style="border: 1px solid black; padding: 2px;">00</span>   | 18b. <span style="border: 1px solid black; padding: 2px;">00</span> |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....   | 19a. <span style="border: 1px solid black; padding: 2px;">00</span>   | 19b. <span style="border: 1px solid black; padding: 2px;">00</span> |
| 20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20. <span style="border: 1px solid black; padding: 2px;">2214</span> <span style="border: 1px solid black; padding: 2px;">00</span> |   |



Filer's Full Social Security Number

679 — 51 — 2291

|  |     |      |    |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20.....   | 21. | 2214 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....   | 22. |      | 00 |
| 23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0    | 00 |
| 24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23.....   | 24. | 2214 | 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|  |      |      |    |
|--|------|------|----|
| 25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....   | 25.  |      | 00 |
| 26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....   | 26.  |      | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....   | 27a. |      | 00 |
|  | 27b. |      | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....   | 28.  |      | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....  | 29.  | 2339 | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward.....   | 30.  |      | 00 |
| 31. <b>2020 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2020 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .   |      |      |    |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.  |      |      |    |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | 31c. |      | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....  | 32.  | 2339 | 00 |

**REFUND OR TAX DUE**

|   |     |     |    |
|---|-----|-----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.<br>Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>YOU OWE</b> | 33. |     | 00 |
| 34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....  | 34. | 125 | 00 |
| 35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ...   | 35. |     | 00 |
| 36. Subtract line 35 from line 34.....  | 36. | 125 | 00 |

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

|                                  |                          |   |                                     |
|----------------------------------|--------------------------|---|-------------------------------------|
| <b>a. Routing Transit Number</b> | <b>b. Account Number</b> | <b>c. Type of Account</b>                       |                                     |
| 044000037                        | 795396758                | 1. <input checked="" type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2019, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

|       |     |        |     |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02082703

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

|                    |      |
|--------------------|------|
| Filer's Signature  | Date |
| Spouse's Signature | Date |

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

**Refund, credit, or zero returns.** Mail your return to:

**Michigan Department of Treasury, Lansing, MI 48956**

**Pay amount on line 33 (see instructions).** Mail your check and return to:

**Michigan Department of Treasury, Lansing, MI 48929**

# 2020 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

**Attachment 01**

Include with Form MI-1040. Type or print in blue or black ink.

|  |      |                      |  |
|--|------|----------------------|--|
| Filer's First Name<br>SAI PRAVEENA LAKSH | M.I. | Last Name<br>PARDESI | Filer's Full Social Security No. (Example: 123-45-6789)<br>679 — 51 — 2291 |
|--|------|----------------------|--|

**Additions to Income (all entries must be positive numbers)**

|  |    |   |    |
|--|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....         | 1. |   | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | 2. |   | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 .....  | 3. |   | 00 |
| 4. Losses attributable to other states (see instructions) .....  | 4. |   | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 .....   | 5. |   | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....      | 6. |   | 00 |
| 7. Federal Net Operating Loss deduction included in AGI.....   | 7. |   | 00 |
| 8. Other (see instructions). Describe: _____   | 8. |   | 00 |
| 9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11</b> .....   | 9. | 0 | 00 |

**Subtractions from Income (all entries must be positive numbers)**

|  |     |       |    |
|--|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....   | 10. |       | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits ..... | 11. |       | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 .....   | 12. |       | 00 |
| 13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u>   | 13. | 33576 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..  | 14. |       | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). .....   | 15. |       | 00 |
| 16. Michigan state and local income tax refunds received in 2020 and included on MI-1040, line 10.....   | 16. |       | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....  | 17. |       | 00 |
| 18. Michigan Education Trust .....   | 18. |       | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....  | 19. |       | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....  | 20. |       | 00 |
| 21. Miscellaneous subtractions (see instructions). <b>Describe:</b> _____  | 21. |       | 00 |

## 2020 MICHIGAN Schedule 1 Additions and Subtractions

|  |      |                      |  |
|--|------|----------------------|--|
| Filer's First Name<br>SAI PRAVEENA LAKSH | M.I. | Last Name<br>PARDESI | Filer's Full Social Security No. (Example: 123-45-6789)<br>679 — 51 — 2291 |
|--|------|----------------------|--|

### Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| 22. | FILER                         |                                  |  |  | SPOUSE                        |                                  |   |  |
|-----|-------------------------------|----------------------------------|--|--|-------------------------------|----------------------------------|---|--|
|     | A.<br>Year of Birth<br>(19xx) | B.<br>Age<br>as of<br>12-31-2020 | C.<br>Check if filer<br>received benefits<br>from SSA exempt<br>employment | D.<br>Check if retired<br>as of<br>01-01-2013 and<br>born after 1952 | E.<br>Year of Birth<br>(19xx) | F.<br>Age<br>as of<br>12-31-2020 | G.<br>Check if spouse<br>received benefits<br>from SSA exempt<br>employment | H.<br>Check if retired<br>as of<br>01-01-2013 and<br>born after 1952 |
|     | 1993                          | 27                               | <input type="checkbox"/>   | <input type="checkbox"/>   |                               |                                  | <input type="checkbox"/>  | <input type="checkbox"/>   |

|  |     |  |    |
|--|-----|--|----|
| 23. <b>Tier 2 Michigan Standard Deduction.</b> Complete this line <b>ONLY</b> if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 before December 31, 2020. <b>Do not complete lines 24, 25 or 26</b> .....   | 23. |  | 00 |
| 24. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line <b>ONLY</b> if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1954, and reached age 67 on or before December 31, 2020. <b>Do not complete lines 23, 25 or 26.</b> Enter amount from line 6 of Worksheet 2..... | 24. |  | 00 |
| 25. <b>Retirement benefits.</b> Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884</b> .....  | 25. |  | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers <b>75 years and older</b> . Deduction is limited to \$11,983 for single or married filing separately filers and \$23,966 for joint filers, less any deduction for retirement benefits (see instructions).....  | 26. |  | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

|   |     |                   |    |
|---|-----|-------------------|----|
| 27. Reserved. Skip to line 28.....  | 27. | X X X X X X X X X | 00 |
| 28. Michigan Net Operating Loss .....   | 28. |                   | 00 |
| 29. <b>Total Subtractions.</b> Add lines 10 through 28. Enter here and on MI-1040, line 13..... | 29. | 33576             | 00 |

**2020 MICHIGAN Nonresident and Part-Year Resident Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

|  |      |                             |  |
|--|------|-----------------------------|--|
| 1. Filer's First Name<br><b>SAI PRAVEENA LAKSH</b> | M.I. | Last Name<br><b>PARDESI</b> | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><b>679 — 51 — 2291</b> |
| If a Joint Return, Spouse's First Name             | M.I. | Last Name                   | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><b>— —</b>            |

**4. 2020 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.  
Enter dates of Michigan residency in 2020\*

\*Dates of Michigan residency in 2020 (Enter dates as MM-DD-YYYY, Example: 04-15-2020)

|       | FILER          | SPOUSE   |
|-------|----------------|----------|
| FROM: | 06 — 01 — 2020 | — — 2020 |
| TO:   | 12 — 31 — 2020 | — — 2020 |

**Income Allocation**

|  | A. Total Income | B. Michigan Income | C. Other State(s) Income |
|--|-----------------|--------------------|--------------------------|
| 5. Wages, salaries, other payments (tips, etc.) .....  | 95165 00        | 55033 00           | 40132 00                 |
| 6. Interest and dividends .....  | 00              | 00                 | 00                       |
| 7. Business and farm income (include U.S. Schedules C and F).....  | 00              | 00                 | 00                       |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797.....   | -356 00         | 0 00               | -356 00                  |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....  | -6200 00        | 0 00               | -6200 00                 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....  | 00              | 00                 | 00                       |
| 11. Other (see instructions) .....   | 00              | 00                 | 00                       |
| 12. Total income. Add lines 5 through 11.....  | 88609 00        | 55033 00           | 33576 00                 |
| 13. Enter the total adjustments from U.S. 1040, Schedule 1<br>Describe: .....  | 00              | 00                 | 00                       |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 88609 00        | 55033 00           | 33576 00                 |

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

|  |     |       |       |  |    |
|--|-----|-------|-------|--|----|
| 15. Enter amount from MI-1040, line 9f.....  |     |       |       |  |    |
|  |     |       | 4750  |  | 00 |
| 16. Enter Michigan source income from line 14, column B.....   | 16. | 55033 |       |  | 00 |
| 17. Enter total income from line 14, column A.....   | 17. | 88609 |       |  | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....  | 18. |       | 62.11 |  | %  |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19. |       | 2950  |  | 00 |

**2020 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

|   |      |                          |   |
|---|------|--------------------------|---|
| 1. Filer's First Name<br><br>SAI PRAVEENA LAKSH | M.I. | Last Name<br><br>PARDESI | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>679 — 51 — 2291 |
| If a Joint Return, Spouse's First Name          | M.I. | Last Name                | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

| A  |  | B   | C                       | D  |    | E  |         |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for:<br>Filer or Spouse  |  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation |    | Box 17 — Michigan<br>income tax withheld |         |
| X  |  | 81-4143307  | VERIDIC SOLUTION        | 55033                                      | 00 | 2339                                     | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |  |   |                         |  |    |  | 00      |
| 4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |  |   |                         |  |    | 4.                                       | 2339 00 |

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

| A   |  | B  | C            | D   | E                               |    |         |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for:<br>Filer or Spouse   |  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>tax withheld |    |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....      |  |  |              |   |                                 |    | 00      |
| 5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....                        |  |  |              |   |                                 | 5. | 00      |
| 6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... |  |  |              |   |                                 | 6. | 2339 00 |