

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name VISHAL REDDY VANGETI	Social security number 056-39-1160
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	34,621.
2	Total tax . . . . .	2	2,470.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	3,674.
4	Amount you want refunded to you . . . . .	4	3,004.
5	Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	1	1	6	0
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

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: VISHAL REDDY
Last name: VANGETI
Your social security number: 056-39-1160
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
21508 MERVEIL DR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
Pflugerville
State: TX
ZIP code: 78660
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] 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) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with columns for line numbers and amounts. Includes sub-columns for 2a, 3a, 4a, 5a, 6a, 10a, 10b, 10c, 11, 12, 13, 14, 15. Total income shown as 34,621.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2,470.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,470.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,470.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	2,470.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,674.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	3,674.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	5,474.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,004.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,004.
b	Routing number 0810000032		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 355008115545		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

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	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.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/19/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

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



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**

1994

056-39-1160

VISHAL REDDY

VANGETI

21508 MERVEIL DR

Pflugerville

TX

78660



**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>	34,621.00
<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>	<b>Total income.</b> Add Lines 1 through 3.	<b>4</b>	34,621.00

**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. 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>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	34,621.00

**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</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9.	<b>11</b>	3,110.00
<b>12</b>	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	<b>12</b>	154.00
<b>13</b>	Recapture of investment tax credits. Attach Schedule 4255.	<b>13</b>	.00
<b>14</b>	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	<b>14</b>	154.00

**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>	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	<b>19</b>	154.00

**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>	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	<b>23</b>	154.00

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. 24 154.00

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 165.00

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. 29 165.00

**Step 9: Total**

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 11.00

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 11.00

36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 11.00

37 I choose to receive my refund by

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

Routing number	0 8 1 0 0 0 0 3 2	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	3 5 5 0 0 8 1 1 5 5 4 5		

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>					(970) 296-0789
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
<b>Paid Preparer Use Only</b>	SYAM PRIYA RAM SAGAR GUPTA TALLAM		SYAM PRIYA RAM SAGAR GUPTA TALLAM		03/19/2021
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	Firm's name ▶ GLOBAL TAXES LLC		Firm's FEIN ▶		301017196
Firm's address ▶ 2530 Pebble Creek LnCumming GA 30041		Firm's phone ▶		(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

VISHAL REDDY VANGETI  
 Your name as shown on your Form IL-1040

0 5 6 - 3 9 - 1 1 6 0  
 Your Social Security number

**Step 1: Provide the following information**

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- 2 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 \_\_\_ / \_\_\_ / 20 to \_\_\_ / \_\_\_ / 20 I lived in \_\_\_\_\_ from \_\_\_ / \_\_\_ / 20 to \_\_\_ / \_\_\_ / 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
- 3 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
- 4 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 Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 34,621.00	3,333.00
<b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 .00	.00
<b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 .00	.00
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 .00	.00
<b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 .00	.00
<b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 .00	.00
<b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 .00	.00
<b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 .00	.00
<b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 .00	.00
<b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 .00	.00
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 .00	.00
<b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 .00	.00
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 .00	.00
<b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 .00	.00
<b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 8) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	19 .00	.00
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	3,333.00

Continue with Step 3 on Page 2 →



**Step 3: Continued**

		Column A Federal Total	Column B 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>	3,333.00	
	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>		
	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>	34,621.00	
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>		3,333.00

**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 Form IL-1040 Total	Column B 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>		3,333.00
	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>	3,333.00	
	47 Enter the base income from Form IL-1040, Line 9.	<b>47</b>	34,621.00	
	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>	0.096	
	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>		223.00
	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>		3,110.00
	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>		154.00



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)

VISHAL REDDY VANGETI

Your name as shown on Form IL-1040

0 5 6 - 3 9 - 1 1 6 0  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	36-4226928	\$ 34,621.00	\$ 3,333.00	\$ 165.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

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

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

Your spouse's Social Security number

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

## Step 3: Total Illinois withholding

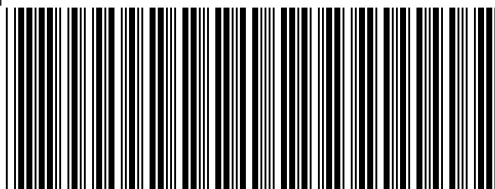
**11** Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 165.00

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





**2020 Form 1-NR/PY**

MA20006011555

**Massachusetts Nonresident/Part-Year Resident  
Income Tax Return**

For the year January 1–December 31, 2020 or other taxable

Year beginning

Ending

VISHAL REDDY

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21508 MERVEIL DR

PFLUGERVILLE

TX 78660

Fill in if:  Original return     Amended return     Amended return due to federal change

Apt. no.

**State Election Campaign Fund:**

\$1 You    \$1 Spouse    TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You    Spouse

Taxpayer deceased

You    Spouse

Fill in if under age 18

You    Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income    34621

b. Federal adjusted gross income    34621

1. Filing status (select one only):  Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From    To

3. Total days as Massachusetts resident    ÷ 365 =    3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

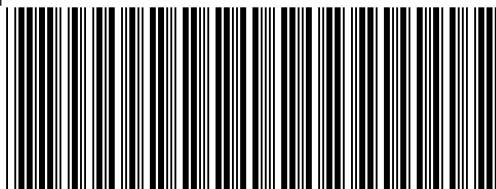
Date

Spouse's signature

Date

970-296-0789

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



# 2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

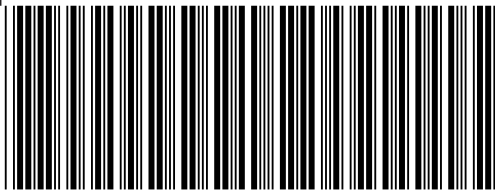
Part-Year Resident Income Tax Return

056391160

## 4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2021	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	2121
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. <b>TOTAL 5.0% INCOME</b>		12	2121
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:			
	working days	miles	sales
	other:		
Working days (or other basis) outside Massachusetts			13a
Working days (or other basis) inside Massachusetts			13b
Total working days			13c
Nonworking days (holidays, weekends, etc.)			13d
Massachusetts ratio			13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f
Massachusetts income			13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2020 Form 1-NR/PY, pg. 3**

MA20006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

VISHAL REDDY

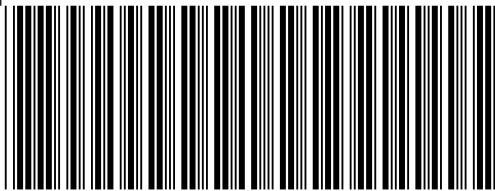
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**14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO**

a. Total 5.0% income	14a	2121
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	2121
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	32500
f. Total income	14f	34621
g. Deduction and exemption ratio	14g	0.0613
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	347
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Child under age 13, or disabled dependent/spouse care expenses	16	
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) <b>Not more than two.</b> a. $\times \$3,600 = b.$ Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	17	
18. Rental deduction. a. Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future	$\div 2 = 18$	
19. Other deductions from Schedule Y, line 19	19	
20. <b>Total deductions.</b> Add lines 15 through 19	20	347
21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	21	1774
22. Exemption amount. a. 4400	22	270
23. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	23	1504
24. <b>INTEREST AND DIVIDEND INCOME</b>	24	
25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24	25	1504
26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	76

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



**2020 Form 1-NR/PY, pg. 4**

MA20006041555

Massachusetts Nonresident/

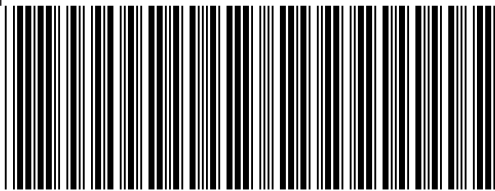
Part-Year Resident Income Tax Return

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27.	12% INCOME. Not less than "0." a.	x .12 =27	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28	28	
29.	Credit recapture amount (from Credit Recapture Schedule)	29	
30.	Additional tax on installment sale	30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32		
32.	TOTAL INCOME TAX. Add lines 26 through 30.	32	76
33.	Limited Income Credit	33	
34.	Income tax due to another state or jurisdiction	34	
35.	Other credits (from Credit Manager Schedule)	35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"	36	76
37.	<b>Voluntary Contributions</b>		
	a. Endangered Wildlife Conservation	37a	
	b. Organ Transplant Fund	37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	37c	
	d. Massachusetts U.S. Olympic Fund	37d	
	e. Massachusetts Military Family Relief Fund	37e	
	f. Homeless Animal Prevention and Care	37f	
	Total. Add lines 37a through 37f	37	
38.	Use tax due on Internet, mail order and other out-of-state purchases	38	
39.	Health care penalty a. You + b. Spouse	39	
40.	Amended return only. Overpayment from original return	40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40	41	76

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





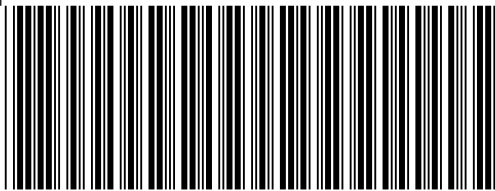
**2020 Schedule INC**  
MA20INC011555

VISHAL REDDY                      VANGETI    056391160

**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
364226928	106	2121	347		W2

TOTALS	106	2121	347		
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# 2020 Schedule NTS-L-NRPY

MA20021011555

No Tax Status and Limited Income Credit

056391160

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	2121
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	2121
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	32500
8. Total income. Combine lines 3 through 7	8	34621
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	34621
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	