Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Internal Revenue Service Go to www.irs.gov/Form8879 for the latest infor	mauon.	
Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
NEELA LOHIT KUMAR PERLA	876-54-	-0523
Spouse's name	Spouse's soci	ial security number
Part I Tax Return Information — Tax Year Ending December 31,	(Enter year you a	re authorizing)
Enter whole dollars only on lines 1 through 5.	(Enter year year a	io additionizing.)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 73,770.
2 Total tax		2 9,287.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 12,949.
4 Amount you want refunded to you		4 5,462.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a copy	y of your return)
return (original or amended) I am now authorizing. I consent to allow my intermediate service proves send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finar authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a Electronic Funds Withdrawal Consent.	eason for rejection of the transcript the U.S. Treasury ar account indicated in the tancial institution to debit the to terminate the authoriza cellation requests must be volved in the processing of ted to the payment. I furt	ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter of	or generate my PIN $\frac{4}{2}$	as mv
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent dor	ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amenify you are entering your own PIN and your return is filed using the Practitione below.	ded) I am now authorizir	
Your signature ►	Date ►	
Spouse's PIN: check one box only		
· _	r generate my PIN	as my
ERO firm name	•	ter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amenifyou are entering your own PIN and your return is filed using the Practitione below.		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—conti	nue below	
Part III Certification and Authentication — Practitioner PIN Method On	ly	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		8 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> P	t I am submitting this retu	rn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — See Instru	uctions	
Don't Submit This Form to the IRS Unless Reque		

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of										
Your first name	and m	iddle initial	Last na	ıme					Your	Your social security number			
NEELA LO	TIHC	KUMAR	PERI	ĹΑ					876	876-54-0523			
If joint return, s	pouse's	s first name and middle initial	Last na	ime					Spou	se's s	social secu	urity number	
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	Presi	Presidential Election Campaign			
_6817 N	IRON	WOOD DR									re if you, o		
City, town, or p	ost offi	ce. If you have a foreign address, also o	omplete s	paces below.	Sta	te	ZIP	code			0,	ly, want \$3 Checking a	
EDWARDS				IL				.528	box l	oelow	will not c	•	
Foreign country	y name			Foreign province/state	e/coun	ty	Fore	eign postal cod	e your	tax o	r refund. You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	or otherwise acquire	e any	financial intere	est in	any virtual	currency	/? [Yes	X No	
Standard Deduction		eone can claim:	•	•		•							
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore Januar	v 2, 195	6	☐ Is blir	nd	
Dependents	-		_	(2) Social securi		(3) Relationsh					see instruc	tions):	
If more	•	irst name Last name		number	-,	to you	p	Child tax		- 1		er dependents	
than four										\top		1	
dependents,	_]				
see instruction and check	s ——]				
here ▶]				
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	8	1,791.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. [2b		81.	
Sch. B if required.	3a	Qualified dividends	3a	30.	b C	Ordinary divide	nds			3b		31.	
required.	4a	IRA distributions	4a		b T	axable amoun	ıt .			4b			
	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b			
Standard	6a	Social security benefits	6a		b T	axable amoun	ıt.			6b			
Deduction for—	7	Capital gain or (loss). Attach Scho	edule D i	f required. If not red	quired	, check here		•		7		529.	
Single or Married filing	8	Other income from Schedule 1, li	ne 9 .							8		8,662.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	This is your total inc	come					9	7	3,770.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	С	Add lines 10a and 10b. These are	your to t	tal adjustments to	inco	me			•	10c			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	7	3,770.	
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedul	e A)					12	1	2,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	8995-A			. [13		0.	
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.	
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0				15	6	1,370.	

Form 1040 (2020))									Paç	ge 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			. 16	9,287	7.
	17	Amount from Schedule 2, lir	ne 3						. 17		
	18	Add lines 16 and 17							. 18	9,287	7.
	19	Child tax credit or credit for	other dependen	ts					. 19		
	20	Amount from Schedule 3, lir	ne 7						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18							. 22	9,287	7.
	23	Other taxes, including self-e	,						. 23).
	24	Add lines 22 and 23. This is			•				▶ 24	9,287	
	25	Federal income tax withheld	-							7,20,	•
	а	Form(s) W-2				25a	12	,94	9.		
	b	Form(s) 1099				25b		,	- 1		
	c	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•						. 25d	12,949)
	26	2020 estimated tax paymen								+ 12,010	<u>. </u>
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		•	. 20		—
attach Sch. EIC.	28	Additional child tax credit. A				28			-		
If you have nontaxable									_		
combat pay,	29	American opportunity credit		•		29	1				
see instructions.	30	Recovery rebate credit. See				30		,80	0.		
	31	Amount from Schedule 3, lir				31			-	1 000	,
	32	Add lines 27 through 31. The	•						32	1,800	
	33	Add lines 25d, 26, and 32. T	-					•		14,749	
Refund	34	If line 33 is more than line 24				-	-		. 34	5,462	
	35a	Amount of line 34 you want							35a	5,462	<u>. </u>
Direct deposit? See instructions.	►b	Routing number 0 7 5			▶ c Type: 🔀] Check	king	Savir	igs		
	►d	Account number 7 0 7									
	36	Amount of line 34 you want	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 For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.									
instructions.	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another	•							N .	
Designee		structions				. ▶			ete below.		
		signee's ne ▶		Phone no. ▶				onai id ber (P	dentification IN) ▶	·	
Cian		der penalties of perjury, I declare t	that I have examine		l accompanying sch	nedules a				est of my knowledge	and
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation				If the IRS se	ent you an Identity	
	k.	_			-					PIN, enter it here	
Joint return?					SOFTWARE 1	ENGIN	IEER		(see inst.) ▶	·	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion				ent your spouse an	horo
your records.	,								(see inst.) ▶	tection PIN, enter it h	
	————	one no.		Email address					(ш
		eparer's name	Preparer's signat	l .		Date		PTII	N	Check if:	
Paid		SSMANIKUMARAPPANA	RVSSMANIK		TΛ		3/2021		2090332		h
Preparer				UMARAPPAN	NA	103/0	12/2UZI				
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	~ C7 20041					(646)727-715	
				III CUIIIIIIIII					Firm's EIN	·	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	02/21/21 PR)		Form 1040 (2	2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

NEELA LOHIT KUMAR

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

PERLA

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

Attachment Sequence No. 01

Your social security number 876-54-0523

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	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	-8,662.
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	-8,662.
Par	t II Adjustments to Income		0,002.
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	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on return

Capital Gains and Losses

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

► Go to www.irs.gov/ScheduleD for instructions and the latest information.

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

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Your social security number

876-54-0523 NEELA LOHIT KUMAR PERLA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked 483. 531. 1,014. Totals for all transactions reported on Form(s) 8949 with Box B checked 23. 25. -2. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 529. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 529. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

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

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

Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

NEELA LOHIT KUMAR

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.

876-54-0523 PERLA 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 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions 03/16/20 1,014. 483. 531.

Robinhood Securities LLC 03/12/20 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 1,014. 483. above is checked), or line 3 (if Box C above is checked) ▶ 531.

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.

8949

Sales and Other Dispositions of Capital Assets

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

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

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

Internal Revenue Service

Department of the Treasury

Social security number or taxpayer identification number

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.

876-54-0523 NEELA LOHIT KUMAR PERLA 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 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions 23. 25. -2.

Robinhood Securities LLC | 03/31/20 | 04/16/20 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 23. 25. above is checked), or line 3 (if Box C above is checked) ▶ -2.

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

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

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

Your social security number

NEEL		PERLA							76-54-			
Part	Income or Loss	From Rental Real Estate and Roy	yaltie	s Note	: If you a	are in th	e business c	of rent	ing perso	nal pro	operty, use	
	Schedule C. See	instructions. If you are an individual, repo	ort farr	m rental i	ncome o	r loss fi	om Form 48	335 or	n page 2,	line 40).	
A Did	d you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? Se	ee instr	uctions .			Y	es 🗵 No)
B If "	Yes," did you or will yo	ou file required Form(s) 1099?								□ Y	'es 🗌 No)
1a		each property (street, city, state, ZIP										
Α	MADHAPUR HYDER	ABAD IN 500029										
В												
С												
1b	Type of Property	2 For each rental real estate prop	erty li	isted			Rental	Per	sonal U	Ise	QJV	
	(from list below)	above, report the number of fai personal use days. Check the 0 if you meet the requirements to	ir renta QJV b	ai and ox only _r		L	ays		Days			
A	1	if you meet the requirements to qualified joint venture. See inst	file a	sa ´			365		0			
В		quaimed joint venture. See inst	ructio	115.	В							
_ C	(5)				С							
	of Property:	0 V	- 1 -		_	7 0-14	D t - 1					
	gle Family Residence	3 Vacation/Short-Term Rental				7 Self-						
Z Mul	ti-Family Residence	4 Commercial Properties:	6 KO	yalties	Α	Otne	r (describe) E				С	
3		•	3			360.		•				
4			4			300.						
Exper			-									
5			5									
6	_	nstructions)	6									
7	•	nance	7		1.	750.						
8			8			, 5 0 1						
9			9									
10		ssional fees	10									
11	_		11									
12	_	d to banks, etc. (see instructions)	12									
13	Other interest		13									
14	Repairs		14		1,6	560.						
15	Supplies		15		2,	758.						
16	Taxes		16									
17			17		2,8	354.						
18		or depletion	18									
19	Other (list)		19									
20	•	lines 5 through 19	20		9,(022.						
21		line 3 (rents) and/or 4 (royalties). If										
	, ,	instructions to find out if you must			0 /							
	file Form 6198		21		-8,6	06∠.						
22	Deductible rental real on Form 8582 (see in	estate loss after limitation, if any,	22	,	0 6	60 N	(١
222	•	,		(-8,6		(2	60.			
23a b		eported on line 3 for all rental proper eported on line 4 for all royalty prope				23a 23b		3				
C		eported on line 4 for all royally prope eported on line 12 for all properties	GI (1 6 5			23c						
d		eported on line 18 for all properties				23d						
e		eported on line 20 for all properties				23e		9,0	22			
24		e amounts shown on line 21. Do no t	t inclu						24			
25	•	sses from line 21 and rental real estate		-		iter tota	al losses her	e .	25 (8,662	.)
26		ate and royalty income or (loss).							(-,002	<u>. ,</u>
20		V, and line 40 on page 2 do not a										
		10), line 5. Otherwise, include this an							26		-8,66	2.

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

Attachment Sequence No. 55

Name(s) shown on return NEELA LOHIT KUMAR PERLA Your taxpayer identification number 876-54-0523

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		(c) Qualified business income or (loss)		
i						
ii						
iii						
iv						
v						
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2				
3	Qualified business net (loss) carryforward from the prior year	3 (
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4				
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5			
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)					
_	(see instructions)	6 1.	-			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	, ()	-			
Ü	or less, enter -0	8 1.				
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	·	9	0.		
10	Qualified business income deduction before the income limitation. Add lines 5 and	d9	10	0.		
11	Taxable income before qualified business income deduction	11 61,370.				
12		12 30.				
13	Subtract line 12 from line 11. If zero or less, enter -0					
14	Income limitation. Multiply line 13 by 20% (0.20) \cdot		14	12,268.		
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also					
	the applicable line of your return		15	0.		
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.		
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a	•		,		
	zero, enter -0		17	(0.)		

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

1989

876-54-0523

NEELA LOHIT KUMAR

PERLA

6817 N IRONWOOD DR

EDWARDS

61528 ΙL

PEORIA



	B C D	Filing status: X Single Married filing jointly Married filing separately Widowed Heach Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident.	Spouse ent - Attach S	Sch. NR
	Ste	p 2: Income	(Who	e dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	73,770 <u>.00</u>
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
L	3	Other additions. Attach Schedule M.	3	.00
•	4	Total income. Add Lines 1 through 3.	4	73,770 <u>.00</u>
a .	Ste	p 3: Base Income		
s here	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	
Ĭ	•		.00	
5	7	Schedule 1, Ln. 1. 6 Other subtractions. Attach Schedule M. 7	.00	
99	•	Check if Line 7 includes any amount from Schedule 1299-C.	.00	
1	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
nd	9	Illinois base income. Subtract Line 8 from Line 4.	9	73,770.00
2 9	Ste	p 4: Exemptions		
Staple W-2 and 1099 forms here	10	b Check if 65 or older:	.00	
		Attach Schedule IL-E/EIC. d Exemption allowance. Add Lines a through d.	0 _{.00} 10	2,325.00
1	<u></u>	·	10	2,323.00
		p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.		E1 44E
	10	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedu	ıle NR. 11	71,445.00
>	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12	3,537.00
5	13	Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	13	.00
2	14	·	14	3,537.00
į		p 6: Tax After Nonrefundable Credits	··-	37337.00
ğ	31e	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
ā	16	Property tax and K-12 education expense credit amount from Schedule ICR.	.00	
Š	10	Attach Schedule ICR. 16	.00	
he	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00	
rc	18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<u></u> 18	0.00
no	19		19	3,537.00
6) ~		p 7: Other Taxes		
Staple your check and IL-1040-V		Household employment tax. See instructions.	20	.00.
Sta	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00
_,		in the instructions. Do not leave blank.	21	0.00

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

ID: 3WM REV 02/15/21 PRO

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

22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.



22

23_

3,537.00



24 To	tal tax from Page 1, Line 23.					24	3,537.00				
Step 8	: Payments and Refundable	le Credit									
25 Illin	ois Income Tax withheld. Attac	h Schedule IL-W	TT.		25 4	,049.00					
26 Esti	imated payments from Forms II	L-1040-ES and II	505-I,								
incl	uding any overpayment applied	from a prior yea	ır return.		26	.00					
27 Pas	ss-through withholding. Attach S	Schedule K-1-P o	r K-1-T.		27	.00					
28 Ear	ned Income Credit from Schedu	ıle IL-E/EIC, Step	4, Line 8. A	.ttach Schedule IL-E/EIC	. 28	.00					
	al payments and refundable of	credit. Add Lines	25 through	28.		29	4,049.00				
Step 9	Step 9: Total										
	ne 29 is greater than Line 24, su					30	512.00				
	ne 24 is greater than Line 29, su					31	.00				
•	0: Underpayment of Estima		•	•		for late-paym	ent penalty				
	derpayment of estimated to e-payment penalty for underpay			y charitable dona	32	.00					
	Check if at least two-thirds of			e from farming	32	.00					
_	Check if you or your spouse			•	a home						
_	Check if your income was not		-		~	on Form IL-221	0.				
	Attach Form IL-2210.			, ,							
d [Check if you were not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax	year.					
33 Volu	untary charitable donations. Att	ach Schedule G			33	.00					
34 Tot	al penalty and donations . Add	d Lines 32 and 3	3.			34	.00				
Step 1	1: Refund										
35 If yo	ou have an amount on Line 30	and this amount	is greater th	an Line 34, subtract I	Line 34 from Line	30.					
This	s is your overpayment .					35	512.00				
36 Am	ount from Line 35 you want refu	ınded to you . Ch	neck one box	k on Line 37. See inst	ructions.	36	512.00				
37 I ch	37 I choose to receive my refund by										
a [direct deposit - Complete th	ne information be	low if you ch	neck this box.							
	Routing numbe	r 0 7 5 0	0 0 0	1 9 × Ch	ecking or Sa	vings					
	Account number	er 7 0 7 9	3 7 5	3 3							
b [Illinois Individual Income T http://tax.illinois.gov/Debit	ax refund debit	card. I ackn	owledge I have revie	wed the card info	rmation found	at				
сГ	paper check.	Card prior to ma	King tills ele	Clion.							
	ount to be credited forward. Su	btract Line 36 fro	om Line 35.	See instructions.		38	.00				
	2: Amount You Owe										
•		- dd l in 01 - n	d 0.4								
-	ou have an amount on Line 31, ou have an amount on Line 30 :										
-	stract Line 30 from Line 34. This					39	.00				
							.00				
Step i	If this is a joint return, both yo Under penalties of perjury, I s	•	•		t of my knowledge	it is true corre	ect and complete				
Sign	Onder periodice of perjury, re		tarriirioa tirio	Total Traina, to the boo	it of my lanewicage	1					
Here	Vous cianotus	Date (mm/dd/yyyy)	Cnouse's sig	noture	Data (////)		7-6167				
	Your signature	Date (mm/dd/yyyy)	Spouse's sig		Date (mm/dd/yyyy)	Daytime phone					
Paid	RVSSMANIKUMARAPPANA			IKUMARAPPANA	03/03/2021	Check if self-employed	P02090332 Paid Preparer's PTIN				
Preparer	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)										
Use Only	y Firm's name GLOBAL TAXES LLC Firm's FEIN						6				
TI. 1	Firm's address 2530 Peb	ble Creek LnC	umming	GA 30041	Firm's phone		7-7157				
Third				()			e Department may				
Party Designee	Designee's name (please print)			Designee's phone num	discuss this return with the third party designee shown in this step.						
Designet				J ,		, , ,	- chown in this step.				
	Refer to the 2021	7 II _1 <i>01</i> 0 Ind	etruction	e for the addre	ee to mail w	our return					

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

AP_____

DR_____

RR DC

ID

IR





Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

NEELA LOHIT KUMAR PERLA		8 7	б	5 4 _	0	5	2	3
Your name as shown on Form IL-1040	Your Social Se	curity numb	er					
Column A Column B Form type Employer/Payer Identification Number	Colur Federal Wages, V Distributions, Co	Illinois Wa	Column D ages, Winnings, ns, Compensat	Column E Illinois Income . Tax Withheld				
1W22-3560556 000	- \$8	1,791 ₀00	\$	81,791.	<u>)0</u>	\$	4,04	9 •00
2	- \$	<u>•00</u>	\$	•(00	\$		<u>•00</u>
3	- \$	•00	\$	<u>•</u> (00	\$		<u>•00</u>
4	- \$	•00	\$	• <u>(</u>	00	\$		<u>•00</u>
5	- \$	•00	\$	•(00	\$		<u>•00</u>

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

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

	Column A Form type	Column B Employer/Payer Identification Number			Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
6			_ \$	•00	\$	•00	\$	•00	
7			_ \$	•00	\$	•00	\$	<u>•00</u>	
8			- \$	•00	\$	•00	\$	•00	
9			_ \$	•00	\$	•00	\$	<u>•00</u>	
10			_ \$	•00	\$	•00	\$	<u>•00</u>	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 4,049**.00**

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





Illinois Department of Revenue

				_								_							
Submission ID																			

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

First name and middle initial Spouse's first name (and last name if different) Last name Print or type	<u>~</u>	(DO HOL IIIali FOIII	·	artment of Revenue u	nless it is requested for review.)								
Pirst name and middle emited Sociale Stantane (and last name if different) Last name Social Sacurity number Spread Sacurity number Spre	Step			Τ.Δ	8 7 6 - 5 4 - 0 5 2 3								
Pint 6.17 N. TRONWOOD DR Pint 6.17 N. TRONWOOD DR Pint 6.17 N. TRONWO													
Specifies Social Security number School	Print	6817 N IRONWOOD I		•									
Step 2: Complete information from tax return 1. Net income from Form IL-1040, Line 11 2. T1, 445 00. 2. Tax from Form IL-1040, Line 14 3. Line 10-1040, Line 14 4. Overpayment from Form IL-1040, Line 14 4. Overpayment from Form IL-1040, Line 25 only (enter "0" if none) 3. Line 10-1040, Line 35 4. Line 10-1040, Line 36 5. Total amount due from Form IL-1040, Line 39 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 5. Line 10-1040 5. Line 10-1040 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 5. Line 10-1040 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 5. Line 10-1040 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 5. Line 10-1040 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 5. Line 10-1040 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 5. Line 10-1040 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 5. Line 10-1040 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 6. Filing status: X. Single Married filing jointly Married filing separately Wildowed Head of household 7. Filing status: X. Single Married filing separately Wildowed					Spouse's Social Security number								
Step 2: Complete information from tax return 1 Net income from Form IL-1040, Line 11 2 13, 5371 30 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 1 1	.,,,,		IL	61528	(815) 307-6167								
1 Net income from Form IL-1040, Line 11 2		City	State	ZIP	Daytime phone number								
1 Net income from Form IL-1040, Line 11 2	Step	2: Complete informat	tion from tax return										
2 Tax from Form IL-1040, Line 14 1 Jillinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 Jay 4, 049 90 4 Overpayment from Form IL-1040, Line 35 5 Total amount due from Form IL-1040, Line 35 5 Total amount due from Form IL-1040, Line 35 6 Filling status: X Single Married filling jointly Married filling separately Widowed Head of household 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 one not support international CAP 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 of Routing no. (RN): 0 7 5 0 0 0 0 1 9 Type of account: Checking Savings 10 Date the payment is to be electronically withdrawn:	•	•			1 71,445 00								
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 4 , 0.49 0.00 5 Total amount due from Form IL-1040, Line 35 5 1.00 5 Filling status: X Single Married filling isparately Midowed Head of household 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 locate within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check of Routing no. (RN): 0 7 5 0 0 0 0 1 9 9 8 Account no. (AN): 7 0 7 9 3 7 5 3 3 3 9 9 Type of account:					2 3,537 l 00								
4 Overpayment from Form IL-1040, Line 35 Total amount due from Form IL-1040, Line 35 Filing status: X Single				(enter "0" if none)	34,049 <u>00</u>								
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, 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 locate within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check of Routing no. (RNI): 0 7 5 0 0 0 1 19 8 Account no. (AN): 7 0 7 9 3 7 5 3 3 3 9 Type of account: Checking Savings					4 512 _00 _								
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 locate 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): 0 7 9 3 7 5 3 3 9 9 Type of account: Checking Savings 10 Date the payment is to be electronically withdrawn:/	5 T	otal amount due from For	m IL-1040, Line 39		5l <u>00</u>								
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 locate 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); 0 7 5 0 0 0 0 1 0 0 1 9 8 Account no. (AN); 7 0 7 9 3 7 5 3 3 3 9 9 Type of account: X Checking Savings 10 Date the payment is to be electronically withdrawn:	6 F												
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 authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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	within 7 F 8 A 9 T 10 E 11 E	the United States or thos Routing no. (RN): 0 7 Account no. (AN): 7 0 Type of account: X Ch Date the payment is to be	e not funded by international funds 5 0 0 0 0 1 9 7 9 3 7 5 3 3 ecking Savings electronically withdrawn:/	s. Electronic payments will r									
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 authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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 Possignature Possig	Step	4: Taxpayer declaration	on and signature (Sign only a	fter completing Step 2	and, if applicable, Step 3.)								
withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I 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 I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. 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 Firm's name or your name if self-employed Use ON Pobble Creek Ln Malling address Cumming GA 30041 We have a signature of tax seturn. I authorize the financial information in feature debit of my knowledge the taxpayer's return and provided to my electronic featurn originator. I authorize IDOR to information on this Form IL-8453, and accompanying information. The best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. Check if paid preparer: (See instructions.) Federal employer identification number (FEIN) Federal employer identification number (FEIN)	×												
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		withdrawal as designate involved in the process	ed in the electronic portion of my 2 ing of an electronic overpayment of	2020 Illinois Individual Inco	ome Tax return. I authorize the financial institutions								
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 Your signature		I do not want direct dep	osit of my refund, or an electronic	funds withdrawal (direct d	lebit) of my balance due.								
Nere 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. 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 03/03/2021 Date Check if paid preparer: Image: Signature (if joint return, both must sign) Image: Check if paid preparer is paid preparer. Image: Check if paid pre	origin and a	ator (ERO) are identical. T ccompanying information	o the best of my knowledge, my ret may be sent to IDOR by my ERO. I	turn is true, correct, and co I authorize IDOR to inform	implete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has								
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. 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 O3/03/2021 Check if paid preparer: (See instructions.)	Sign	V	Data	0	(Ministration balls and in the second size)								
I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. 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. Check if paid preparer:													
ERO's signature Date	I decl have	are that I have examined followed all requirements	this taxpayer's electronic Form IL- of this program and declare, unde	1040, the information on the penalties of perjury, that	his Form IL-8453, and accompanying information. I								
Cumming GLOBAL TAXES LLC P 0 2 0 9 0 3 3 2 Poble Creek Ln Poble		FDO's simple			Check if paid preparer: (See instructions.)								
Firm's name or your name if self-employed 2530 Pelbble Creek Ln		_		Date	- 0 0 0 0 0 0 0								
use only 2530 Pebble Creek Ln 3 0 - 1 0 1 7 1 9 6 Mailing address Federal employer identification number (FEIN) Cumming GA 30041 (646) 727-7157	ERO		f-employed										
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<u>Cumming</u> GA 30041 (646) 727-7157	only		r 1311										
		· ·	GA	30041									

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

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

