E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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	ed filing separately your spouse. If you	`	,		` '		, 0	. , . ,
Your first name	and m	iddle initial	Last na	me					Your s	ocial secur	ity number
APURV			KAMA	ALAPURI					367-	-79-566	51
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	e's social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.			tion Campaign
		HILLS CIRCLE						213		t here if you	ı, or your intly, want \$3
		ce. If you have a foreign address, also c	omplete s	paces below.		ate		code			. Checking a
LAKE MAI						L	+	2746		elow will no	•
Foreign country	y name			Foreign province/stat	te/cour	nty	For	eign postal cod	e your ta	ax or refund	i. Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	or otherwise acqui	re any	financial inte	est ir	any virtual	currency?	? Yes	⊠ No
Standard Deduction		eone can claim:	•			a dependent n					
Age/Blindness	you:	Were born before January 2,	1956	Are blind S	pous	e: Was b	orn b	efore Januar	, 2, 1956	☐ Is b	olind
Dependent				(2) Social secu		(3) Relations				for (see instr	uctions):
If more		irst name Last name		number	ity	to you	ыпр	Child tax		1	other dependents
than four	<u></u>									1	
dependents,	_										
see instruction and check	s ——										
here ►											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	87,676.
Attach	2a	Tax-exempt interest	2a		b ⁻	Γaxable intere	st		. 2	!b	
Sch. B if required.	3a	Qualified dividends	3a	16.	b (Ordinary divid	ends		. 3	b	16.
required.	4a	IRA distributions	4a		b ⁻	гахаble amou	nt .		. 4	b	
	5a	Pensions and annuities	5a		b ⁻	Taxable amou	nt .		. 5	ib	
Standard	6a	Social security benefits	6a		b ⁻	Taxable amou	nt .		. 6	b	
Deduction for—	7	Capital gain or (loss). Attach Scho	edule D i	f required. If not re	quire	d, check here		•		7	1,028.
Single or Married filing	8	Other income from Schedule 1, li	ne 9 .						{	8	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total ir	come				> _ 9	9	88,720.
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				1	0a				
widow(er), \$24,800	b	Charitable contributions if you tak	e the star	ndard deduction. S	ee ins	tructions 1	0b				
Head of	С	Add lines 10a and 10b. These are	your to t	tal adjustments to	inco	me			▶ 10	0c	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross in	come				▶ 1	1	88,720.
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	ıle A)				. 1	2	12,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or	Form 8	3995-A			. 1	3	
Deduction, see instructions.	14	Add lines 12 and 13							. 1	4	12,400.
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or les	s, ente	er-0			. 1	5	76,320.

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	12,	,582.
	17	Amount from Schedule 2, lir	ne 3						. 17		
	18	Add lines 16 and 17							. 18	12,	,582.
	19	Child tax credit or credit for	other dependen	ts					. 19		
	20	Amount from Schedule 3, lin	ne 7						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18							. 22	12.	,582.
	23	Other taxes, including self-e	,						. 23		0.
	24	Add lines 22 and 23. This is			•			Ċ	▶ 24	12	,582.
	25	Federal income tax withheld	,					•		12,	, 502.
	a	Form(s) W-2				25a	12	,85	2.		
	b	Form(s) 1099				25b		,			
	c	Other forms (see instructions				25c					
	d	Add lines 25a through 25c	•						. 25d	12	,852.
		2020 estimated tax paymen								12,	,032.
 If you have a qualifying child, 	26	Earned income credit (EIC)				27			. 20		
attach Sch. EIC.	27										
If you have nontaxable	28	Additional child tax credit. A				28					
combat pay,	29	American opportunity credit		-		29					
see instructions.	30	Recovery rebate credit. See				30					
	31	Amount from Schedule 3, lin				31			—	4	
	32	Add lines 27 through 31. The	•						32	1.0	0.50
	33	Add lines 25d, 26, and 32. T						•	▶ 33	12,	,852.
Refund	34	If line 33 is more than line 24				•	-		. 34		270.
	35a	Amount of line 34 you want							35a		270.
Direct deposit? See instructions	▶b	Routing number 0 6 3] Checki	ing 📙	Savin	gs		
coo mondonono.	►d	Account number 8 9 8					J				
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax	36				4	
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe	now				▶ 37		
You Owe		Note: Schedule H and Sch	·	•		of the ta	axes you	owe '	for		
For details on how to pay, see		2020. See Schedule 3, line 1				1 1					
instructions.	38	Estimated tax penalty (see in	nstructions) .		<u> ▶</u>	38					
Third Party		you want to allow another	•				٦,, ۵				
Designee		structions				. ▶ ∟			ete below.		
		signee's ne ▶		Phone no. ▶				onal id ber (Pl	entification		\Box
Ciara		der penalties of perjury, I declare t	that I have evamine		l accompanying sch	adulas a				et of my know	vledge and
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			1	f the IRS se	ent you an Ider	ntity
		G			'					PIN, enter it he	ere
Joint return?					SOFTWARE I	ENGIN	EER	(see inst.)	·	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				ent your spous	
your records.	,								see inst.)	tection PIN, er	Ter it nere
		one no.		Email address							
-		eparer's name	Preparer's signat	Email address		Date		PTIN	I	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 .		רווסיה האדדאגי		A /2021			Self-en	nnloved
Preparer				NAM SAGAK	GOLIA TAPPW	103/1	4/2021		082703		
Use Only		m's name ► GLOBAL TA		n C.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ (7 20041					(678) 965	
		m's address ► 2530 Pebb.		in Cummin	_				Firm's EIN	-	17196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV (04/16/21 PRO)		Form 1 (040 (2020)

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12** Your social security number

	(s) shown on return URV KAMALAPURI					ecurity number 5661
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional					
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	ee ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949, line 2, colun	s from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	569,222.	572,314.	5,	637.	2,545.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•	estates, and to	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	2,545.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	instructions)
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustme to gain or los		(h) Gain or (loss) Subtract column (e) from column (d) and
This whol	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colun	Part II,	combine the result with column (g)
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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	972.	2,489.			-1,517.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	2439 and 6252;	and long-term ga		11	
12	Net long-term gain or (loss) from partnerships, S corporati				12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	olumn (h). Then, a	o to Part III		

on the back . .

Schedule D (Form 1040) 2020 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 1,028. • 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 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 Form

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2020
Attachment Sequence No. 12A

Name(s) shown on return

APURV KAMALAPURI

Social security number or taxpayer identification number

367-79-5661

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

Part I
Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

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

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

X (A) Short-term transac☐ (B) Short-term transac☐ (C) Short-term transac	tions reported or	n Form(s) 1099	9-B showing bas	•		•	2)
1 (a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). carate instructions. (h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co			(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
CHARLES SCHWAB & CO., I	NC. 01/01/20	12/31/20	215,989.	216,974.	W	1,418.	433.
CHARLES SCHWAB & CO., I	NC. 01/01/20	12/31/20	353,233.	355,340.	W	4,219.	2,112.
2 Totals. Add the amounts in connegative amounts). Enter each Schedule D, line 1b (if Box A above is checked) or line 3 (if	th total here and in above is checked), I	clude on your ine 2 (if Box B	569.222.	572.314.		5,637.	2.545.

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.

Form 8949 (2020) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ${\tt APURV} \quad {\tt KAMALAPURI}$

Social security number or taxpayer identification number 367 - 79 - 5661

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see
--

- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ▼ (F) Long-term transactions not reported to you on Form 1099-B

<u> </u>	Long-term transactions	not reported	to you on i c	JIII 1099-D						
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. eds See the Note below If you enter an amount in column enter a code in column (f). See the separate instruction		enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
BTC			12/31/20	813.	500.			313.		
ETH			12/31/20	51.	379.			-328.		
всн			12/31/20	108.	1,610.			-1,502.		
nega Sch	als. Add the amounts in columns ative amounts). Enter each tota edule D, line 8b (if Box D above ve is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	972.	2,489.			-1,517.		

Note: If you checked Box D 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.

Individual Income Tax Return or for fiscal year ending __ _/_ _

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1991

367-79-5661

APURV KAMALAPURI

775 OAKLAND HILLS CIRCLE 213

LAKE MARY 32746 FL



В	Filing status: Single Married filing jointly Married filing separately Widowed Head	of boundabe	ald.
B C	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. \square You		oid
D	Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year residen		Sch NB
_			le dollars only)
31 1	ep 2: Income Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	88,720 _{.00}
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00.
3 4	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	88 , 720 <u>.00</u>
St	ep 3: Base Income		
5	Social Security benefits and certain retirement plan income		
U	received if included in Line 1. Attach Page 1 of federal return.	.00	
8t 6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
0	Schedule 1, Ln. 1. 6	.00	
د 7	Other subtractions. Attach Schedule M 7	.00	
3	Check if Line 7 includes any amount from Schedule 1299-C.		
8 7	Add Lines 5, 6, and 7. This is the total of your subtractions.	8 9	.00 88,720.00
Staple W-2 and 1099 forms nere	Illinois base income. Subtract Line 8 from Line 4.	<u>9</u>	00,720,00
y St	ep 4: Exemptions	\	
≤ 10	a Enter the exemption amount for yourself and your spouse. See instructions. a2,32		
e de	b Check if 65 or older:	.00	
sta	c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	00	
•,	Attach Schedule IL-E/EIC.	0.00	
	Exemption allowance. Add Lines a through d.	10	2,325.00
St	ep 5: Net Income and Tax		, , , , , , ,
	Residents: Net income. Subtract Line 10 from Line 9.		
<u> </u>	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR. 11	37,682 _{.00}
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	1,865.00
Š 13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
<u>, 14</u>	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	1,865. <u>00</u>
your check and IL-10401 14 St. 15 16 18 19 19 19 19 19 19 19 19 19 19 19 19 19	ep 6:Tax After Nonrefundable Credits		
<u> </u>	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
ຼີ 16	Property tax and K-12 education expense credit amount from Schedule ICR.		
9 1	Attach Schedule ICR.	.00	
Š 17		.00	0.00
5 18 5 10	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	18 19	0.00 1,865.00
2 19			1,000.00
~	ep 7: Other Taxes	20	00
20 21 21	· ·	20	.00
<i>1</i> , 41	in the instructions. Do not leave blank.	21	0.00
▼ 22		22	.00.0
23		23	1,865.00



24 To	otal tax from Page 1, Line 23.					24	1,865.00	
Step 8	: Payments and Refundabl	e Credit						
25 Illin	ois Income Tax withheld. Attacl	h Schedule IL-W	IT.		25 1,	915.00		
26 Est	imated payments from Forms II	1040-ES and II	505-I,					
incl	luding any overpayment applied	I 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	rned Income Credit from Schedu	ile 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	1,915.00	
Step 9	: Total							
	ine 29 is greater than Line 24, su					30	50.00	
	ine 24 is greater than Line 29, sul					31	.00	
•	0: Underpayment of Estima		•	-		or late-paym	ent penalty	
	derpayment of estimated to			y charitable dona		00		
	e-payment penalty for underpay			from forming	32	.00		
_	Check if at least two-thirds ofCheck if you or your spouse			-	a home			
_	☐ Check if your income was not		-		-	n Form II -221	0	
٠.	Attach Form IL-2210.	received everny	daring the j	your aria you ariilaaliz	ed your moonie o		0.	
d [☐ Check if you were not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax y	ear.		
_	untary charitable donations. Att				33	.00		
34 Tot	al penalty and donations. Add	d Lines 32 and 3	3.			34	.00	
Step 1	1: Refund							
35 If yo	35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30.							
Thi	s is your overpayment .					35	50.00	
36 Am	ount from Line 35 you want ref u	inded to you . Ch	eck one box	on Line 37. See inst	ructions.	36	50.00	
37 Ich	noose to receive my refund by							
a [direct deposit - Complete th	e information be	low if you ch	neck this box.				
	Routing numbe	r 0 6 3 0	0 0 0	4 7 × Ch	ecking or Sav	ings		
	Account number	er 8 9 8 0	6 6 7	4 1 7 4 8				
	Account number	1 0 9 0 0	0 0 7	4 1 / 4 0				
b [Illinois Individual Income Ta http://tax.illinois.gov/Debite	ax refund debit	card. I ackn	owledge I have revie	wed the card infor	mation found a	at	
_	paper check.	Caru phor to ma	King this ele	Ction.				
	ount to be credited forward. Su	btract Line 36 fro	m Line 35.	See instructions.		38	.00	
	2: Amount You Owe	Straot Enio do no	711 <u>21110 001</u>				.00	
•			-1.04					
-	ou have an amount on Line 31,							
-	ou have an amount on Line 30 a otract Line 30 from Line 34. This					39	.00	
							.00	
Step 1	3: 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	Orider periatiles of perjuly, is	tate that I have ex	Carrilled triis	Tetarri aria, to the bes	t of fifty knowledge,	i .	-	
Here		_					7-9677	
	Your signature	Date (mm/dd/yyyy)			Date (mm/dd/yyyy)	Daytime phone	ı	
Paid	SYAM PRIYA RAM SAGAR GUPTA TA	LLAM		AM SAGAR GUPTA TALLAM	05/14/2021	Check if	P02082703	
Preparer	Print/Type paid preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN	
Use Only	Firm's name GLOBAL	TAXES LLC			Firm's FEIN	30101719		
	Firm's address > 2530 Pebl	ble Creek LnC	umming	GA 30041	Firm's phone	(678) 965	5-9522	
Third				()			e Department may	
Party	Designee's name (please print)			Designee's phone num	nher		eturn with the third e shown in this step.	
Designe	•			5 1		, , ,	s shown in this step.	
	Refer to the 2020	11 _1040 Ind	struction	e for the addre	ee to mail vo	ur roturn		

•

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

DR_____ AP____ RR DC IR ID





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

	APURV KAMALAPURI	3 6 7 _ 7 9 _ 5 6 6 1
	Your name as shown on your Form IL-1040	Your Social Security number
3	tep 1: Provide the following information	
	Were you, or your spouse if "married filing jointly," a full-year resident	of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP you	u cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year residen	ent during the tax year, tell us your residency dates for 2020.
8	Allived in Illinois from//2_0 to//2_0 II Month Day Year Month Day Year	State from/ / 2 0 to/ / 2 0 State Month Day Year Month Day Year
k	My spouse lived in Illinois from// <u>2</u> 0 to// <u>2</u> 0 Month Day Year Month Day Year	
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo	year, if you were in Illinois only to accompany your spouse who use's state of residence for tax purposes, check the appropriate box.
	☐ Iowa ☐ Kentucky ☐ Michigan	Wisconsin Military Spouse
ŀ	List any state other than Illinois or any states already indicated on Li Enter the two-letter abbreviation of that state.	ne 2 or 3 above, that you claimed residency for tax purposes in 2020.

Step 2: Complete Form IL-1040

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

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

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

ı			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 _	87,676 <u>.00</u>	38,696 <u>.00</u>
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	16.00	0.00
8	Taxable refunds, credits, or offsets of state and local income taxes			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	1,028 _{.00}	0.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00.	
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	.00	0.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00.
17	Unemployment compensation and Alaska Permanent Fund dividends			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00.	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line	8)		
	Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	ncome.	20	38,696 _{.00}
	Continue with Step 3 on Page 2	_ k		
	9 10 11 12 13 14 15 16 17 18 19	 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) 17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7) 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) 19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line Include winnings from the Illinois State Lottery as Illinois income in Column B. 20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total include winnings from the Illinois State Lottery as Illinois or federal total include winnings from the Illinois State Lottery as Illinois or federal total include winnings from the Illinois State Lottery as Illinois income in Column B. 	6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) 9 Line Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) 17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7) 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Schedule 1, Line 6b) 18 Unclude winnings from the Illinois State Lottery as Illinois income in Column B. 19 Alda Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	Federal Total 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 2b) 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) 8

IL-1040 Schedule NR Front (R-12/20)
Printed by authority of the State of Illinois - web only, 1.

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.



Schedule NR – Page 2

		<u>-</u>			
St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	38,696 <u>.00</u>
1	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22 _	.00	.00
1	23	Certain business expenses of reservists, performing artists, and fee-basis			
1		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23 _	.00	.00
1	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24 _	.00	.00
၂ ဥ	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
15		Schedule 1, Line 13)	25 _		.00
to Income		Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26 _	.00	
1=	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,			
	l	Schedule 1, Line 15)			
djustments		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)			.00
<u> </u>		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
=		Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30 _		.00
Sn				.00	
Ϊ́Θ		Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)			
⋖		Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33 _	.00	.00
1	34	RESERVED	34		
1	35	Other adjustments (see instructions)	35 _	.00	.00
1	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
1		adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 _	88,720 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss inc	ome. 38	38,696 <u>.00</u>
djustments	39 40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	39 _ 40 _	.00 .00 41	.00 .00 .00 .38,696.00
I를	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
ĕ		Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,		.00	.00
ois	.~	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
12	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
l ≟		Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00
St		5: Figure your Illinois income and tax			
Г	46				
1		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	38,696.00
1 50		· · · · · · · · · · · · · · · · · · ·		46	38,696.00
ons	47	your Illinois base income.	47	46 88,720 <u>.00</u>	38,696.00
ations		your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	47		38,696.00
ulations		your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.		88,720.00 0 ◆ 436	38 , 696 <u>.00</u>
Iculations	48	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate		88,720 <u>.00</u>	38,696.00
Calculations	48 49	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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.	48 _0	88,720.00 0 ◆ 436	38,696.00
x Calculations	48 49	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10.	48 _0	88,720.00 0 ◆ 436	38,696.00 1,014.00
Tax Calculations	48 49 50	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	48 _0	88,720 <u>.00</u> 0 • 436 2,325.00	
	48 49 50	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	48 _0	88,720 <u>.00</u> 0 • 436 2,325.00	
	48 49 50 51	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	48 <u>49 </u>	88,720.00 • 436 2,325.00 50	1,014.00
	48 49 50 51	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	48 <u>49 </u>	88,720.00 • 436 2,325.00 50	1,014.00
	48 49 50 51	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than z	48 <u>49 </u>	88,720.00 • 436 2,325.00 50	1,014.00





APURV KAMALAPURI

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)

Your name as shown	on Form IL-1040		Your Social Se	ecurity numb	per			
Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C es, Winnings, Gross , Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
1W	26-3305087	\$	40,940 .00	\$	38,696 .00	\$	1,915 .00	
2		\$	•00	\$	<u>•00</u>	\$	•00	
3		\$	•00	\$	•00	\$	•00	
4		\$	•00	\$	•00	\$	•00	
5		\$	<u>•00</u>	\$	•00	\$	•00	
Your spouse's name a	s shown on Form IL-1040		Your spouse's	Social Secu	rity number			
Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	Wages, Winnings, Gross Illinois Wages, Win		Column D ages, Winnings, Gross ns, Compensation, etc			
6		\$	•00	\$	•00	\$	<u>•00</u>	
7		\$	•00	\$	•00	\$	•00	
8		\$	•00	\$	•00	\$	•00	
		\$	•00	\$	•00	\$	<u>•00</u>	
10		\$	<u>•00</u>	\$	•00	\$	•00	

Step 3: Total Illinois withholding

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

11 \$ 1,915.00

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





Illinois Department of Revenue

		_						_				
			S	ubmi	ssior	ı ID						

Step 1: Provide taxpayer inforr			
APURV		LAPURI	3_6_77_95_6_6_1
•	se's first name (and last name if difference)	ent) Last name	Social Security number
Print 775 OAKLAND HILLS CI Mailing address	RCLE 213		Spouse's Social Security number
type Mailing address LAKE MARY	FL	32746	(407) 227-9677
City	State	ZIP	Daytime phone number
Step 2: Complete information f			-7
•			1 37,682 00
 Net income from Form IL-1040, Tax from Form IL-1040, Line 14 			21,865 00
3 Illinois Income Tax withheld from		(enter "0" if none)	31,915 00
4 Overpayment from Form IL-104		(ontor o in none)	450 l 00
5 Total amount due from Form IL-			5I <u>00</u>
6 Filing status: X Single M	Married filing jointly Marrie	ed filing separately\	Nidowed Head of household
within the United States or those not 7 Routing no. (RN): $\begin{array}{cccc} 0 & 6 & 3 \\ \hline \end{array}$ 8 Account no. (AN): $\begin{array}{ccccc} 8 & 9 & 8 \\ \hline \end{array}$	funded by international funds. 0 0 0 4 7 0 6 6 7 4 1 7	Electronic payments will	(e.g., debit, deposit) with financial institutions locate not be accepted and refunds will be via paper chec
9 Type of account: X Checkin	g Savings		
10 Date the payment is to be electi	ronically withdrawn://		
11 Electronic funds withdrawal amo	•		
12 Name on account:			
	d signature (Cian anh af	hau aammiatina Ctan O	and if applicable Ctan 2 \
Step 4: Taxpayer declaration an			, , ,
correct. If I have filed a joint	return, this is an irrevocable a	ppointment of the other s	clare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
withdrawal as designated in	the electronic portion of my 20 an electronic overpayment of	020 Illinois Individual Inco	agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions ntial information necessary to answer inquiries
I do not want direct deposit of	of my refund, or an electronic	funds withdrawal (direct o	debit) of my balance due.
originator (ERO) are identical. To the and accompanying information may been accepted or rejected. If rejected	best of my knowledge, my retu be sent to IDOR by my ERO. I	urn is true, correct, and co authorize IDOR to inform	nformation I provided to my electronic return omplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has a may be corrected and retransmitted if possible.
Sign Your signature	Date	Spouse's signatu	re (if joint return, both must sign) Date
have followed all requirements of this and accompanying information are t	axpayer's electronic Form IL-1 s program and declare, under	040, the information on to penalties of perjury, that 05/14/2021	his Form IL-8453, and accompanying information. to the best of my knowledge the taxpayer's return Check if paid preparer: (See instructions.)
ERO's signature		Date	,
ERO GLOBAL TAXES LLC	wad		$\frac{P}{V_{\text{out}}} \frac{0}{P_{\text{TIN}}} \frac{2}{0} \frac{0}{8} \frac{8}{2} \frac{2}{7} \frac{7}{0} \frac{0}{3}$
IISP			Your PTIN
only 2530 Pebble Creek Ln Mailing address			_ <u>3 0 - 1 0 1 7 1 9 6</u> Federal employer identification number (FEIN)
Cumming	GA	30041	(678) 965-9522
City	State	7IP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

